An Autoethnographic Exploration of Depression in Africa

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Abstract

While most mental health issues in Africa are viewed as a curse or a form of spiritual attack, and people who suffer from them get discriminated against, depression is somehow viewed as a "luxury sickness". It is viewed as a sickness for the wealthy or those in the developed world to pamper themselves into doing nothing. It is assumed to be nonexistent in many parts of Africa because it is believed that such situations can easily be mitigated with spiritual help. This autoethnographic study of the lived experience of employment termination that led to depression is used to explore how people in Africa live through, understand, and overcome the phenomenon with limited knowledge and clinical psychological services.

Keywords: Africa; Depression; Lived Experience; Autoethnography; Mindset; Mental Disorder; Termination and Psychology

Abbreviations: WHO: World Health Organization; HR: Human Resources and API: Africa Polling Institute.

Introduction

According to the World Health Organization (WHO), depression is one of the most common mental disorders in the world [1]. It frequently manifests as a lack of desire to participate in anything, a lack of interest in or pleasure in previously rewarding or fun activities, and persistent sadness [1]. Gbadamosi, et al. [2] affirms that depression is the most prevalent of all mood disorders with an estimated frequency of 4.4% and describes it as a state of feeling indifferent, despondent, and miserable. About 29.19 million people (9% of 322 million) suffer from depression in Africa. The African continent accounts for nearly 10% of the worldwide burden of mental illnesses, according to the WHO's Global Health Estimate for depression and other common mental diseases [2]. Sadly, these figures do not accurately reflect the true prevalence of depression many developing countries such as African nations due to superstitions, sociocultural beliefs,

poverty, misdiagnosis, underdiagnosis, and unreported data. For many people in Africa, depression is not a primary health concern for which they seek medical attention. As such, in the absence of comorbidity, which encourages patients to report to the hospital, many cases go unreported. I will explore my encounter with depression and examine how the sociocultural practices in Africa influenced my mindset toward recovery.

Background

Understanding the sociocultural background of how depression is regarded and treated in many areas of Africa, particularly Ghana, where I live, is crucial to understanding this confessional or self-critical autoethnography.

Whilst most mental health issues are viewed as a curse or a form of spiritual attack and people who suffer it get discriminated against, description of depression as a sickness is somehow viewed as a "luxury sickness". It is viewed as a sickness for the wealthy or those in the developed world to

pamper themselves into doing nothing. Gberie [3] reports that Kenyan humorist Ted Malanda pretended to be shocked when American film actor Robin Williams committed suicide two years ago as a result of depression. "I can't wrap my mind around the fact that depression is an illness… In fact, it is such a non-issue that African languages never bothered to create a word for it," he wrote in his newspaper, The Standard, under the headline "How Depression Has Never Been an African Disease" [3]. People's understanding of depression in undeveloped countries like Ghana are a reflection of the scrubby attitude of their government towards mental health. Patsy Nwogu reports in the Twentyten Daily that only 1.4% of Ghana's total government health spending goes toward mental health.

There is a delusion of invincibility when it comes to depression. The appearance of depressive symptoms, such as feelings of sadness, tearfulness, angry outbursts, irritability, tiredness, and a lack of energy, is frequently mocked and mistaken for pomposity or a shift in attitude, often referred to in Ghanaian parlance as "too known". People then respond to this depressive symptomatology by shunning these morose individuals, furthering their downward spiral. That was the predicament I was in following my termination from my job. The morose or depressed person will be saved if she is fortunate enough to discover anything to cling onto in order to dig themselves out of the hole of depression. If not, and he or she gets buried in the hole, the devil is held accountable.

The purpose of this study was to advance previous research on depression by inviting the outside world into my world to understand my long depressive journey of pain, sadness, and numbness and my recovery process. This will help readers better understand how I dealt with the challenges and made crucial choices out of depression. This autoethnography is intended to serve as a manual, pointing readers in the direction of the mindset required to overcome hopelessness.

Autoethnography as Method

Studies on lived experience can be done using methods such as autobiography, biography, autoethnography, life history, and oral history [4]. Notwithstanding their differences, the aim of all approaches is the same: to enquire into lived experience and to re-present that experience in a narrative form that gives rich information and context about the person (or people) in issue [4]. With culture heavily influencing how depression is viewed in different parts of the world, it was necessary to apply a methodology that makes room for systematic analysis of personal experience in a manner that helps people understand cultural experience of the character in the story. For this reason, the choice of autoethnographic methodology is ideal for this study [5]

define autoethnography as an approach to research and writing that seeks to is to explain and carefully evaluate personal experience in order to understand cultural experience.

This method questions established conventions for doing research and speaking on behalf of others and views research as a political, socially-just and socially conscious act [5]. To conduct and write autoethnography, a researcher employs the principles of both autobiography and ethnography. Autoethnography is therefore both a process and a product as a method [5].

While doing autoethnography, researchers reflect on their lived experience and existing literature to write about epiphanies that result from belonging to a particular culture and/or having a certain cultural identity, which helps both insiders (cultural members) and outsiders (cultural strangers) better understand the phenomenon. Most frequently, the epiphanies discussed in the study are those that are considered to have had a significant impact on a person's life [5-7], states that epiphanies are existential crises that make a person pay attention to, analyze, or even want to share their lived experience, and occasions when life did not seem quite the same afterwards. Epiphanies are self-claimed phenomena in which one person may consider an experience transformative while another may not [5,8]. These epiphanies reveal ways a person could deal with "challenging situations" and "effects that lingered in recollections, memories, images, and feelings long after a crucial incident is supposedly over" [5,8].

Autoethnographic methods employ several different data collection and analysis methods. Some notable methods widely used in recollecting lived experience in autoethnography are interviewing, videotaping [9], and reflective journaling Hughes, et al. [9] which was the main tool used for recollecting the lived experience of the phenomenon under study.

Validity, Reliability, and Generalizability of Autoethnography

Meeting the "three golden" requirements of validity, reliability, and generalizability while describing a lived experience of a phenomenon is the main obstacle to this research methodology [10]. The narrator's credibility has typically been cited as the source of trustworthiness by the majority of autoethnographers; however, this has frequently been refuted and disputed by several detractors [5], developed some useful questions for determining the "three golden" criteria of validity, reliability, and generalizability, which I used as my guide in developing this narrative. According to Bochner [5] an autoethnographer

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can determine validity, reliability, and generalizability by asking the following questions: Is there factual evidence that the incident the narrator has recounted truly happened, or is it just fiction? Does the narrator think that what happened to her or him genuinely occurred as described? A test of the validity, reliability, and generalizability of this study based on these questions proved largely successful. This is because the lived experience ended up in court, and all the court proceedings, witness statements, and judgment, which is currently a public document, are truthful and factual evidence of my lived experience of the phenomena.

My Autoethnographic Reflections

What started as a joke when a senior management staff member I challenged in a meeting threatened to get me sacked came to fruition on April 4, 2019. On the fateful day when the human resources manager handed me the letter of termination, I could not believe it. I initially thought it was a prank, but then I realized his demeanor did not seem like someone who was joking. I asked "why"? Her response was that the bank does not need to give reasons for termination. And truly, the termination letter did not state a cause.

I felt momentarily dizzy and could not locate the signature line to sign my name. When the human resources manager finally pointed me to the space, my hand was embarrassingly shaking too much to sign the bank›s copy of my termination letter. After taking a couple of deep breaths, I mastered the courage to scribble something on the termination letter. I was instructed in the letter of termination to turn over any company property I had in my possession and to depart right away. I am not sure how I exited the reception area of the bank, knowing that would be the last time I used that exit area of the bank. This is a door that I have walked through with confidence every day for the past 10 years with a sense of entitlement and purpose, but today I walked through with a sense of finality and shame. I did not walk out voluntarily. I did not walk out for a better opportunity. I did not walk out in honor. I was pushed out with my head bowed in shame and my thoughts clouded in confusion.

My emotions were floating within me like dust particles in a high-pressure air space. I managed to contain my emotions until I got home. Upon reaching home, tears were streaming down my face like an unstoppable waterfall. I was visibly shaken and in distress, but my mouth could not form the words to interpret my thoughts and emotions. My husband threw his hands around me to comfort me, but that action was just not comforting. It crowded me and made me want the emptiness of space to cry my burden out. After locking myself in my room and crying my chest out for hours, the pain of my termination experience remained unabated.

My tears could not wash the pain away. My heart was still heavy. I felt I had lost all that I had painstakingly built over a period of 10 years. I felt all the sacrifices of rushing to work at dawn and closing late at night at the expense of my family's welfare were for nothing. I felt empty, crashed, and pushed down. I just did not know where to start from, and even if I did, how long was it going to take to get to where I was before I came tumbling down? For days, I lay motionless in bed with no sense of purpose or direction. I did not have the desire to do anything. Insomnia became my constant companion. My mind could not get rest searching for answers to why I was treated so unfairly and how I will overcome the shame of falling so low. My heart could not also get over the pain of betrayal and wasted years with this company.

Motivational talk from people around me felt too abstract. I kept thinking to myself, "These people are not going through what I am going through; they are not in my situation to understand, so they can afford to say all they are saying". My husband and my siblings could not give me answers as to why this must happen or what my new starting point in life was going to be. They often encourage me to think positively and move on so I do not get depressed or fall ill. I often thought they were too far from my innermost being to understand what was going on. In order for me to have my peace, I allow them to talk so they can leave me alone with my thoughts. Some well-meaning friends tried hard to get me another job quickly to enable me to move on, but it just did not work. After attending ten interviews and falling apart each time I was confronted with the question "Why did you leave the bank", I realized the issues surrounding my termination were far from over. The final words of the human resources (HR) manager of the bank kept ringing in my head every time an interviewer posed the question "Why did you leave the bank".

The HR's parting words to me were that I cannot erase 10 years of experience at the bank from my CV, and if I manage to get a job, she will respond to every request for a job reference with the fact that I was sacked. She wished me well and concluded that I may never get a job again. These departing words had unknowingly embedded themselves in my consciousness and swallowed my capacity to market myself to any employer. I wondered if any employer would believe the fact that no reason was stated on my termination letter. I walk into interviews, and I am not sure if telling the truth about not knowing the reasons for my termination will be believed, or if telling lies about my reasons for leaving will be better, or if just simply saying I resigned will be helpful. My mind was clouded in so much confusion that I decided not to attend an interview again. I felt totally hopeless. I felt I had come to a halt in my life with the termination. I could not move on, even if I wanted to.

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Overcoming Depression, the African Way

Everyone around me realized I was slipping into depression, if not that I was already in it. But how to rescue me from it was the problem. Recommendations for psychological help would be the norm in a western or developed world. But in a developing country like Ghana, it will not cross our minds. The most emergent solution in such a situation is to rely on the person's object of worship. If you are a Christian, people around you will sort for the pastor's assistance; if you are a Muslim, the imam; and if you are a traditionalist, the help of a fetish priest or herbalist will be sought. A survey on mental health conducted in Nigeria, the most populous country in Africa, by the Africa Polling Institute (API) and EpiAFRIC in 2022, according to Nicholas, et al. [11], shows that there is a lack of awareness of mental health and that most respondents are unaware that they have mental health conditions. Because mental health disorders are typically correlated with spirituality and cultural origins, the majority of individuals with mental health conditions frequently seek spiritual therapies [11].

Orthodox answers, such as the minimal psychological or psychiatric assistance accessible on the continent of Africa, are mixed with spiritual and cultural origins in situations when those close to the sufferer are at least moderately educated. According to Nicholas, et al. [11], the state of Africa's mental health right now is depressing. In comparison to the global average of 9 employees per 100 000 people, Africa has 1.4 mental health workers per 100 000 persons [2]. There have also been incredibly few psychiatrists who are now in practice. The yearly rate of outpatient mental health facility visits worldwide is 1051 per 100,000 individuals, but when Africa is zoomed in, it is just 14 per 100,000 [11].

My path to overcoming depression was typical of those in Africa. On one of the occasions when I was lying in bed with no sense of purpose, I had a short dream about people praying, mentioning the power of God, and singing a song about it. Apparently, I was singing the song, although I seemed to be asleep. I woke up with my husband staring down at me with some level of deep concern, thinking whatever was happening to me had been aggravated by my now singing and talking in my sleep. I told him of the dream, and with that narrative, he was able to convince me to attend a church prayer session, which I stopped attending out of anger towards God for allowing the current predicament in my life. When we got to church, I could hear the congregants singing the same song in my dream, and as we inched closer, I could hear the pastor asking them to pray for the manifestations of the power of God in their lives.

This immediately worked some "magic" in my emotional outlook. My skepticism of what the church would do in my predicament was met with some hope of possibility as the physical activity in the church being experienced by many publicly coincided with my private dream. Cargile [12] affirmed this in his study of skepticism and possibilities when he stated that "phenomenalism and manifestationism, sometimes blended together, have been the principal answers, from philosophers, to Cartesian skepticism about the external world" [12].

The pastor told me about my phenomenon without having previously discussed it. He called it a revelation from God. He also predicted how God was going to deliver me from the phenomenon I was experiencing and gave me additional encouragement about God›s ability to make me greater than I had been. This further exhortation whipped away any remaining hopelessness in my being. Pillay, et al. [13] explain that believing in a higher power gives a sense of hope for a person's well-being, and Thimm, et al. [14] affirm that hope has been found to moderate negative life events. Thimm, et al. [14] assert that, whilst depression curtails positive expectations, prospects that give hope and optimism are able to generate routes that reduce depressive symptoms of hopelessness and help them form goal-directed thoughts, which are the basic building blocks for human learning and coping.

I returned from the program with a sense of purpose and direction. There was a shift in my thought pattern. I did not feel like a helpless victim anymore. I rather felt like a hero who needed to rescue herself from a sinking ship with a sense of urgency. Any delay, inaction, or wrong action will take me down. I began talking to people and seeking expert advice on a plethora of issues, most especially how to come out of my termination quagmire. After several deliberations, I sued my former employers, and after three years of being in court, I won the case. The court forced them to provide me with answers they failed to give me on the why. They were made to compensate me for the emotional trauma they caused me during the period, and this brought me some level of closure. Unlike previously, when I could not talk about the issue of termination without wetting my face with tears, I am able to speak about it freely now with some form of understanding. I am able to reflect on the whole experience and point out the effects of the situation, catalog the steps I took to overcome those effects, and help others overcome similar pain by cataloging the steps I took to overcome them.

Conclusion

My style of overcoming the pain of termination and depression may seem foreign to people of certain demographics, but for a large group of people in developing nations, mostly found in Africa, this is our reality. This is consistent with a study on spirituality, depression, and quality

of life in medical students in KwaZulu-Natal by Pillay, et al. [13], published in the South African Journal of Psychiatry. The results of the analysis showed a significant negative correlation (ρ = −0.143) between depressive and spirituality scores (t(228) = 2.188; p = 0.030), a significant negative correlation (ρ = −0.483) between depressive symptoms and quality of life (t(228) = 8.331; p = 0.000), and a significant positive correlation (ρ = 0.294) between spirituality and quality of life (t(228) = 4.642; p = 0.000). Hence, lower levels of spirituality and a worse quality of life were linked to higher levels of depression. A reported higher quality of life was linked to higher degrees of spirituality. The study found a negative relationship between spirituality and depressive symptoms. They explained their findings on spirituality to say that, while the South African population is generally pious, to deal with stress, some people turn to spirituality or a higher force to cope with feelings of hopelessness [15,16].

The reflections on my mindset that helped me overcome depression and inspired this autoethnographic exploration have given me an understanding that what drives people in developing countries to seek spiritual help for depression is because it's usually the only way they know. And this way of life produces hope in their hopeless situation, which produces fortitude to help them continue on with their lives.

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