Cultural perspectives and practices on death and dying in Ghana

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ABSTRACT

This study was conducted to investigate the cultural perspectives and practices of death and dying in Ghana. Informed by the interpretivist paradigm, the researchers conducted qualitative research using a case study design. The population comprised specific members of the royal family considered to be 'elders' because of the rich information they possessed. The researchers used a purposive sampling technique to obtain five (5) participants from the Volta, Bono, Ashanti, Upper East and Upper West regions of Ghana. Semi-structured interview guide was used to collect data from the participants. Data was analyzed using thematic analysis. The researchers discovered, among other things, that mourning involves a lot of drinking, dancing, and in some cases, a person within a certain kinship position is expected to marry the spouse of the deceased. It was also concluded, among other things, that most ethnic groups alienate members who are terminally ill because they do not understand the nature of their ailment. The study recommended that there is a need for professional counsellors to be well versed in the cultural beliefs, events and practices of communities they find themselves in to be more functional and effective in providing services to indigenes in Ghanaian communities.

Keywords: Culture, death, dying, terminal illness, tradition, Ghana.

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INTRODUCTION

Two of the attributes that all humans share are the experiences of being born and the fact that everyone will eventually die. Although we are excited about discussions concerning birth, people in all cultures discuss death with extreme reluctance. Birth and death are universal human experiences, yet they carry vastly different emotional weights. Birth is often celebrated with joy and openness, while death is typically approached with hesitation, fear, or even taboo across cultures. This reluctance likely stems from death's finality, its association with loss, and the uncertainty it brings, which can clash with our instinct for self-preservation and meaning-making. Cultural norms also shape this: some societies, like those with strong ancestral worship traditions, may discuss death more openly in ritualistic contexts, but personal conversations about it remain guarded almost everywhere. The contrast is stark; birth symbolizes potential, while death forces us to confront limits (Beattie et al., 2024).

Even though we may use the same words to describe death, the actual meaning and conceptualization of death differ widely across cultures. According to Gire (2014), regardless of how or where we are born, what unites people of all cultures is the fact that everyone eventually dies. However, cultures vary in how they conceptualize death and what happens when a person dies. In some cultures, death is conceived to involve different conditions, including sleep, illness, and reaching a certain age. In other cultures, death is said to occur only when there is a total cessation of life. Similarly, certain cultural traditions view death as a transition to other forms of existence;

others propose a continuous interaction between the dead and the living; some cultures conceive a circular pattern of multiple deaths and rebirths; and yet others view death as the end, with nothing occurring after death (Gire, 2014). For Gire, these different conceptions have a noticeable influence on their lifestyles, their readiness to die for a cause, the degree to which they fear death, their expressions of grief and mourning, and the nature of funeral rituals. Any reasonably broad conceptualization of death issues would necessarily have to incorporate these various cultural variations. Cultural views on preparing for death are significantly understudied. Most research centres on dominant cultures, frequently side-lining the perspectives of minority and indigenous communities, with minimal studies addressing this topic in Ghana. The persistent negligence by researchers and writers regarding the death practices of infamous and indigenous communities summarizes the idea behind this paper. For instance, Van Der Geest (2006) points out how indigenous groups such as the Konkomba, Nzema and Sefwi, who are known for instant burial or extended mourning, are affected as a result of clashes between their customs and contemporary national laws. The Anlo-Ewe and Ada aquaculture and fishing communities, who believe in water burial as a symbol of deep connection to ancestral spirits, have been banned from water burial, amounting to cultural decay (Avotri 2002). In contrast, some ethnic groups who are deemed popular have their traditional funeral customs enshrined and acknowledged by national policies, signifying cultural imbalance (Quayson, 2014). These gaps are the primary impetus for this research. The study's scope will focus on Ghanaian cultural perspectives on death and dying, potentially emphasizing selected ethnic groups. In exploring the cultural perspectives on death and dying among Ghanaian ethnic groups, the researchers sought to: a) examine how Ghanaian ethnic groups view people who are terminally ill; and b) determine how ethnic groups handle issues of death among terminally ill persons.

DEFINITION OF CONCEPTS

Cultural conception of death and dying

According to Counts and Counts (1985), some South Pacific cultures believe that life, as is generally construed, departs the body of a person in different situations, such as when one is ill or asleep. Thus conceptualized, people can be said to "die" several times before the final death. This also means that a person can be defined as dead without meeting many of the criteria listed in the definitions found in social and medical literature.
Counts and Counts (1985) further assert that the differences in conceptions about death extend to what exactly happens when one is dead, however defined.

Some religious and cultural traditions, such as Hinduism, envision a circular pattern of life and death where a person is thought to die and is reborn with a new identity. This exit and reentry into life can occur multiple times. This contrasts with the Christian view, where death is believed to occur only once. However, Christians do not believe that everything ceases at death. The person sheds his or her bodily form but continues in spirit, where there are consequences: the faithfuls – believers who kept the faith – are rewarded with eternal joy in heaven, and sinners proceed to hell, where there is endless pain and suffering.
Gire (2014) asserts that among some Native American tribes and certain segments of Buddhism, the dead and the living coexist, and the dead can influence the well-being of the living. If the dead (ancestral spirits) are properly propitiated/pacified, the likely outcome is a benevolent spirit that protects the interests of the living. If not accorded the appropriate treatment, the result is an unhappy spirit that may ignore the well-being of the living, leading to misery. Gire further stated that there are, of course, some cultures in which death signals an abrupt and permanent disengagement. In some instances, people are prohibited from even mentioning the names of the deceased for fear that doing so may endanger the lives of the living or prevent the ghost from leaving this earth and attaining peace.
Irrespective of how death is defined, each culture has notions of how death ought to occur. Kellahear (1990) makes a distinction between an "acceptable death" and a "good death" for the person who is dying. An acceptable death is said to be non-dramatic, disciplined, and with very little emotion. This is the atmosphere that seems to exist in structured settings such as hospitals. On the other hand, a good death is said to allow for social adjustments and personal preparation by the dying person and his or her family. This is a time when the dying person attempts to complete unfinished tasks, to say farewells, and for the family to begin to prepare for life without the dying.
Among the Kwahu-Tafo people of Ghana, a good death is one in which the dying person has accomplished most of what he or she set out to do and has made peace with others before dying (van der Geest, 2004). In Nigeria, the death of one who has lived a long, and for the most part, a successful life can often be inferred from the nature of the captions in their obituaries. In such cases, the preambles go along the lines of "with gratitude to God for a life well spent...."; captions that would never be seen for one who has died an early death or death that has occurred under very tragic circumstances. Yet in other societies, Rosenblatt (2008) asserts that a good death may be one in which a person dies in the service of his country or religion; in other words, the person is regarded as a martyr.

African cultural concept of death and dying

According to Eyetsemitan (2002), the traditional African

belief system is also referred to as ancestor worship and is based on an understanding that the life course is cyclical and not linear. Based on this system of belief, those who are dead are alive in a different world and can reincarnate (and return to this world) in new births. Death is considered a rite of passage for those who die at an acceptable (old) age. When death occurs in Africa, divination as to the cause of death is sought from dead ancestors, with terminal illness and death causes usually attributed to spiritual elements (witchcraft, offending one's ancestors, or Gods) rather than medical or physical reasons. Furthermore, it is an African cultural belief that to be in the world of the dead confers supernatural powers over those in the world of the living, such as the ability to bless or to curse, and to give life or to take life, among others (Ekore and Lanre-Abass, 2016).

According to Ekore and Lanre-Abass (2016), after death, an individual lives in a spirit world, receiving a new body which is identical to the earthly body, but with the capacity to move about as an ancestor. Becoming an ancestor after death is thus a desirable goal of every individual, and it is believed that this cannot be achieved if an individual did not live a meaningful life, or had his or her life cut short through an accident or by an unnatural death. An African individual would, therefore, prefer a slow and lingering death that comes naturally, as they would not only be able to tidy up many issues, such as making peace and saying farewell to relatives, but they would also be admitted to the spirit world. Ekore and Lanre-Abass also assert that death in any age group apart from the very old is considered unnatural and premature.

With the belief that the goal of life is to become an ancestor after death, a person is given a proper burial after death as failure to do this may result in the individual becoming a wandering ghost, unable to live properly after death, and constituting a danger to those who are still alive (Ekore and Lanre-Abass, 2016). Lending credence to the African concept of death, Dancy and Davis (2006) assert that death indicates the physical separation of the individual from other humans. Funeral rites and ceremonies serve to draw attention to this permanent separation, and particular attention is paid to the funeral rites to avoid undue offense to the dead.

It is worth noting that Ghanaians believe that every individual has a destiny. Affum, Kuranchie and Mensah (2016) assert that in the traditional Akan society of Ghana, there is a concept of "Nkrabea" which determines the destiny of every individual. "Nkrabea" literally means fate, and this philosophy of the Akans and many other traditional societies in Ghana has it that man has no control over what happens to him and that it is the gods of the land that control his life affairs. This assumption plays a great role in the happenings of one's life; this is so because when an individual and sometimes the society at large go through misfortunes such as the mysterious death of an individual, members of the society are likely to attribute it to "nkrabea".

Socio-cultural issues of dying in Africa

In many African cultures, death is not just an individual event but a communal transition, deeply tied to beliefs about the afterlife, ancestors, and the ongoing relationship between the living and the dead. For example, rituals like elaborate funerals, cleansing ceremonies, or celebrations like the "nine-night" in some West African traditions reflect this collective approach, ensuring the deceased's spirit is honoured and integrated into the ancestral realm. These practices reinforce social bonds and communal solidarity, as seen in customs where entire communities contribute to funeral costs or participate in mourning periods lasting days or even months (Ayebare et al., 2021). Death rituals and the mourning practices of Africans are varied because of the existence of so many religious and cultural practices. African societies are communalistic and do not acknowledge advance care directives, which, according to many Africans, encourage "atomistic individualism." Atomistic individualism refers to the idea that the isolated individual is the only fundamental reality and that the individual is the natural atom in an artificial social composite.

In Africa, individuals are brought up from childhood with a sense of belonging and relatedness with others. Individuals, thus, have a sense of obligation to a larger set of other individuals. This is one of the reasons why African tradition does not recognize the roles that advance care directives play in end-of-life decision-making for an incompetent patient. Instead, decision-making at the end-of-life period is left to the members of the family of the person concerned, an act which introduces unhealthy disagreement as events unfold (Gire, 2014).

According to Gire (2014), Africans do not like facing the reality of death and often do not encourage the contemplation of death, be it their death or the death of their loved ones. It is somewhat taboo to think of or discuss one's death. Hence, people do not write their living wills or set aside money for their funeral while still alive, contrary to the practice in the Western world. Death is also considered an enemy of life, and Africans believe life should be preserved by all means, even if the case is a hopeless one. The average African is not likely to discontinue life-sustaining treatment once it has commenced, and also does not favor any artificial termination of life.

The above-painted picture is contrary to how African Americans experience death and dying. Parry and Ryan (1995) described some principles of African philosophy that provide relevant background as to how (African-American) families understand and experience death and dying. First is the principle of dual unity. According to this principle, polarities are opposites. For example, day and

night, dead and living are viewed as having reciprocal and unifying functions, rather than dichotomous ones. Dual unity means that although death represents the soul leaving the body, it is still inherently related to life, as opposed to representing the opposite of life. The second principle asserts that spirit and matter cannot be separated. By implication, it means that the body and mind cannot be separated. The third principle explains that the family is also a key to understanding African culture. Africans include a larger circle of individuals in their family membership compared with families of European origin. Hence, departed relatives remain in the family circle as the living dead. The living dead remain "alive" in the memories of individuals in their family membership compared with families of European origin. It is this last principle that explains the connectedness and sense of responsibility of an individual to his family or community. In this sense, what happens to the individual happens to the entire group, and whatever happens to the whole group happens to the individual. According to Mbiti (1990), the individual can only say, "I am, because we are; and since we are, therefore I am."

Gire (2014) explains that in the African culture, the elderly or aged may give verbal instructions to their children concerning their care at the end of their lives. Such instructions may include avoiding prolonged hospital stay, allowing them to die on their beds and in their children's arms at home, how to conduct the burial ceremony, and where they are to be buried. Cultural and spiritual beliefs tend to make individuals, especially the middle-aged ones, avoid making end-of-life decisions while still alive and young.

Death anxiety: Role of religiosity

The efforts to verify the role of religiosity in death anxiety through empirical research have yielded inconsistent findings. Duff and Hong (1995) surveyed 674 older adults and found that death anxiety was significantly associated with the frequency of attending religious services. This factor was particularly related to the belief in life after death. However, another study found a strong negative correlation between death anxiety and a belief in the afterlife (Alvarado, Templer, Bresler and Thomson-Dobson, 1995). That is, as the degree of certainty in the afterlife increased, levels of death anxiety decreased. This was more explicitly confirmed in a later study by Wink (2006) using mainly Caucasian Christian elderly in the U.S. He found that the relationship between religiousness and death anxiety was not as straightforward as may have been implied by these previous studies. Rather, religiousness interacted with a strong belief in a rewarding afterlife in predicting death anxiety. In other words, it was the consistency between a person's religious beliefs and the afterlife, rather than religiousness in itself, that

predisposed the individual to either fear or not fear death. Neither variable by itself was a good predictor of death anxiety.

In a cross-cultural and cross-religious exploration of this belief in the afterlife variable, Parsuram and Sharma (1992) compared people of three different religions in India: Hindus, Muslims, and Christians. They found that Hindus (who had the greatest belief in life after death) also tested lowest in death anxiety, followed by the Muslims, while the Christians showed the highest death anxiety. A few years later, Roshdieh, Templer, Cannon, and Canfield (1999) studied death anxiety and death depression among 1,176 Iranian Muslims who had war-related exposure during the Iran-Iraq war. They found that those who scored higher on death anxiety were those who also had weaker religious beliefs, did not believe in life after death, and did not assert that the notion of the existence of life after death was the most important aspect of religion.

Morris and McAdie (2009) compared Christians, Muslims and a non-religious group on death and hypothesized that followers of the two religious groups (both incorporate a belief in the afterlife) would score lower on death anxiety than the non-religious group. They found instead that Christians scored significantly lower on death anxiety than both Muslims and the non-religious group. However, Muslims scored significantly higher than the non-religious group. A closer examination of the responses showed that whereas the Christian participants in the sample dwelt on themes of heaven and eternal life, Muslim participants showed uncertainty in the outcomes following the afterlife. Some of the Muslim participants indicated that they did not know whether they were good Muslims or not and therefore were unsure of their ultimate fate - whether they would go to heaven or hell. Thus, in line with Rose and O'Sullivan (2002), it is the reward expectation of the afterlife rather than a mere belief in it that is associated with low death anxiety. Even if a person believes in life after death, but the person also happens to expect to encounter punishment and not reward, such a person would display much higher death anxiety than even those who do not believe in an afterlife.

According to Kawano (2010), historically, most of Japanese funeral rites have required the deceased to be cremated and the ashes put in a jar and buried in a family plot to be cared for by the oldest male in the family. This would enable the deceased to become a venerated ancestor. The presumption was that the peaceful rest and successful transformation of the dead would be seriously compromised if the family (the oldest male in particular) failed to acquire and care for the burial place at the family plot, the desired resting place. Major changes over the last few decades, both in the immediate and broader society – reduction in family size, industrialization, and urbanization – meant that there were fewer people left to carry out these functions, and a reduced likelihood of finding grave successors. Even the families with older males willing to

play this role at times found themselves in cities far away from the family burial sites, increasing the likelihood that the proper care of the deceased would be compromised. Thus, death anxiety was high among families that did not meet these criteria; the implication was that they, too, upon their death, would not make the desired transition to the venerated status of ancestor, or would have to burden family members or willing strangers in taking upon this burden. The GFPS (Grave-Free Promotion Society) was a movement to cremate the deceased and scatter their ashes, thus returning the dead to nature, in place of conventional interment of cremated remains in a family grave. Finding an alternative to the traditional burial practice has been shown to substantially reduce death anxiety among members of the GFPS. In other words, death anxiety among this group was not because of a lack of acceptance of their mortality, but because they had yet to find an acceptable plan to accommodate their concerns about what would transpire after their death. This is an important distinction, for it implies an anxiety that is unrelated to the person's fear of dying or the process of dying. Rather, the anxiety is based on what would become of the person long after they are gone, given the uncertainty of identifying family members willing and able to perform these important posthumous rituals (Kawano, 2010).

Grief and bereavement

Events leading to death, such as terminal illness, do not end with the death of the dying person. All humans, including the dying, experience grief as a response to impending or resultant death. Worden (2009) defines grief as the personal emotional reactions (e.g., sadness, anger, and guilt) that follow a loss. Bereavement refers to the experiences that follow the death of a loved one, while mourning is the process through which grief is expressed. Mourning thus represents the culturally accepted expression of the personal feelings that follow the death of a loved one. There is a wide variation across cultures in how people behave after a death and how they are expected to behave. Regardless of the specific ways in which the grief process is manifested, it is postulated to involve many themes and issues that people invariably confront (Kubler-Ross and Kessler, 2005). In some cultures, close relatives are expected to shave their heads, wear either white or black clothing, and express grief for a specified minimum period of time. In other cultures, mourning involves a lot of drinking, dancing, and in some cases, a person within a certain kinship position is expected to marry the spouse of the deceased. In yet other cultures, the requirements for dealing with a major loss are played out over the balance of the lifetime of the survivor. This could be in the form of rituals, what is worn, how one is to be addressed by others, and one's rights and obligations to participate in various activities within the community (Rosenblatt, 1997).

According to Kessler (2019), Ghanaian tradition puts ancestors in a place of reverence within the community, and many Ghanaian families remember their dead several days a year; this often starts with the one-week celebration. She further asserts that for a Ghanaian funeral, it's traditional for members of the community to wear formal clothing in black and white as part of their grief and mourning process. The black-and-white dress code symbolizes giving thanks to God and an end to the initial mourning period. She also explained that in some Ghanaian cultures, including Ashanti, one will be able to recognize the immediate family of the deceased. This is because they alone wear red and black attire.

Empirical evidence

The researchers observed that there was little literature on the perceptions of Ghanaian ethnic groups of the terminally ill in society. Van der Geest (2004), in his study, for instance, emphasised what the people of Kwahu-Tafo, a rural town in Southern Ghana, meant by 'good death' and 'bad death'. Parker (2021) emphasized the history of death, dying, and the dead in Ghana. His work sought to contribute to an understanding of the history of death more broadly in Ghana, with his study extending over some four centuries, from around 1600 to the 1950s. His study in Ghana was in part determined by a desire to think about changing perceptions, experiences, and cultures of mortality in Africa. Although previous studies on the concepts of death and dying seemed to have a close association with the current study, the researchers didn't delve into issues of terminal illnesses and how the indigenous people of Ghana handled issues of death among the terminally ill. Also, this study covers Ghanaian ethnic groups in five regions, giving a broader view of the present-day diverse experiences and practices of some groups of people in Ghana. In an attempt to fill in this gap, the researchers collected data from the indigenous people of Ewe, Akan, Dagaaba, Ga and Frafra. The researchers were guided by the following questions:

a. How do ethnic groups in Ghana view people who are terminally ill?
b. How do ethnic groups in Ghana handle issues of the death of terminally ill persons?

METHODOLOGY

Research approach and design

In an attempt to discover the perceptions of Ghanaian ethnic groups, the researchers employed a qualitative research approach. This decision was informed by the interpretivist paradigm, which suggests that individuals,

events, and subjects can be studied within their socio-cultural contexts, in which case they bring to bear their preconceived notions, ideologies and experiences. For this reason, the researchers employed a case study design to critically study the topic. Creswell (2016) asserts that a case study is an important type of ethnography. He further states that case study writers research a group that they may be more interested in describing their activities instead of identifying shared patterns of behavior exhibited by the group.

Population

The researchers targeted members of royal families in five selected communities considered to be "elderly" in traditional Ghanaian societies. These individuals are considered elderly because they are considered to have accumulated a lot of experiences and they are also considered to be endowed with rich information in the community's history.

Sample and sampling

The researchers sampled 5 participants from five (5) regions of Ghana using purposive and convenience sampling techniques. The researchers sampled queen mothers and chiefs from the Volta Region, Bono Region, Ashanti Region, Upper East Region, and Upper West Region, which basically involved Ewe, Akan (Bono and Ashanti), Frafra, and Dagaaba ethnic groups of Ghana.

Instrument

Using a semi-structured interview guide, the researchers collected data from the participants by means of interviews. A semi-structured interview guide was designed to collect in-depth information. The researchers used a semi-structured interview guide because it allowed them to use probes and prompts when necessary to collect the data. It also helped the researchers to avoid unnecessary rambling that could shift focus from the topic under study. All interviews were tape-recorded, and notes were also written down in case of tape recorder malfunction.

Validation of findings

In ensuring the credibility of the findings, the researchers used Member Checking and Peer Review. Member check validation, which is sometimes referred to as participant validation, is a method usually utilized in qualitative research procedures to improve the credibility and trustworthiness of findings. With member checking, the research findings are returned to participants for them to review the written-down responses obtained from them and presented as findings of the research for their verification and subsequent feedback if necessary. The researchers did this to ensure that their interpretations and presentations accurately reflect the participants' experiences and perspectives as they revealed as responses during the interviews.

Also, in order to avoid corrupting the data with the researchers' pre-conceived notions and inclinations, Peer Review was utilized. With the peer review method, the researchers present their work to colleagues who are experts in the field to reexamine the findings with the purpose of checking for quality, validity and reliability. The researchers shared this work with their colleagues to review the findings and check for possible biases and misinterpretations of the findings. The feedback from the reviewers helped to identify errors, eliminate inconsistencies and ensure the quality and rigor of the findings.

Data analysis

The researchers analyzed the data by means of thematic analysis. Thematic analysis allowed the researchers to organize the data, transcribe it, group it under preset themes and code it to help the researchers identify consistencies and inconsistencies. Organizing data was done with careful consideration of confidentiality and anonymity of the participants and according to dates, names, time and place of interview. This was followed by transcription and then themes were generated in line with patterns evolving from the literature. Coding was done by putting identified text segments in parentheses and assigning a code made up of letters and numbers. This gave a precise meaning to text segments. For this study, the participants were identified as Ametsitsi (Volta Region), Nana Hemaa (Bono Region), Obaapa (Ashanti Region), Nsankoma (Upper West Region), and Kehema (Upper East Region).

RESULTS

Ghanaian ethnic groups' view of the terminally ill

The researchers asked the participants about how their respective ethnic groups viewed persons with terminal illnesses. The following were their responses:

Someone who is terminally ill is not recognized in the midst of others. The person must be isolated at all times. He/she must have a separate bowl from which he/she eats and must not under any circumstances share the bowl with

others for fear of passing the disease on to them.

(Nsankoma)

A terminally ill person is called "God should die before I die" (In Akan: Onyame nwu ansaana m'awu). This is because, mostly, terminally ill persons have no cure for their ailments and so they suffer a lot before they die instead of dying instantly. The terminally ill person is named after a plant in the deep forest called "Onyame nwu ansaana m'awu" which is known for its ability to survive for a long while when it is uprooted from the ground or cut off at its stem. A terminally ill person among the Bono people is also referred to as "Musuefo". This simply means that the terminally ill person was born with a bad spirit.

(Nana Hemaa)

We usually believe that the terminally ill person is cursed for offending the gods or authorities and this is usually the reason why there is no cure for their ailments. The offense may be adultery, fornication, stealing family property, and so on. This notwithstanding, we take very good care of them for fear that if we don't and they die, they may return to haunt us or pass over their ailments to the living who abandoned them, what we refer to in Akan as "Nsaman towa" (ghost haunt).

(Obaapa)

The Frafra people have great love for the terminally ill person. They believe in life after death and believe that when that person dies, he/she will go and prepare a place for them in the ancestral world and for that matter, they need to be cared for, for a peaceful transition. Their concern is when that terminally ill person is in the hospital and is taking a long time to pass on, and many resources are spent on him/her. However, some disease conditions that people do not understand are considered bad; for example, leprosy, tuberculosis (TB), and dropsy. With the exception of these diseases, if any individual suffers from any other disease conditions, they are well taken care of. Even though they believe sickness and deaths are inevitable, they are also of the view that there are various causes of sicknesses and subsequently death. They usually use soothsayers to diagnose the cause of sickness.

(Kehema)

My people usually stigmatize persons who are terminally ill, as well as their families. We believe that associating with such persons could be harmful to you.

(Ametsitsi)

The findings seem to suggest that most ethnic groups in Ghana alienate the terminally ill, mostly because they usually do not understand the nature of the disease. The findings also seem to suggest that the actions and inactions of people towards terminally ill persons are deeply rooted in the fear of what may happen to them after the death of the terminally ill person. This finding confirms the claim of Ekore and Lanre-Abass (2016) that it is an African cultural belief that to be in the world of the dead confers supernatural powers over those in the world of the living, such as the ability to bless or to curse, and to give life or to take life, among others. The findings also indicated that there may be a spiritual element to the individual's illness. This finding agrees with Eyetemitan (2002), who asserted that when death occurs in Africa, divination as to the cause of death is sought from dead ancestors, with terminal illness and death causes usually attributed to spiritual elements (witchcraft, offending one's ancestors, or Gods) rather than medical or physical reasons.

Theme of isolation

Illness, whether terminal or not, is a universal human experience that requires a clear understanding across all cultures in Ghana. Due to a lack of understanding, participants note that people tend to distance themselves from terminally ill individuals (Ametsitsi). The concept of isolation emerged as evident among participants, stemming from a fundamental lack of knowledge about illness across various ethnic groups.

How ethnic groups handle issues of death among terminally ill persons

Asked how they handle issues of death among terminally ill persons among the various ethnic groups sampled in Ghana, the participants revealed the following:

Terminally ill persons are quickly buried and especially at dawn, so that the general community members don't witness the burial. If it happens during day time, the person is buried by evening but if death occurs in the evening, the person is buried very early in the morning.

(Kehema)

Sometimes we decide not to do funerals for persons who die of terminal illnesses, depending on the ordeal the person experienced prior to his/her death. However, if the individual is taken to the shrine and the priest/priestess tries to treat the person with no luck and the person dies, the funeral rites are performed just as they are performed for everyone else.

(Obaapa)

If the terminally ill person dies, he/she is sent straight to the burial ground unless the family members insist on keeping the body in the mortuary for a while, in which case, the dead body must be isolated in the mortuary lest

whatever curse or illness they have is passed on to the other bodies.

(Ametsitsi)

For us, when a terminally ill person dies, we must not delay in burying the person. The people carrying the corpse must prostrate on the ground after walking every few meters to the grave while carrying the corpse until they arrive at the grave site. Also, family and friends must do the same. We believe that you may get the same illness and eventually die if you fail to do so.

(Nsankoma)

The findings here seem to suggest that most ethnic groups in Ghana agree on parting ways with persons who die of terminal illnesses quicker than they do with persons who die a 'good' or 'acceptable' death. Dancy and Davis (2006) assert that death indicates the physical separation of the individual from other humans. They further explained that funeral rites and ceremonies serve to draw attention to this permanent separation, and particular attention is paid to the funeral rites to avoid undue offense to the dead.

Theme of instant burial

This theme arose from participants' perspectives during interviews. It is evident that when a terminally ill person dies, they are buried as quickly as possible, often within the available time frame. Some burials occur at dawn or late at night to prevent others from contracting the same illness.

CONCLUSIONS AND RECOMMENDATIONS

Based on the secondary data gathered, it may be concluded that in Africa, death is a rite of passage for the aged. It may also be concluded that when death occurs in Africa, divination as to the cause of death is sought from dead ancestors, with terminal illness and death causes usually attributed to spiritual elements (witchcraft, offending one's ancestors, or Gods) rather than medical or physical reasons.

It may also be concluded that, unlike people in the Western world, Africans do not like facing the reality of death and often do not encourage the contemplation of death, be it their death or the death of their loved ones. It is somewhat taboo to think of or discuss one's death. Hence, people do not write their living wills or set aside money for their funeral while still alive, contrary to the practice in the Western world.

It may be concluded that in the African culture, the elderly or aged may give verbal instructions to their children concerning their care at the end of their lives.

Such instructions may include avoiding prolonged hospital stay, allowing them to die on their beds and in their children's arms at home, how to conduct the burial ceremony, and where they are to be buried.

The study concludes that death anxiety is significantly associated with the frequency of attending religious services. This factor was particularly related to the belief in life after death. In this light, people who are more involved in religious activities and are certain of living lives encouraged by their religious groups are less likely to have death anxiety as compared to those who are not or are less religious and are not certain of their lives after death.

The study also concludes that mourning involves a lot of drinking, dancing, and in some cases, a person within a certain kinship position is expected to marry the spouse of the deceased. In other cultures, the requirements for dealing with a major loss are played out over the balance of the lifetime of the survivor. This could be in the form of rituals, what is worn, how one is to be addressed by others, and one's rights and obligations to participate in various activities within the community. For a Ghanaian funeral, it's traditional for members of the community to wear formal clothing in black and white as part of their grief and mourning process. Among the Ashanti people, close family members wear red and black attire. There is a need for community counsellors to be intensively involved in the grief and bereavement process of members in the community. This would help them channel their grief more productively and meaningfully.

From the primary data, it may be concluded that most ethnic groups in Ghana alienate the terminally ill mostly because they usually do not understand the nature of the disease. Also, the actions and inactions of people towards terminally ill persons are deeply rooted in the fear of what may happen to them after the death of the terminally ill person. It may be recommended that counsellors and public agencies like the National Commission for Civic Education (NCCE) create awareness among people of ethnic groups about terminal illnesses and the need to create solid emotional, psychological and economic support systems.

Finally, it may be concluded that most ethnic groups agree on parting ways with persons who die of terminal illnesses quicker than they do with persons who die a 'good' or 'acceptable' death. Professional counselling services are very limited in Ghanaian indigenous communities as they are more used to advice/guidance services provided by traditional counsellors. It is important to identify and train these traditional counsellors on productive research-based approaches to helping individuals deal with grief and bereavement. There is also the need for professional counsellors to be well versed in the cultural beliefs, events and practices of communities they find themselves in. This will make their practice among the indigenes more effective.

Research limitations

Like many studies, this research has certain limitations. The sample used may not fully reflect the views and experiences of all traditional communities, as it only included elders. The sample size is rather limited (n=5) and cannot entirely be generalized; however, the findings of this study may apply to the typical Ghanaian setting and other African communities that hold similar beliefs and values as the Ghanaian socio-cultural contexts revealed in this study. Future research could expand the sample size to better represent the population. Additionally, employing a mixed methods approach might allow for a larger and more diverse sample.

Data availability

The corresponding author has in his possession data that support the findings of this study, and as such, can be obtained from him upon reasonable request.

Ethical statement

The research reported in this very manuscript was conducted in accordance with general ethical guidelines in psychology. Also, written informed consent was obtained from all participants involved in the study. A written document of permission was taken from the various ethnic group leaders or the local chiefs.

Conflict of interest

This document is authored by four (4) individuals who are professionals in the field of guidance and counselling and have a mutual interest in research, discovery, innovation and development. The authors do not have personal, financial, or other relationships that can corrupt the credibility, integrity, and objectivity of this work or decisions regarding its publication. For this reason, there is no conflict of interest to disclose.

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