

**THE RESPONSE OF DISCHARGED MENTAL PATIENTS (INMATES) TO
SELECTED ART ACTIVITIES IN TEXTILES AT THE KUMASI CHESHIRE HOME**

By

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**A Thesis submitted to the school of Graduate Studies, Kwame Nkrumah University of
Science and Technology, Kumasi, in partial fulfillment of the requirements for the Degree
of**

MASTER OF ARTS IN ART EDUCATION

Faculty of Art

College of Art and Social Sciences

JULY 2010

Department of General Art Studies

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DECLARATION

I hereby declare that this submission is my own work towards the M.A (Art Education) Degree and that, to the best of my knowledge it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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ACKNOWLEDGEMENT

This research work has come about as a result of my quest for a higher academic qualification. In the process many people played prominent roles before this research work became a success. The researcher knows that it was their effort and selflessness that the work has come this far. Therefore to all these people I say thank you.

First and foremost, I am much grateful to the Lord Almighty for giving me, the wisdom and understanding and the strength to carry out this project to a successful end.

Secondly, extend my sincere gratitude to my research supervisor Dr. Kodwo Edusei, who was selfless and gave me assistance in the pursuance of this research work and to all lecturers who in diverse ways made my education at the department a success.

I am thankful to Mr. Owusu Adjei the Administrator of the Kumasi Cheshire Home, Auntie Christie the Head of section of the textile section at the Home, Rejoice the Psychiatric Nurse at the Cheshire Home who provided me with information on my research, and all residents at the rehabilitation centre- Cheshire Home has made this thesis a successful one.

Finally, my profound thanks go to all examiners whose meticulous scrutiny has contributed to the success of this thesis.

P.O

TABLE OF CONTENTS

TITLE	PAGE
Declaration	ii
Acknowledgement	iii
Table of content	iv
List of plates	viii
List of appendices	x
Abstract	

CHAPTER ONE

INTRODUCTION

1.1 Overview	1
1.2 Background to the Study	1
1.3 Statement of problem	3
1.4 Objectives	3
1.5 Research questions	4
1.6 Delimitation	4
1.7 Limitations	4
1.8 Definitions of terms	4
1.9 Abbreviations used	6
1.10 Importance of the study	7
1.11 Arrangement of the rest of texts	7

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Overview	9
2.2 Who is a mental patient?	9
2.3 Discharged mental patients	11
2.4. Causes of mental illness	11
2.5 Classification of mental illness	13
2.6 Concept of normality and abnormality.	19
2.7 Traditional African beliefs on mental illness	23
2.8 Rehabilitation centre	24
2.9 What is art?	26
2.10 What are textiles?	33
2.10.1 Map location of Kumasi rehabilitation Centre – Cheshire Home	36
2.11 History of Cheshire Home	38

CHAPTER THREE

METHODOLOGY

3.1 Overview	43
3.2 Research Design	43
3.2.1 Characteristics of Qualitative Method	44
3.3 Library research	45
3.3.1 Computer	45
3.3.2 The Internet	45
3.4 Population	45

3.5 Sampling	46
3.5.1 The Sample	46
3.6 Instrumentation	46
3.7 Interview	47
3.7.1 Importance of Interview	47
3.7.2 Structured and Unstructured Interview	47
3.7.3 Conducting an Interview	48
3.7.4 Advantages of interview	48
3.8 Observation	49
3.8.1 Types of Observation	49
3.8.2 Participant and Non-Participant Observation	50
3.8.3 Validity of Observation	50
3.9. Validity of Instruments	50
3.10 Primary Data	51
3.11 Secondary Data	51
3.12 Data Collection Procedures	51
3.13 Data Analysis Plan	51
3.14 Process involved in the production of Tie & Dye and Batik	52
3.15 Batik production	60

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Overview	65
4.2 Case study one	65
4.3 Case study two	66
4.4 Case study three	68
4.5 Case study four	69
4.6 Case study five	71
4.7 Case study six	72
4.8 Case study seven	74
4.9 Case study eight	75

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview	77
5.2 Summary of findings	77
5.3 Conclusions	80
5.4 Recommendations	81

REFERENCE

LIST OF PLATES

Plate	Page
Plate 2.1 Map location of Kumasi rehabilitation centre-Edwenase	5
Plate 2.2 Kumasi Cheshire Home	40
Plate 2.3 Shelves for Psychology	40
Plate 2.4 Shelves for Sociology	41
Plate 2.5 Shelves for Fiction	41
Plate 3.6 Researcher demonstrating preparation of dye solution	55
Plate 3.7 Inmates preparing dye solution	55
Plate 3.8 Inmates mixing (sodium hydroxide) caustic soda	55
Plate 3.9 Inmates preparing dye solution	55
Plate 3.10 Inmates stirring green dye solution	56
Plate 3.11 Researcher preparing dye solution with inmates	56
Plate 3.12 Researcher preparing dye solution with inmates	56
Plate 3.13 Prepared dye solution by inmates	56
Plate 3.14 Inmates using the marbling technique in tie & dye	56
Plate 3.15 Inmates using the marbling technique in tie & dye	56
Plate 3.16 Head of Section helping inmates to fold fabric	57
Plate 3.17 Inmates folding fabrics	57
Plate 3.18 An inmate dyeing his tied fabric	57
Plate 3.19 Tied fabric designed by an inmate	57
Plate 3.20 An inmates dyeing his tied fabric with blue dye	57
Plate 3.21 An inmate dyeing her fabric	57
Plate 3.22 An inmate using the syringe in dye application	58

Plate 3.23 An inmate dyeing his fabric	58
Plate 3.24 An inmates with dyed fabric	58
Plate 3.25 An inmates rinsing fabric to remove excess dye	58
Plate 3.26 Tie and dye fabric	59
Plate 3.27 Tie and dye fabric	59
Plate 3.28 Tie and dye fabric	59
Plate 3.29 Melted wax in pan ready to be used for stamping	60
Plate 3.30 Stamps used for printing (Batik)	60
Plate 3.31 Researcher demonstrating stamping method	61
Plate 3.32 An inmate stamping his fabric	61
Plate 3.33 Stamping method being used by an inmate	61
Plate 3.34 Stamping process being done by an inmate	61
Plate 3.35 A stamped fabric done by inmate	62
Plate 3.36 An inmate dyeing stamped fabric wearing gloves on his hands	62
Plate 3.37 Oxidizing the dyed fabric	62
Plate 3.38 Inmates dewaxing fabric	62
Plate 3.39 Inmates rinsing fabric after dewaxing	63
Plate 3.40 A finished product of batik	63
Plate 3.41 Batik fabrics produced by inmates are shown	63
Plate 3.42 Batik fabric	64
Plate 3.43 Group picture of Inmates, staff and the researcher	64
Plate 4.44 Batik and tie & dye produced by inmate “one”	67
Plate 4.45 Batik and tie & dye produced by inmate “two”	69

Plate 4.46 Batik and tie & dye produced by inmate “three”	71
Plate 4.47 Batik and tie & dye produced by inmate “four”	72
Plate 4.48 Batik and tie & dye produced by inmate “five”	74
Plate 4.49 Batik and tie & dye produced by inmate “six”	75
Plate 4.50 Batik and tie & dye produced by inmate “seven”	76
Plate 5.0 Batik and tie & dye produced by inmate “eight”	78

APPENDIX

LIST OF APPENDICES	PAGE
Appendix 1: An interview guide for staff at the rehabilitation centre	88
Appendix 2: An interview guide for the discharged mental patients (inmates)	89
Appendix 3: An Observational guide	90

ABSTRACT

The research sought to find out response of the residents of Kumasi Cheshire Home (rehabilitation centre) who are discharged mental patients to art activities in textiles. The scope of the research was limited the art activities in textiles. To solve this problem, an in-depth interview with residents, the administrator, Chief Psychiatric Nurse and staff of the home were conducted. Participant and non-participant observation as well as experiments were made. The main findings of the research which have been expounded by photographs of selected works of residents show that their intensity of illness did not affect their creativity. The findings and recommendation made on these patients will serve as a useful source of information for the psychiatric hospitals, rehabilitation centers and occupational therapist in the country and the general public.

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter deals with the background of the study, followed by the statement of the problem and the objectives of the study. The research questions and the delimitation come next. The definition of terms, importance of and the study and the arrangement of the rest of the text conclude the chapter.

1.2 Background to the study

A preliminary investigation by the researcher indicates that Ghana's population in the year 2000 was 20.2million. About 10% of the population which is 2.02million people has some mental disorder or are discharged mental patients. Gombilla,(1997). These discharged mental patients are usually unskilled and therefore have no opportunity to improve their lives and participate in the economic, social and political processes. They therefore represent a sizeable number of underutilized human resources that could be available to foster economic growth for the benefit of the country. These people need to be rehabilitated that is equipping them with job opportunities to make them productive, independent and acceptable in the society.

Rehabilitation is a word which describes an active process in which at least two people are involved that is the person with a disability and the helper (therapist). Rehabilitation is a building activity which attempts to 'restore a person's physical and mental capacities and improve the quality of his life to a level which is near as possible to that which existed prior to his illness". Yeboah (1990)

Rehabilitation encompasses all patients and all programmes: it includes pre-discharged readiness and planning, post-hospital residential rehabilitation and professional care for all patients released from a psychiatric hospital regardless of diagnosis. Wolman as cited in Yeboah (1990). During the rehabilitation, the disabled are treated medically and provided an agreeable craft for an idle moment while in the centre.

Rehabilitation is considered essential to make these ex-patients acceptable in society and community. Poldinger and Krambeck as cited in Glime (1995) consider rehabilitation as re-intergration and post treatment efforts. This includes all measures which serve the medical restoration, vocational re-qualification and the social re-intergration of the ex-patients. Also art making is a form of healing and again is a form of healing within a psychotherapeutic relationship.

Art refers to a diverse range of human activities, creations, and expressions that are appealing to the senses or emotions of a human individual. Art stimulates different parts of our brains to make us laugh or incite us to riot, with a whole gamut of emotions in between and gives us a way to be creative and express ourselves. Forms of art include sculptures, pottery products, textile, jewelry, basketry, leather products, calabash and gourd work, music, dance, drama and poetry.

Textiles is defined as a fabric or cloth produced by a number of methods such as weaving, knitting, embroidery and felting. It is either woven by hand or machine. Textiles protect the body from cold, fire, sun and infection. Our homes are made attractive and more comfortable by the use of textiles. There are other uses of textiles for industrial purposes such as upholstery, head liners, carpeting, belts, shoulder harnesses and window runners and also reinforcement for motor tyres. Adu-Akwaboa (1994)

This thesis would be based on the response of the discharge mental patients to selected art activities in textiles at the rehabilitation centre at the Kumasi Cheshire Home.

1.3 Statement of the problem

Rehabilitation involves the process where the disabled are treated medically and provided an agreeable craft for an idle moment in the centre. Rehabilitation takes place at the psychiatric hospital as occupational therapy or after the discharge from the psychiatric hospital to a rehabilitation home which is known as the aftercare.

This vocational rehabilitation is based on the premise that work is good for mental health. For many patients who have never learnt vocational skill, the feeling of competence and productivity resulting from a trade produces positive psychological reinforcement. The importance of vocational rehabilitation has been emphasized by Kissim and Begleiter (1984) “it has become evident that emotional or social rehabilitation is often ineffective without major attention to vocational rehabilitation”.

Fredman and Kaplan (1972) observed that mental patients become restless when they are alone or had nothing doing. This therefore suggests that when various vocations were introduced to mental institutions, it would occupy them.

Most inmates of Cheshire Home have not learnt any employable skills in tie and dye and Batik. In-service vocational training in tie and dye and batik is not frequent in the Cheshire Home. After learning the vocational skills the inmates were not able to effectively produce these tie and dye and batik products and set up business on their own. It is therefore important to rehabilitate all discharged mental patients to enable them fit into their community. It is with

this background that the study seeks to find the response of the discharged mental patients to selected textile art activities at the Kumasi rehabilitation centre -Cheshire Home.

1.4 Objectives

- i. To observe the existing textile related activities in the rehabilitation process of the discharged mental patients (inmates) in the Kumasi Cheshire Home (KCH).
- ii. To develop and implement a specific training program in textiles that would more effectively meet the needs of discharged mental patients (inmates).
- iii. To determine the degree to which discharged mental patients (inmates) benefit from the skills they have acquired in the rehabilitation process.

1.5 Research questions

1. What art activities are done at the Kumasi Cheshire Home (rehabilitation centre)?
2. What is the response of the discharged mental patients (inmates) to selected art activities in textiles in the rehabilitation centre?
3. Will the selected art activity in textiles be effective in equipping the discharged mental patients with the right job skills they need?

1.6 Delimitation

The research focused on acquisition of employable skills in textiles by discharged mental patients (inmates) in the Kumasi Cheshire Home.

MAP LOCATION OF KUMASI REHABILITATION CENTRE-CHESHIRE HOME
EDWENASE

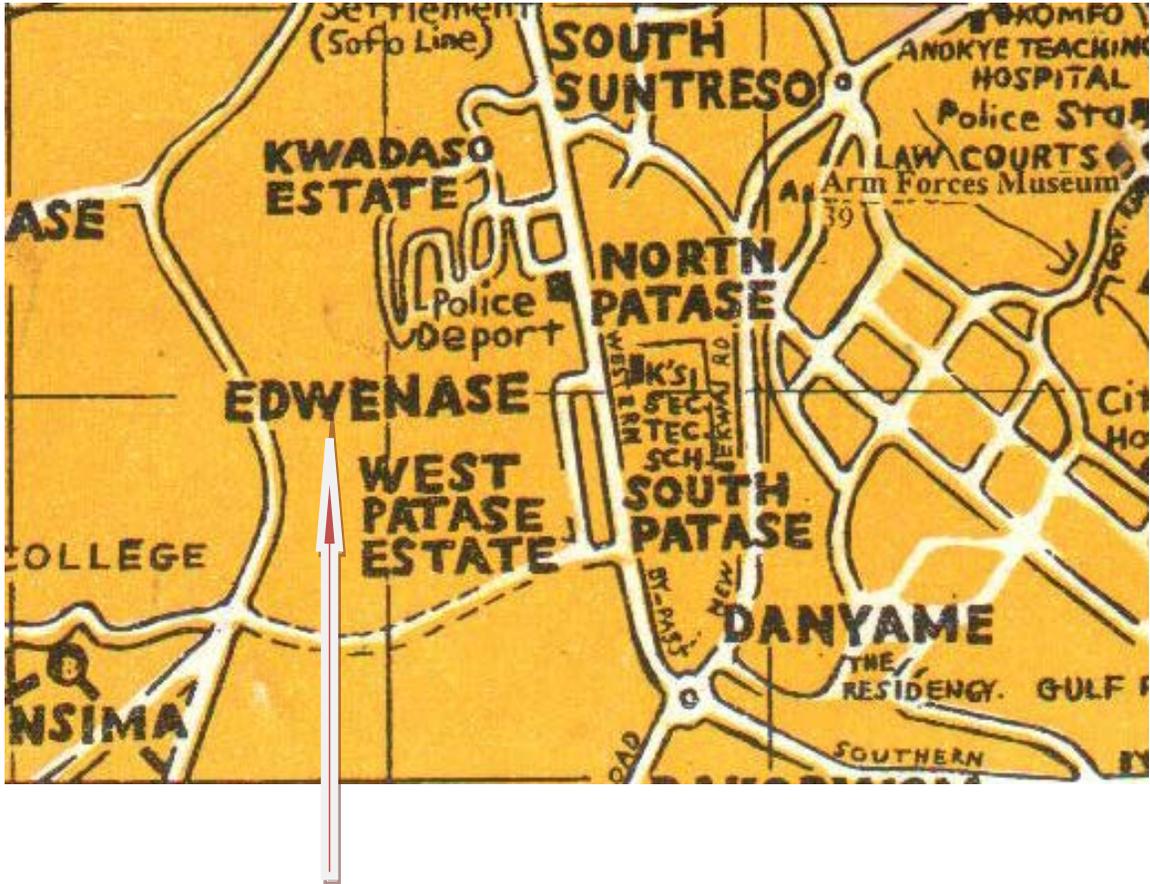


Figure 1: Map showing the location of the research area (Edwenase in Kumasi)

1.8 Definition of terms

Acute	a disease coming up suddenly or quickly to a dangerous condition and is Opposite chronic
Abnormality	when one is said to be in a social deviant such as not living according to standards of the society in which you are in.
Chronic	a disease that is continued or lasting for a long time or period.
Cure	to make a disease or illness go away completely especially by medical treatment.
Depict	to represent something by using a picture to describe.
Depression	to put the mind into a state of disorder or a complete imbalance in the mind.
Dementing	suffering from dementia.
Dementia	serious illness affecting someone's brain and memory in which they gradually stop being able to think or behave in a normal way.
Distracted	to be anxious or troubled about many things.
Mania	a dangerous disorder of the mind.
Manic	suffering from mania.
Mental	of the mind for example mental retardation
Neurological	the disease that affect the nervous system
Neurosis	mental illness that makes you behave in an unusual way or makes you worry all the time about something unimportant.
Omen	a sign that something is going to happen in future, a good or bad thing happening.

Phenomenon an event or situation that can be seen to happen or exist.

Psyche the human mind, soul or spirit

Psychiatry the study and treatment of disease of the mind.

Psychic concerning the mind or soul, concerning the truth of strange happenings not explained by scientists such as power to see into the future.

Psycho analysis and a way of treating certain disorders of the mind by examination of the suffers past life and dreams.

Psychosis this is caused by a serious disorder of the mind that produces character changes.

Schizophrenia a serious mental illness in which the way you think and feel is not Connected with what is really happening

Textiles the manufacture of cloth and all the materials that can be found or have been formed into yarns or fabricated into cloth.

Traumatic a bad experience that makes you feel very upset, afraid or shocked.

1.9 Abbreviation used

K.A.T.H Komfo Anokye Teaching Hospital

1.10 Importance of the study

First, thesis adds to the body of knowledge to the art of the discharged mental patients in Ghana.

Secondly, the outcome of the research will serve as a useful source of information for the psychiatric hospitals, rehabilitation centres and occupational therapist in the country and the general public.

Finally, the research will stimulate further research into the art of discharged mental patients (inmates) in other rehabilitation centres in Ghana.

1.11 Organisation of the rest of texts

Chapter one is the introduction of the study. It covers the background to the study, the statement of the problem, objectives, Research questions, delimitations, and definition of terms, importance of the study and the arrangement of the rest of texts.

Chapter two reviews the related literature on the topic. Under it, definition of mental patients, art, textiles and rehabilitation as expressed by different authors were reviewed. The different between mental patients and discharged mental patients (inmates), their response to art activities, treatment of concept of normality and abnormality, traditional African beliefs, in the thesis is also reviewed in this chapter.

Chapter three is the methodology and it discusses the research activities that were undertaken. Topics under discussion were as follows; research design, library research, population, sampling, instrumentation, validation of instruments, administration of instruments, primary and secondary sources of data, data collection procedures and data analysis plan.

Chapter four dealt with result and discussions.

Chapter five is summary of the main findings of the study, conclusions arrived at, and the recommendations made.

References and Appendices were also stated. Referencing was done in alphabetical order and it was divided into four parts. Part one looked at books that were reviewed, the second part spelt out the websites that were contacted. Thirdly, mention was made of the newspaper publications that were reviewed and finally, the dissertations which were consulted.

In the coming chapter, the researcher reviewed what some authorities have written on Art, Textiles, Mental patients, Rehabilitation centres and History of Kumasi Cheshire Home and how these topics are related to the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Overview

To gain an understanding of the topic under discussion “The Response of Discharged Mental Patients (inmates) to selected Art Activities in Textiles at the Kumasi Cheshire Home” pertinent literature related to the topic was reviewed. Thus were reviewed literature on mental patients, discharged mental patients, causes of mental illness, classification of mental illness, concept of normality and abnormality. Traditional African beliefs on mental illness, rehabilitation centre, art activities, textiles history of Cheshire Home, and summary of the chapter.

2.2 Who is a severe mental patient?

Gombilla (1997) states that mental patients appear disheveled as patients tend to neglect themselves as shown in careless dressing. They are untidy and unclean as a result of failure to take care of their personal hygiene like bathing and washing clothes. Some of them tend to talk more than usual, faster and louder and about things that do not concern them; they are also inscrutable, diffident and importunate. Facial expressions may suggest anxiety, depression or lack of interest in the surroundings, they are sometimes fixed and unchanging unnecessarily violent and some have a sense of persecution and suicidal tendencies. Most of them sleep very little or not at all and wake up early to start working, talking or moving about.

Due to their hallucinations which are visual, auditory and so on that are usually fearful as they consist of unpleasant, frightening and terrifying images, instructions or feelings they are most of the time threatened or tortured as a result the patient is extremely restless and keeps on

fighting either imaginary, psychological or realistic (spiritual) enemies by making incoherent gestures or gesticulations. They are also easily agitated and may easily become violent in an attempt to ward off their enemies, in attempting to run away from them or acting in response to instructions. Auditory hallucinations usually consist of instructions and they act according to what they hear.

The mental patients have a mental deterioration and have different value systems, so they are found, picking and carrying on them things from wherever they find them which they consider as property such as stones, rugs, broken bottles, polythene bags, empty containers, tools and implements and host of others which they consider valuable. Depending on the peak of the attack, Patients may feel relaxed or tensed, talk or smile to themselves for no obvious reason.

Long ago, some people believed supernatural and magical factors such as evil spirits, gods, dead ancestors, spells from evil people and witches were the cause of bad things therefore mental illness or mental patients was caused by them. This concepts still persists today in most African societies. The African people did many things to try to cure mental patients, sometimes they burnt incense, used talisman, to repel or drive out those spirits. “Witch doctors” that put on ugly masks and spoke strange magic words which are believed would frighten the evil spirits away so that the insane will be cured were sent for.

The causes of mental illness have affected Ghanaian thinking, feeling and behaviour towards mental patients are mainly the reason for which mental patients are sent to shrines and traditional healers for treatment for example pouring libation, sacrificing animals and prayers. Some are put in chains but now we have psychiatric hospitals in which some of these mental

patients are kept and treated and rehabilitation centers where they are taught some skills in art or craft.

The above description gives a clear and obvious ways of identifying a mental patient and physical symptoms such as the outward appearance and general behaviour which when we see we can understand them.

2.3 Discharged mental patients

A mentally ill person, treated in a hospital or clinic, discharged and referred by a medical doctor to a rehabilitation centre, prior to re-integration into society or return to the family.

In Ghana, there is a strong stigma and family shame attached to having a mental ill patient or discharged mental patient due to misunderstanding of mental health matters and the idea that mental illness must be attributed to spiritual or demonic causes and therefore the families of such discharged patients are not readily able to take them back. They suffer relapses and end up in the streets.

These people need rehabilitation before going back to their families and to the community. Fortunately, since 1993 the Kumasi Cheshire Home has begun offering a number of services to people. For example, people who have experienced mental break-downs, treated and discharged from psychiatry hospitals before going back to their families and to the community.

2.4 Causes of mental illness

According to Manual for Trainers of Mental health for Primary health Care Worker's (Gombilla) "the different factors that contribute to mental illness are:

1. Heredity: This is especially important in disorders such as schizophrenia, and Huntington's chorea.
2. Organic Dysfunction: Mental illness known as organic syndromes, come about because of damage to specific areas of the brain. Damage may be genetic or inherited, or could come about during birth, or through drug abuse, brain tumours, oxygen, or an imbalance of fluid and electrolytes.
3. Biochemical Disturbances: Disturbances in body chemistry may cause some forms of mental illness, example Depression may follow childbirth and accompany the menopause in women perhaps because of unstable hormonal, levels as well as being the result of the life changes and stresses which accompany these transitions.
4. Social Pressures: Daily problems in living as well as major life events such as divorces and deaths can create difficulties in coping which can bring mental illness.
5. Family Relationships: Family relationships which are characterized by difficulties in communication, lack of support, abusiveness, lack of moral integrity and vulnerable to illness.
6. Beliefs and culture: Each culture defines what is abnormal and what is normal. Each culture also has an explanation for abnormal behaviour. In Ghana, the predominant beliefs is that abnormal behaviour has a supernatural beliefs, either through possession by evil spirits or curses, sometimes bad family relationships are held responsible but these are thought of inspirational terms.

The *host* which is the person involved, which include observation of the characteristics of the person such as the persons genetically disposition, such as genetic chromosomal abnormalities such as under development of some parts of the endocrine body resulting in disability. For example impotence, endocrine function and constitutional factors which denote his make up comprising both innate and acquired characteristics such as body constitution physique, sex, age, temperaments and blood type which have a role to play in the development disorder.

The physique has been used to determine ones personality and related psychopathology. The manner in which the personality cope with stresses and conflicts would determine to what extent a breakdown may result leading to the development of mental disorders. Constitutional factors may also include acquired or congenital defects which may arouse a strong feeling of frustration or anxiety.

A variety of extrinsic or environment factors may bring about psychiatric disorder predispose the individual to its development. These are either organic factors or psychosocial factors.

Organic factors in trauma (which comprise physical or mental injury or shock, infections, neoplasm's (new growth tumours) and metabolic disorders may interfere with the functioning of the central nervous system leading to organic brain syndromes which may be acute or chronic. Dementia (lost of mental powers) a chronic organic brain syndrome is likely to follow permanent brain damage.

A variety of psychosocial stresses such as loss of job, bereavement, severe financial problems and studying for examination may predispose an individual to psychiatric illness. Events that are considered to be desirable such as getting married, being promoted and having a

baby may also precipitate mental disorder. It appears that stressfulness such as “life events” are “crucial factors” in their association with mental illness.

2.5 Classification of mental illness

Medically, mental disorder is seen as an abnormality or disease with characteristic symptoms.

Cosgrove and Malloy, (as cited in Gombilla) there are many categories of mental illness but only six that are of most concern to their monograph have been defined.

1. Organic brain syndromes: These are disorders caused by or associated with impairment of brain tissue function.
2. Psychoses: Individuals are described as psychotic when their mental functioning is sufficiently impaired to interfere grossly with their capacity to meet the ordinary demands of life, the impairment may result from a serious distortion in their capacity to recognize reality. Hallucinations and delusion, for example may distort perceptions. Alterations in mood may be so profound that the patient’s capacity to respond appropriately is grossly impaired. Deficits in perception, language and memory may be so severe that the patient’s capacity for mental grasp of his situation is effectively lost.
3. Neurosis: anxiety is the chief characteristic of Neuroses. It may be felt and expressed directly or it may be controlled unconsciously and automatically by various psychological mechanisms. The neurosis, as contrasted with the psychoses, generally manifests neither gross distortion nor misinterpretation of external reality nor gross personality disorganization.

4. Personality Disorders: This group of disorders is characterized by deeply ingrained maladaptive patterns of behaviour that are perceptibly different in quality from psychotic and Neurotic symptoms. Generally, they are life long patterns, often recognizable by the time of adolescence or earlier. They include sexual deviations, alcoholism and drug dependence.
5. Psycho physiologic (Psychosomatic) disorders: These disorders are characterized by physical symptoms that are caused by emotional factors and involve a single organ system for example, the skin or the gastrointestinal system.
6. Conditions without Manifest Psychiatric Disorder: This category includes problems of individuals who are psychiatrically normal but nevertheless have severe problems in marital, social or occupational adjustment.

Clinical categories of mental cases

The neurotics are those who have the fear attitude to life and are unable to stand on their own. The neurotic in most cases is aware that he or she is ill and needs medical advice and treatment by this he has what is termed insight in his or her condition. His or her language is not disturbed or affected. They do not have delusions or hallucinations. Neurosis disorders are more likely to have been caused by extrinsic factors like loss, conflicts or stress. Symptoms include conversion, obsession, phobia, compulsion, symptoms of anxiety are common in all neurotics, and minimal mood disturbances are prevalent. Symptoms tend to be mild but chronic. They still recognize and can take their places as citizens in any organized community.

Psychosis is a mental disorder in which impairment of mental function has developed to a degree that interferes grossly with insight, ability to meet ordinary demands of life or to

maintain adequate contact with reality. This category includes severe depression, mania and acute schizophrenia, delirium and dementia.

The psychosis is a very serious illness of personality involving a major impairment of ego functions particularly with regards to reality which are shown by signs of severe maladjustment to life. This prevents or seriously interferes with the patient's relation with other persons and groups. It may be brought up by organic or by psychological factors or by a combination of both, it may also be a product of inheritance.

It involves severe disorganization of the personality functions such as perception, memory and judgment. The patient is not aware that he or she is sick so medical aid is not sought. A psychotic usually has one or more of such symptoms as delusions, hallucinations and illusions and these often dictate the way they behave so that in most cases they are incapable of managing their own affairs. Because of their anti-social, queer and odd behaviour, the psychotic is not accepted into the community in which they live. Psychosis patients are confused, exhibit violence, homicidal and suicidal tendencies or suffering from frightening or incomprehensible experiences. The psychotic patient is usually hospitalized or confined. Psychosis has two kinds which are functional and organic.

Physical or organic psychosis is due to definite pathological change in the brain. By organic disease is meant a disease in which there are structural changes in an organ leading to a change in normal functions. Organic psychosis are therefore mental illness that from actual physical invasion of the brain substances. These changes may be the result of a wide variety of conditions ranging from the acute and temporally poisoning of the neurons due to the presence of micro-organisms as infection, chemicals as drug abuse, deprivation of certain factors (example proteins, vitamins, glucose) or head injury up to the permanent mental changes

brought by the degeneration of the brain substance in old age which may be implicated as a sole or contributory cause of the disorder.

On the basis of chemical features, duration and onset, organic psychosis can be put under the broad groups, including acute organic reaction and chronic organic reaction. The acute organic reaction is sometimes called delirium, a confusional stage or toxic confusional psychosis. It begins suddenly and tends to settle down rapidly if the cause is discovered and proper treatment is given. It means this type of organic psychosis is reversible.

Acute organic psychosis is caused by the following:

1. Infection: Mental confusion may develop as a result of any severe infection. These infections may be due to bacteria attack for example typhoid, pneumonia; septic anaemia etc. and infections directly involving brain substances or the meningitis cerebral abscess are all likely to produce confusion and disorientation. Viral infections such as measles, rabies encephalitis etc.
2. Poison (Drugs and other toxic agents):
 - a. Metals or gases: a large number of poisons like lead, mercury, arsenic and carbon monoxide occasionally produce mental disturbances such as memory defects, lack of concentration, disorientation, incoherence, and delirium and there may be epileptic form convulsions.
 - b. Drug: Alkaloids such as atropine and scopolamine may cause acute hallucinatory episodes when given in excess. Salicylates and other medicines in common use may cause states of acute confusion, buzzing noises in the ears, hallucinations and delusions. Excessive intake of bromides and barbiturates may lead to an acute organic reaction. A person who

- has been dependent on drugs such as amphetamines, cocaine and other hallucinogenic drugs will develop psychiatric illness characterized by vivid hallucinations and excitement. Acute intoxication of alcohol may lead to confusion, restlessness, and disorientation. In long standing cases alcoholic psychosis may result.
3. Head injury: A severe head injury may result in a typical acute organic reaction. The reaction is delirious with excitement, restlessness, euphoria, confusion, disorientation and amnesia.
 4. Post operative states: After any major surgical procedure, a state of mental confusion may occur. Many factors may lead to this, such as toxic effects of the anaesthesia, loss of blood, infection and the like.
 5. Puerperium state: The first six (6) weeks after delivery, occasionally. An acute organic reaction occurs immediately following birth in certain mothers. It may take different forms for example schizophrenia, depression, or excitement. This may be due to infection, haemorrhage, psychological trauma etc.

Psychiatric disorder presented acutely may be overt (for example acute psychosis which is hidden by physical symptoms and depression may be presented as abdominal pain, alcoholism or fits). The disorder and its presentation may be caused by psychological, physical or environmental factors.

The chronic organic reaction is sometimes called dementia which means degeneration of the brain cells. They form a group of mental illness which results from irreversible brain damage leading to some permanent impairment symptoms and behavioural changes. This usually starts slowly and though it may be capable of considerable modification by proper medical care it cannot be reversed and if at all it's very rare. It is characterized by deterioration of intellectual

function, lowering of the individuals mental capacity is usually the first sign that is noticed. The person begins to make unwise and inappropriate decisions quite out of keeping with his previous records. Memory disturbance such as loss of memory for past events, orientation for time, place and person is disturbed, there may be acute episodes of confusion, deterioration in habits, less care is taken of personal appearance that is poor hygiene. In advance cases control over the sphincters becomes difficult, at first by night only but later during the day as well, there is inappropriate sexual behaviour, there is emotional instability and patient weeps readily and profusely in response to a minor set-back but found shortly in a state of great happiness.

2.6 Concept of normality and abnormality

Cosgrove and Malloy as cited in Gombilla (1997) regards, concept as “one of the definitions of abnormality is a certain characteristic, we will find that most individuals fall within a median range on that characteristic. That statistical range we will call “normal”. If anyone is outside of that range, he would be labeled “abnormal”, which literally, means away from “normal”. Generally, this is a culture bound definition with individuals being compared to other individuals within their culture.

Abnormality is dependent on comparison which is not based on any fixed variable, so a person considered at a particular time may be considered abnormal at another time. This does not therefore provide us with a useful definition in all causes but gives a rough idea of what is abnormal.

Bandiri (as cited in Gombilla) argues that “the field of abnormal psychology and mental health cannot get a singled out specific valid norm for psychological normality versus

abnormality. Three broad points of view are however generally accepted. The pathological norm is one of these points of view. It simply considers abnormality a diseased or disordered state portrayed by the existence of certain clinically recognized symptoms. Taken to its ultimate conclusion, this point of view would consider the person who is really “normal” as the one without symptoms. This norm could not withstand critical judgment. For one thing, the symptom-free person is an ideal which does not exist in reality. Also, though psychiatrist and mental health workers may fairly agree on what theoretically constitutes symptoms, they do not do so in practice. This is particularly true in the case of less severe common emotional disorders which, never the less, constitute abnormal behaviour.

Other factors to be taken into account when considering “normal” and “abnormal” behaviour include frequency of performance. Butler and Rosenthal (cited in Gombilla) is a perfect normal behaviour when practiced frequently or excessively can become abnormal. This point, they illustrate using the example of a woman who decided to go shopping and when she got her shopping bag and money, she closed the door behind her. After walking down the path and being unsure that she had locked the door, returned to the house in order to verify that she had locked the door by trying to open it.

As she could not open she was sure it was locked. She set off but down the garden she stopped once more and returned to the house and repeated the behaviour. Appearing satisfied she set off once more on her shopping expedition, even though her behaviour is not a perfectly normal person, looking at it objectively this woman was security minded. But this same behaviour first to the fourth time, her neighbour, looking through the curtains in the opposite house thought there was something abnormal about this behaviour.

Another factor to take into account is the age of the person performing the act when assessing a person's normal standard of behaviour. Again location in which behaviour is performed should be taken into account; for instance, removing our clothing in order to prepare for a medical examination by a doctor is normal behaviour but getting completely undressed on the street in the city centre is abnormal.

Husain and Rashid as cited in Gombilla (1997) gave four main approaches to the definition of normality.

The first is the statistical approach. This is the average normality and deviation from the average abnormality. That is the positive constructive deviation is given the same position as the negative deviation, which is absurd.

The second is cultural, having criterion of social conformity. Abnormality is viewed on cultural basis.

The third is pathological approach. This has the criterion of personal discomfort and is purely subjective approach. These approaches sharply divide the individuals into normal and abnormal.

The fourth as stated is the final approach is normative. Abnormality is described in relative terms. This approach stresses the establishment of an ideal against which a person is judged. Individual are more or less normal depending on how closely they approach the ideal.

From the above definitions, normality is being able to live according the accepted way of society and the conformity with the rules and regulations of one's cultural basis.

Abnormality is when one is said to be a social deviant for example when one is found on the street, with rags and torn clothing almost making him naked, with an unkempt hair, walking barefooted and with a lot of empty cans and polythene rubber around him.

Normalcy and Abnormality is dependent on behaviour and is divided into two classes "normal" and "abnormal". Since psychosis is classified as abnormal behaviour, there is the need to understand what constitutes normal behaviour for three reasons.

First is that if treatment is equated to normalcy then the severity of a person's behaviour will be compared against the behaviour considered as normal standard of behaviour?

Secondly, if recovery is what is meant by normal behaviour, then a comparison between the person's behaviour before treatment with his existing behaviour will be made alternatively a comparison of his improved level with that of other people regarded as normal will be made. This will help in assessing a patients behaviour and result in diagnosis.

These discussions agree that it is difficult to establish who a normal person is, however in their attempt to define ended up telling the abnormal things, which is an indirect definition by attitudes as they describe certain qualities which may or may not be seen in an abnormal person.

These are examples of abnormal behaviour that is put up by people who are mentally ill and it goes to confirm the fact that everybody has something in his or her attitude that is not normal. It is worth noting that mood swings or reacting to situations by humans are human nature, therefore within this context these experiences and behaviours are normal. That is unexpected behaviour can be accepted in certain circumstances so that a degree of abnormal behaviour which may often be unacceptable may be accepted in certain circumstances for that matter. It means that not everybody who behaves abnormally is mentally ill, the mentally ill are abnormal, but not all abnormal people are mentally ill.

2.7 Traditional African beliefs

Gombilla (1997)The African has got many beliefs and Philosophies such as belief in Supreme God, small gods, spirits and divinities which live in rivers, trees, mountains, rocks, seas, grooves, fishes, animals and in natural phenomena. These gods and spirits have many names according to what they give. For example, rain god, gives rain, the fire god, harvest god, fertility god, land god and others.

Africans also believe in spirits and ghosts of dead ancestors and relatives. These spirits may harm, and do well to the living people when they are called to do so.

During festivals food, drinks are given to these spirits to share the celebration with the living and also they pour libation to pray for help from them, talk with them and do many things with them. This shows that even though we do not see the dead physically we still live with them. Africans believe in spirits.

Most Africans believe in mystical powers for example, mystical powers in words-curses and blessing. Mystical powers enable people to walk in fire, to send death from a distance, to change into animals, to split snakes open by spitting on them and to discover secrets or the future. African people know and use this and try to apply it so they wear charm and eat “medicine.” The diviner or medicine-man provides amounts of mystical powers in form of charms, amulets, power of rags and feathers. These people believe that, protection comes from things they wear. These objects represent and symbolize power which comes from God.

Ghanaians have got explanations to the causes of misfortunes that come their way in life. The causes of mental retardation have affected the thinking feeling and behaviour our attitude towards the mentally retarded. This is why many patients may be sent to shrines and traditional healers for treatment. Local treatment take the form of pouring libation, sacrificing animals, instillation of herbs, application of native powder (black powder) into incision made on the skin, body marks, the use of strong lavender and then chains or some have their legs put in holes made in lags to arrest them, they are flogged and subjected to all sorts of degrading conditions.

2.8 Rehabilitation Centre

Yeboah (1990) states, that rehabilitation is a word which describes an active process in which at least two people are involved that is the person with a disability and the helper. Rehabilitation is a building activity which attempts to “restore a person’s physical and mental capacities and improve the quality of his life to a level which is near as possible to that which existed prior to his illness”. During rehabilitation, the disabled or discharged mental patients are

provided with an agreeable craft and skills such as needlework, shoe making, basketry, drawing, weaving, tie and die, carpentry and modeling.

The goal of this rehabilitation centre is to assume that the person who had a psychiatric disability can perform the physical, emotional or intellectual skills needed to live, learn and work in his or her own community with the least possible amount of support from agents of the helping profession. Since the individual do not imitate activities he gains strength and stature, the belief in his own powers and self respect which make artistic activity constructive in the growth of his personality.

Psychiatric services in this country, in particular have undergone a transformation in their resources and efficiency. The mental hospitals have now far more attractive appearances than they used to have, there is a greater activity in the treatment and rehabilitation of their patients and the quality of life, which patients in these hospitals can enjoy, has been immensely improved. It is unfortunately; correct to state that despite the positive changes which have resulted from better medical care and higher living standards of Ghanaians, the number of handicapped and mentally disturbed persons is on the increase.

One of the ways of coping with this problem is in the development of rehabilitation services which can contribute to the well being of handicapped and mentally discharged persons, as well as the socio-economic progress of the country. The growth of rehabilitation services should not mean merely their expansion in volume, but their development through the acceptance and utilization of new concepts which should be appropriate enough to emerge with local situation and needs, and present indigenous rehabilitation concepts typical of Ghanaian demands and opportunities.

It is vital to understand the rehabilitation needs of the discharged mental patients for any effective rehabilitation programme. The psychiatric condition of these ex-patients discharged from hospitals and clinics might be stabilized by drug therapy as is sometimes the case with schizophrenic patients who now have different concerns, ranging from severe depressive or manic states to psychotic states, dementia and self-neglect. These ex-patients now become people with different sorts of problems in terms of their unsociability and inability to cope with community life.

Rehabilitation is considered essential to make these ex-patients acceptable in society and community. Poldinger and Krambeck (1987) consider rehabilitation as re-integration and post treatment efforts. This includes all measures which serve the medical restoration, vocational re-qualification and the social re-integration of the ex-patients.

2.9 What is art?

Art is a diverse range of human activities, creations, and expressions that are appealing to the senses or emotions of a human individual. The word "art" may be used to cover all or any of the arts, including music, literature and other forms. It is most often used to refer specifically to the visual arts, including media such as painting, sculpture, and printmaking. However it can also be applied to forms of art that stimulate the other senses, such as music, an auditory art. Aesthetics is the branch of philosophy which considers art.

Traditionally the term *art* was used to refer to any skill or mastery, a concept which altered during the Romantic period, when art came to be seen as "a special faculty of the human mind to be classified with religion and science". Generally art is a (product of) human activity, made with the intention of stimulating the human senses as well as the human mind; by

transmitting emotions and/or ideas. Beyond this description, there is no general agreed-upon definition of art. Art is also able to illustrate abstract thought and its expressions can elicit previously hidden emotions in its audience.

Gombilla (1997) opines that, art is a universal language that is a way of life of a given people is expressed in their art or art of a given people portrays their lifestyle. Art is a set of ideas, concepts and ideal that is shared by a tribe, a nation or race. These are customs, beliefs, taboos and the behaviour which helps to promote mutual understanding and harmony within a group of people. Art can be expressed as the total behaviour of the people of a particular society or the personality of the people as a group. This includes the mode of thinking, acting and a feeling as expressed in religion, language art and customs.

Art is an expression of thought a visible medium. It is about looks and appearance. It is about pleasing or displeasing the eye. This means that, how something is depicted is as important as what is depicted. It is a means of communicating a thought, an idea, a feeling, or a conviction. A viewer's opinion of a work is influenced by his own past personal experiences when something is depicted. The artist can only hope to make impart but cannot create an opinion for the viewer.

From the above definitions, art can be described as having undergone a deliberate process or arrangement by a medium to produce a form. Art is the word used when we refer to that creative activity or its result, when images and objects, sights and sounds, drawings and carvings, to convey the beauty and splendor of the world. Art elevates our interpretation of the world and ourselves from mere description or narrative to the sublime. The purpose of works of art is to communicate ideas, such as in politically, spiritually, or philosophically and to create a sense of beauty. Art can also used to explore the nature of perception, to generate emotions and

for inspirational purpose. Every area of life is affected by art. This implies that life and art is inseparable as everything we do is related to art.

Naman_htm Gombilla as cited in (1997) records that, in the 1800s, art was primarily concerned with ideas of "Truth" and "Beauty." There was a radical break in the thinking about art in the early 1900s with the arrival of Modernism, and then in the late 1900s with the advent of Postmodernism

Originally, art was intended as a way of understanding a specific set of artists. Under modernism, these limitations came to be regarded as positive factors and were acknowledged openly. The art of Marcel Dun champ becomes clear when seen within this context, when he was submitting a urinal, titled "fountain", to the Society of Independent Artists exhibition in 1917 that was when he was critiquing the art exhibition using his own methods.

Before the 13th century in Europe, artisans were often considered to belong to a lower caste, however during the Renaissance artists gained an association with high status. "Fine" and expensive goods have been popular markers of status in many cultures, and continue to be so today. At least one of the important functions of art in the twenty-first century is as a marker of wealth and social status. Art has been perceived as belonging to one social class and often excluding others. In this context, art is seen as a high-status activity associated with wealth, the ability to purchase art, and the leisure required to pursue or enjoy it. For example, the palaces of Versailles or the Hermitage in St Petersburg with their vast collections of art, amassed by the fabulously wealthy royalty of Europe exemplify this view. Collecting such art is the preserve of the rich, in one viewpoint. From this definitions art was seen as belonging to the people of lower class because the scientist and the engineers were the respected people in society, but as the rich or the wealthy people in communities became interested for their portraits to be painted.

People saw art as belonging to a class because those were the people who could enter these people's house and paint their portrait. Also huge money was collected.

The source continues to say that, Naman.htm (2006) asserts that, the philosophical aspect of art is that it conveys information about the 'human condition', that is a man as an entity is capable of forced induction, as an entity with a 'soul'. This type of art always shows human figures engaged in some type of purposeful activity. In some cases a picture of a landscape might reflect something of the human condition but it is of an indirect nature. Nearly all of the "classical" art in museums throughout the world is of this type. The aesthetic aspect is that which conveys information about the preferences of man as an entity capable of 'free induction'. Man is an animal, a perceptual rather than the conceptual creature of the former philosophical aspect. A claim is often made that this type of art is "abstract".

Art is used to describe a particular type of creative production generated by human beings, and this usually is used to describe aesthetic value. An artist makes a work of art for various purposes such as creating an experience for others or as part of a ritual or when people see it, it stimulates them. Someone who is sad for instance can be released when the person sees an art work which portrays colours of his choice or a work of art can just give one some inspirations.

Art is described as having undergone a deliberate process of arrangement by an agent. Examples include artifact, artificial, and artifice. An artwork or artist's style is a particular approach they take to their art. Sometimes style embodies a particular artistic philosophy or goal. Sometimes style is intimately linked with a particular historical period, or a particular artistic movement.

Style is can also be linked to a technique used, or an effect produced, so we might describe a Roy Lichtenstein painting as pointillist, because of its use of small dots, even though it is not aligned with the original proponents of Pointillism. Lichtenstein used Ben-Day dots, which were used to color comic strips: they are evenly-spaced and create flat areas of color; pointillism employs dots that are spaced in a way to create variation in color and depth

Art is use to describe several things, for example, a study of creative skill, and a process of using the creative skill, a product of the creative skill, or the audience's experience with the creative skill. The creative arts are a collection of disciplines of "arts" that produce *artworks* "art" as objects that are compelled by a personal drive. Art reflect a message, mood, or symbolism for the viewer to interpret. Artworks can be defined as purposeful, creative interpretations of limitless concepts or ideas in order to communicate something to another person. Artworks can be explicitly made for this purpose or interpreted based on images or objects.

Art is something that stimulates an individual's thoughts, emotions, beliefs, or ideas through the senses. It is also an expression of an idea and it can take many different forms and serve many different purposes. Many terms used to describe art, especially recent art, are hard to categorize as forms, genres, or styles or such categorizations are disputed. Art predates history; sculptures, cave paintings, rock paintings, and petroglyphs from the Upper Paleolithic starting roughly forty-thousand years ago have been found, but the precise meaning of such art is often disputed because so little is known about the cultures that produced them.

The great traditions in art have a foundation in the art of one of the great ancient civilizations that is the Ancient Egypt, Mesopotamia, Persia, India, China, Greece, Rome or

Arabia (ancient Yemen and Oman). Each of these centers of early civilization developed a unique and characteristic styles in their art because of the size and duration these civilizations. More of their art works have survived and more of their influence has been transmitted to other cultures and later times. They have also provided the first records of how artists worked. For example, this period of Greek art saw a veneration of the human physical form and the development of equivalent skills to show musculature, poise, beauty and anatomically correct proportions.

Art encourages an intuitive understanding rather than a rational understanding. It was created with the intention of evoking such an understanding or an attempt at such an understanding in the audience. Art was created no other purpose or function other than to be itself “pure art”. Art may offer itself to many different interpretations and though it may superficially depicts a mundane event of ability or fluency within a medium. This characteristic of art may be considered as a point of contention, since many modern artists do not themselves create the works they conceive.

From the above definitions, art is used to for creative art or for fine art which is used to express the artist’s creativity, or to engage the audience’s aesthetic sensibilities and to draw the audience towards the consideration of finer things. The purpose of art works may communicate ideas, such as politically, spiritually, and philosophically. Art also creates a sense of beauty to explore the nature’s perception, for pleasure and to generate strong emotions.

Eishenhauser et al (1993) article advocates that as part of the political engagement with the social and cultural construction of disability inherent to the Disability People’s Movement, the current Disability Arts Movement emphasizes “the potential of and social levels’ Barnes &

Mercer (2001). Disability culture reflects a diverse group of people with physical or mental conditions that result in a common cultural experience of discrimination, stigmatization and segregation. Sandahl (1999).

Blandy (1993) the article describes the contribution that art educators can make in facilitating the participation of adults with mental disability in community-based and integrated lifelong art educational programs. A conceptual foundation and supportive educational environment for learners with mental disability are described.

According to community-based lifelong in Art, many adults with mental disabilities claim the right to live and participate in their communities. Their claim is supported in special education literature, community forums, human service agencies and family homes, and in the courts by parents, educators, social workers, attorneys, and other human service workers. People with mental disabilities and their advocates, insist that support services be made available to adults with even the severest mental patients, if they choose to live with their families or participate in community –based work and leisure activities like gainful employment, recreation, and lifelong learning in art. It does this by protecting them from being physically and programmatically discriminated against in the realms of housing, transportation, communication services, and employment and exterior of public and private buildings.

Freud's as cited in Gombilla (1997) was mainly interested in mental illness and he developed a technique of “free – association” where he would ask his patients simply to describe whatever came into their heads at the time they were talking, no matter how silly it might seem. By doing this, many of his patients revealed memories from their childhood, which

had disturbed them a great at the time, and which had resulted, in the end, in their past, and so they would 'come to terms' with their problems.

By working in this way with his patients, Freud found that many of them had similar kinds of memories of their childhood. He developed a theory of child development, in which he described three main stages of a child's development. Freud introduced the concept of the unconscious which is the reservoir of much of mental activity, believing that, a considerable part of mental activity is conscious.

He considered that there were three (3) parts of the human personality. Each of the personality has its own developmental history. Throughout the stages of childhood adult personality was gradually developing. He said ID is the first part of personality to develop and it is the depository of the innate instructional drives in other words, contains all the basic drives, impulses and instincts (sexual, aggressive, hunger) which seek immediate expression when aroused. It is the part concerned with sexual energies, basic desires and needs, and consists of basic biological impulses, drives, needs and fears including need for food, drink elimination of waste, avoidance of pain, and sexual pleasure and aggressive impulses.

The human mind is made up of conscious, preconscious and unconscious part. Conscious parts containing things we are aware of. Preconscious stores things we are unaware of because it is not needed while unconscious is something we are ware of but we do not use. It is this part of the human psyche which keeps those buried conflicts and traumas which had been laid down in earlier life. It influences our behaviour and our emotion, often causing severe disturbance, such as hysteria.

New experiences stir long repressed memories, thereby releasing the associated unpleasant feelings which are then consciously experienced. However the repressed experience

itself remains unconscious and so the affected individual is not aware of the origin of the unpleasant emotions. A person “A” can meet another person “B” for the first time and dislike him intensely without any apparent reason.

Mental illness is due to unpleasant feelings gaining access to consciousness. Repression and other defence mechanisms result in severe mood changes, phobias and obsessive compulsive symptoms. A failure in repression can lead to the consciousness being flooded by delusions and or hallucinations. Severe environment stress and internal biochemical disorder may cause either excessive repression or its failure. When defence mechanisms dominate a person, it prevents the adaptation of more effective solution to the problem and therefore causes neurosis.

2.10 What are textiles?

Textiles according to Adu –Akwaboa (1994), is defined as the manufacture of cloth and all the materials that can be found or have been formed into yarns or fabricated into cloth. Clothing which is made from textiles is one of the three basic needs of man, the other two being food and shelter. The uses of textiles are many and without textiles man will find it very uncomfortable to live.

Textiles protect the body from cold, fire, sun and infection. Our homes are made attractive and more comfortable by the use of textiles. Apart from this, the uses of textiles for industrial purposes are many and varied. Textiles play a very important role in the construction field where they are used for the construction of roads, recreational facilities and as reinforcement to check erosion. They have many other uses which are related to fishing and

sea-going vessels, agriculture and horticulture. They are also used for the strengthening of laminated sheet materials prepared with plastics.

There is a large demand for textiles in the automotive industry where they are used to make seat belts, shoulder harness, upholstery, head liners, carpeting, and window runners. Also they are used as reinforcement for motor tyres. Textile products such as space suits have helped in man's journey to the moon.

In the medical field, doctors and nurses use disposable textile products and garments and, in fact, with modern technology, human life can be prolonged by the use of textiles where worn out human parts can be replaced with polyester arteries and velour heart valves. There are bullet-proof vests which protect soldiers, hunters and politicians.

There are various opinions as to the origin of weaving. Some people believe that it started from the river valleys of China, India, Mesopotamia or Egypt and later spread to other parts of Europe and Asia. Another school of thought believes that the invention of weaving developed independently in various parts of the world.

In Ghana before the introduction of weaving, many people used the bark of trees for clothing, the commonest type being the bark of the Kyenkyen tree (*Antiaris Africana*). The process of manufacture involved the beating of the bark with clubs or sticks to loosen the fibres. After beating, it was washed, dried and beaten again to soften before use.

The indigenous textile production in Ghana has long been carried out by the Ashantis, the Ewes and the people of the North. The Ashantis produce the popular ***Kente***, the Ewes produce ***Kente*** and the Northerners produce ***Fuugu***. *Kente* and *Fuugu* are woven fabrics. Other fabrics produced by the Ashantis are the ***Kuntunkuni***, ***Kobene*** and ***Brisi*** which are dyed

fabrics, the *Ntiamu* or *Adinkra* which is hand-stamped with *Adinkra* designs and the *Nwomuu* which is made up of large strips of cotton cloth and hand-sewn together with coloured yarns.

2.11 History of Kumasi Cheshire home (Rehabilitation Centre)

The Kumasi Cheshire Home, a rehabilitation home for the mentally discharged is located at Edwenase, a suburb of Kumasi. It is the only rehabilitation home for the mentally discharged in operation in the country to date. The home was initiated by Bishop Kwasi Sarpong, the Catholic bishop of Kumasi in September 1982 after the declaration of the international year of the Disabled by the United Nations organization in 1981. He launched an appeal in conjunction with the friends of the Disabled to create the awareness of the disabled in the society and how best they could be helped and to be accepted back into the society.

In May 1983, a steering committee was formed and a decision arrived at to establish a halfway house to cater for the mentally discharged patients. The creation of awareness of disabled in the society was not without problems due to the fact that ignorance and superstition made her hostile and reject the mentally sick instead of giving them support and assist in their recovery and rehabilitation. The mentally discharged is rejected in the Akan society because it is believed to be inherited from witchcraft and is often met with hostility.

The Kumasi Cheshire Home was established in 1986 by Arch Bishop of Kumasi most Rev. Bishop Emeritus of Kumasi with the Assistance of leaders of other Christian Dominations, Anglican, Presbyterian and Salvation Army.

In view of this situation the Kumasi Cheshire Home was established and was ready by 1987 with the two residents. Two of the graduates are now attached to the shoe-making section of the home and one to the Education wing of the Drug Abuse Department.

The home is not an institution or hospital. The Home provides half-way Home for past psychiatric patients declared fit and sound to go home. These people remained stigmatized and discriminated against whilst living within their families and they tend to relapse. There are resident nurses to cater for the health need of the residents. At the home, the residents are given an opportunity to test themselves out in the community and this help for rapidly recovering residents who are almost ready to take their place in the community. Such environment is also absolutely essential for the treatment of social disability which is normally the greatest handicap in rehabilitation of the mentally disordered and discharged. Although the Home was initiated by the Catholic Bishop, it is non-denominational and open to all irrespective of class, creed or colour. However, preference is given to people in Ashanti region for easy follow-up after they have left the home.

The home has an occupational therapy department where residents are retrained and those without any occupation, trained to become useful citizens in the community. The department is made up of tailoring section, where female residents learn dressmaking, the shoe making section where male residents learn designing and making of shoes and sandals. There is also the art department where residents learn drawing, painting and designing.

The main aim of the occupational therapy department of the home therefore is to counteract boredom and to channel energies into socially useful activities which might otherwise find outlet in violence and other behaviour disturbances. The aim of this development is to develop the interest, self confidence, pride in and achievement and encourage togetherness,

by allowing residents to work together on group projects. This brings about a greater degree of social interaction where individuals interact, and learn to know and tolerate one another which clearly of value to those who because of mental illness become friendless and isolated. It is therefore not surprising that the residents are friendly and co operational which has resulted from the training given to them.

As a Non-Governmental Organization (NGO) the home is financed through donations from individual or Philanthropist such as churches organizations both home and abroad. Parents or Gudians pay token fees to support medication and organizational structure / management. The Cheshire Foundation and the Christoffel Blinden foundation are the main overseas financiers who provide tools and equipments for the training of residents. Most of the staff of the occupational department is part time tutors, but this does not affect the smooth running of the department. Taking into consideration that concentration that is the resident's span of continuous attention will be severely limited, two hours have been allotted to each course or subject and events certainly make the programme interesting. It gives residents the opportunity to go through all the courses and later select one vocation skill to learn.

The Home has religious activities, Guidance and Counseling section, Occupational therapy section and after care or follow up and society against drug abuse (SADA) personnel from the home visit target groups to educate schools, prisons, community centre to give talk about drug abuse or effects of abusing hard drugs but because of lack of resources it is not functioning.

The Kumasi rehabilitation centre Cheshire Home aims at to rehabilitating the discharged Psychiatric patients to go back to the community safe and sound. Adult

Psychiatric patients between the ages of eighteen and fifty -five (18-55) both male and females are admitted. The percentage of males to females is always about higher than the females. There are nineteen (19) females and 32 males with females mostly admitted from mood trigger or depression (Schizophrenia in families and Psychosis disorder) and the males by drug abuse (hard drugs like cocaine, wee, marijuana and alcohol).

The Home has effectively rehabilitated a Doctor, Nurses, Professional Teachers, and Pastors and trained others to live economically sustainable lives. The Home now houses up to fifty-five (55) residents and three hundred and fifty (350) have already passed out of the Home since its inception in 1986.

Plate 1 shows the signboard location of the Cheshire Home and Plate 2 to 4 shows the various shelves for the different books at the library.



Plate 1: Kumasi Cheshire Home



Plate 2: Shelves for Psychology



Plate 3: Shelves for Sociology



Plate 4: Shelves for Fiction

The next chapter will look at the methodology, research instruments and the data collection procedures that were employed by the researcher to collect this information and how these data were validated.

CHAPTER THREE

METHODOLOGY

3.1 Overview

This chapter deals with the research design, library research, population, sampling and purposive sampling. Other topics that were dealt with included: Instrumentation, validation of instruments, administration of the instruments, primary and secondary sources of data, data collection procedures and finally, data analysis plan.

3.2 Research Design

The research design preferred and adopted by the researcher was the qualitative method. It was chosen over the other methods of it's in – depth or detailed approach to the research investigations or findings. Descriptive method was employed to obtain an in – depth study on the response of the discharged mental patients to the selected art activities in textiles and to describe the textile processes that exist at the rehabilitation centre- Cheshire Home.

Denzin and Lincoln as cited in Marfo (2007), state that “Qualitative research involves an in-depth understanding of human behaviour and the reasons that govern human behaviour”. It can best be explained as investigating the why and how of decision making as compared to what, where and when of qualitative research.

Qualitative researchers are often concerned about uncovering knowledge about how people think and feel about the circumstance in which they find themselves than they are in making judgments about whether those thoughts and feelings are valid.

A qualitative study usually relies on inductive process to interpret and structure the meaning that can be derived from the data.

The researcher adopted the qualitative research method to collect her data. This had to do with the researcher traveling to the project site to get first hand information about the discharged mental patients, that is to say participant observer, interviewing the Administrator of the Home and some discussions with the discharged mental patients at the Home. After the interview had been conducted, the data were organized and interpreted.

3.2.1 Characteristics of Qualitative Method

According to Cohen, and Manion, as cited in Marfo (2007) some characteristics of qualitative research include:

- i. “It requires an on-going analysis of the data.
- ii. Qualitative design incorporates room for description of the role of the researcher as well as description of the researcher’s own biases of ideological preference.
- iii. Qualitative design is focused on understanding a given social setting, not necessarily on making prediction about that setting.
- iv. Qualitative design demands that the researcher stays in the setting over time’.

The reason for using qualitative research was because, the selected art activities in textiles that is; batik and tie & dye which will be done by the discharged mental patients had to be described in detail and holistically and their and their response made known. This description does not need the manipulation of any variable and that what is there is

what should be recorded and analyzed. There was no need to employ any qualitative means to explain anything as the answer is already inherent.

3.3 Library Research

In order to collect very relevant data for the related literature review, the researcher visited some libraries in order to achieve the intended purpose. The libraries consulted include:

These libraries were consulted in order to achieve the research.

1. KNUST
2. University of Education Winneba-Kumasi Campus (UEWK)
3. Pantang Psychiatric Hospital – Psychology unit – Accra.
4. Kumasi Rehabilitation centre-Cheshire Home- Edwenase.

4.3.1 Computer

4.3.2 The Internet

3.4 Population

Sidhu as cited in Marfo (2007) explained population as the aggregate or totality of objects or individuals regarding which inferences are to be made in a sampling study.

Target population

All mentally ill patients at the various psychiatric hospitals, and inmates at the various rehabilitation centres in Ghana.

Accessible Population

For the purpose of this research, the population under study is the inmates in Kumasi Cheshire Home –Edwenase (55).

3.5 Sampling

Owing to the fact that, the researcher would like to solicit information from the discharged mental patients in Kumasi Cheshire Home-Edwenase did not mean that information would be collected from each and every person. Therefore there was the need to collect information from a sampled few. The sampled populations include the administrator, the chief psychiatric nurse, the head of the textile section and the discharged mental patients who were interested in selected art activities in textiles (Batik and Tie and Dye).

Purposive Sampling

Purposive Sampling was used to specifically select the discharged mental patients who were interested in art activities in textiles.

3.5.1 The Sample

Out of about fifty-five (55) discharged mental patients at the rehabilitation centre (home) twenty (20) discharged mental patients between the ages of twenty (20) and forty

– three (43) years were interested in the tie and dye and batik project representing the number the researcher used.

3.6 Data collection instruments

The research tools that the researcher employed to get relevant information were observation and interviews.

3.7 Interview

Cannel and Kahn as cited in Cohen and Manion (1994) state that ‘an interview occurs when a respondent is asked questions that have been designed to elicit a particular type of information’. The interview has been defined as two person conversation initiated by the interviewer for the specific purpose of obtaining relevant – information.

Interview is one of the systematic ways of asking questions and answering them, for example on phones, e-mail, and face to face. In Interview the investigator gathers data directly from others and the interviewee gives the needed information in a face-to-face relationship. Interview is unique in that it involves the collection of data through direct verbal interaction between the interviewee and the interviewer. It requires the actual physical proximity of two or more persons.

3.7.1 Importance of Interview

- i. People are usually willing and less hesitant to talk than to write especially on delicate and confident topics.

- ii. It is particularly appropriate when dealing with infants, young children, illiterates, those with language difficulties and those with limited intelligence.
- iii. It permits the investigator to follow up leads and take advantage of small clues in complex material where the development is likely to proceed in any direction.

3.7.2 Structured and Unstructured Interviews

The structured interview is one which the content and procedures are organized in advance. This means that the sequence and wordings are determined by means of a schedule and the interviewer is left little freedom to make modification. Unstructured interview on the other hand is a more casual affair, for in its own way, it also has to be carefully planned. This is flexible; few restrictions are placed on the respondent's answers even if pre-planned question are asked; the queries are altered to suit the situation and subjects.

3.7.3 Conducting an Interview

A good interview is more than a series of casual questions and generalized reply. It is a dynamic interpersonal experience that is carefully planned to accomplish a particular purpose. Creating a friendly permissive atmosphere, directing the conversation in the desired channel; encouraging the respondent to reveal information and motivating him to keep presenting useful facts require a high degree of technical skill and competence.

3.7.4 Advantage of Interview

The reasons for choosing interview were simply because:

- i. Some of the people interview were illiterates
- ii. They were willing and more prepared to talk rather than to write.
- iii. Some of the questions needed to be probed further in order to get the right answers.

In view of this, an interview guide was prepared to serve as a checklist to enable the researcher always stay on focus contained questions and it was categorized into five sections. The first section comprised the identification of the discharged mental patients while the second section was made up of history of the discharged mental patients. Other sections were made up of the art activities done at the Home, teaching them the selected art activities in textiles which are Batik and Tie & Dye and lastly, the response of the discharged patient to the selected art activity in textiles.

The researcher identified all the people that were to be interviewed. They were contacted for their approval of the interview, after which the researcher handed copies of the interview guide to them. They were asked to propose a day that would be convenient enough to them. After arriving on a said date, the researcher went and carried the interview as intended.

3.8 Observation

Observation involves a focus or attention seen on the thing that is accurately critical to look, careful attention in looking and recording what you have seen.

Observation seeks to ascertain what people think and do by watching them in action as they express themselves in various situations and activities. Observation is recognized as the most direct means of studying people when one is interested in their overt behaviour. It is a natural way of gathering data. Observation is not haphazard or unplanned. On the contrary, observation as research instrument must always be expert, directed by specific purpose, systematic, carefully focused and thoroughly recorded. It must be subjected to accuracy, validity and reliability.

3.8.1 Types of Observation

There two types of observation are Structured and unstructured observation. In structured observation the observation is restricted and structured as the investigation proceeds. In unstructured observation, there is wide range and unstructured.

3.8.2 Participant and Non- Participant Observation

In participant observation, the observer works his way into the group he is to observe so that as a regular member, he is no longer regarded as an outsider against whom the group needs to guard itself. In non-participant observation, the observer remains aloof from the group.

3.8.3 Validity of Observation

The aims and objectives of the activity must be known to the observer; otherwise it will be difficult for the observer to identify success or failure. Due to this reason, an

observation guide was prepared to enable the researcher observe the response of the discharged mental patients to the selected art activities in textiles.

What caused the researcher to choose observation was that, the researcher had to have first hand information of the discharged mental patients and their response to selected activities textiles. This could only be achieved through observing the discharged mental patients doing the Batik and Tie & Dye and describing them as they are.

3.9 Validation of Instruments

The research tools used were first issued out to some colleagues to go through them and offer advice. After their comments, the researcher had to design another one adding a little detail to the quality of questions demanded. This time the research instruments were shown to the supervisor in charge to cross-check and ensure that it is error free. After going through it a few suggestions were added and made them ready for administration.

3.10 Primary Data

Primary data constituted all the data that were collected and used to directly answer the research questions. These data were collected through observation and interview. It played an integral part of the research work.

3.11 Secondary Data

This included all the related literature that were acquired or collected from books, letters, newspapers, articles and unpublished thesis. The secondary data served as primary information for the review of related literature.

3.12 Data Collection Procedures

The researcher first and foremost gave copies of the interview guide out to the respondents and gave them the mandate to come out with a date and time to enable the researcher come and carry out the interview. Those respondents staying at Cheshire Home, the researcher had to go there everyday from campus till the end of the thesis. Those that the researcher wanted to validate the answers from, the researcher moved on them as scheduled.

Objective 1: To observe the existing textile related activities in the rehabilitation process of the discharged mental patients (inmates) in the Kumasi Cheshire Home.

1. The home had a tie and dye, batik and fashion department.
2. The fashion section was in operation but the tie and dye and batik was in active.
3. The home also had a shop in which reed, tie and dye fabrics, women and men's clothing's, leather bags, designed batik sandals and batik fabrics, were sold but these were produced by specialists in that field from the neighbouring communities as a source of income.

Objective 2: To develop and implement a specific training programme in tie and dye and batik that would effectively meet the needs of discharged mental patients (inmates).

The inmates were taken through tie and dye and batik processes.

The researcher drew a programme of activities in tie and dye and batik and took the inmates through them.

- The inmates were first of all introduced to practical work by finding out if they had any idea of the dress they were wearing because some of them were wearing tie and dye fabrics.
- The inmates were then introduced to the tools, materials and equipment used in tie and dye and batik process.
- Preparation of dye was demonstrated to the inmates.
- The various skills of tying, folding and marbling in tie and dye and stamping process in batik production were demonstrated to the inmates.
- The various skills in dyeing and oxidizing fabrics were demonstrated to inmates.
- Finally, the inmates were assessed by the researcher through the tie and dye and batik fabrics they produced to know if they had really understood the processes in tie and dye and batik.

3.13 Process involved in the production of the tie and dye and batik

Tools / Materials and Equipment

1. Mercerized Cotton
2. Dyes –Red, Blue, Violet, Green, Yellow and Blue Black (Vat dye)
3. Raffia
4. Scissors
5. Plastic Bowl or Container

6. Plastic Spoons
7. Sodium Hydroxide (Caustic Soda)
8. Sodium Hydrosulphite (Hydros)
9. Plastic Cups
10. Wax
11. Stamps (designed wooden stamps)
12. Gas Cooker
13. Table (stamping board with foam specially prepared)
14. Pan

Inmates were first of all, as an introduction questioned if they had any idea of the dress they are wearing. One person who was wearing batik that day was asked by the researcher if he had any idea about how it was produced but he gave no as an answer but said he would like to know learn about it so that he can produce more by himself and sew it into clothing.

The researcher then asked the discharged mental patients (inmates) who would like to learn the Tie and Dye and Batik.

Out of the fifty –two (52) discharged mental patients (inmates) at the Home, eight (8) showed interest to learn it. Therefore that was the number the researcher used to do the project.

In the Tie & dye process firstly the researcher provided all the tools and materials to the patients to use at their textile studio because there were no materials there to use. The researcher then explained each item and what it would be used for. After that, materials

were shared among the eight patients, water was measured and poured into a cup. Then vat dye of colour red was poured into the cup of warm water and stirred till a uniform solution was obtained. This is to aid in the absorption rate of the fabric by opening the pores of the fabric for faster dyeing. In the case of Batik, cold water is used in the mixing of the dye because if warm water is used, it will melt the wax during the immersion of the fabric into the dye solution.

The researcher then added two spoons of caustic soda and continued to stir with the plastic spoon. Plastic spoon is used because it does not react with the caustic soda and dye which can change the colour of the dye in case a metal spoon was used. The hydros is then added and stirred continuously to achieve a uniform mixture. The dye solution is then poured into a bigger container which will be used for the dying.

The fabric was then tied at each ends with the raffia and the middle crumpled together. The dye was transferred unto the fabric by using the plastic spoon according to the design I wanted at the end. The fabric was then oxidized for five to ten (5-10) minutes in 3 yards or more of fabric, the fabric can be oxidized or exposed to air for 30-45 minutes. It is then washed in clean water to remove excess dye in the fabric which when not removed will cause reaction to the skin leading to skin rashes and other skin diseases.

Vat dyes were used because they are insoluble in water but like sulphur dyes; they can be reduced to a leuco form which is soluble in dilute alkaline solution. When treated with a reducing agent for example sodium hydrosulphite (hydros), vat dyes are changed into a reduced form (converted into 'leuco compound') which is soluble in water in the presence of an alkali for example sodium hydroxide (caustic soda). The dyes in this condition have

an affinity for the fibre. The process of converting the insoluble vat dyestuff into the soluble compound is termed as ‘vatting’ and the solution so formed is called a ‘vat’.

The discharged patients were allowed to choose any dye of their choice and prepare it for their own tie and dye. Patients chose dyes of Blue, Blue Black, Yellow, Violet and Green.

The various stages in the production of the Batik are illustrated below with the finished products which were done by the discharged mental patients at the rehabilitation centre-Kumasi Cheshire Home.



Plate 5: Researcher demonstrating dye preparation



Plate 6: Inmates preparing dye



Plate 7: Inmates mixing sodium hydroxide (caustic soda)



Plate 8: Inmates preparing dye solution



Plate 15: Head of section helping inmates to fold fabric



Plate 16: Inmates folding fabrics



Plate 17: An inmate dyeing his tied fabric



Plate 18: Tied fabric by an inmate



Plate 19: An inmate dyeing his tied fabric



Plate 20: An inmate dyeing her fabric with blue dye



Plate 21: An inmate using the syringe in dye application Plate 22: An inmate dyeing his fabric



Plate 23: An inmate with dyed fabric

Plate 24: An inmate rinsing fabric to remove excess dye

Some Tie and Dye fabrics produced by inmates are shown below.

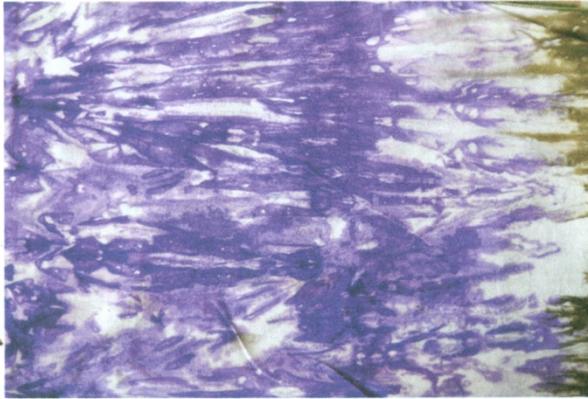


Plate 25: Tie and Dye fabric



Plate 26: Tie and Dye fabric



Plate 27: Tie and Dye fabric

3.16 BATIK PRODUCTION

Batik designing is a form of resistance in textiles production in which wax is used as a form of resistance which is heated in a pan and as it is hot, the wooden stamp with design on it is dipped into the wax and used to stamp on the fabric. The place where wax has occupied becomes the resistance place where the dye cannot penetrate. In batik production, the fabric can either be dyed first to create a different background or the white plain fabric can be used. Shedda can be used in batik design but the researcher chose to use the mercerized cotton.



Plate 28: Melted wax in pan ready to be used for stamping



Plate 29: stamps used for printing (Batik)



Plate 30: Researcher demonstrating stamping method



Plate 31: An inmate stamping his fabric



Plate 32: Stamping method



Plate 33: Stamping process being done by an inmate.



Plate 34: A stamped fabric done by an inmate



Plate 35: An inmate dyeing the stamped fabric wearing gloves on his hands.



Plate36: Oxidizing the dyed fabric



Plate 37: Inmates dewaxing fabric



Plate 38: Inmates rinsing fabric after
dewaxing



Plate 39: A finished product-Batik

Some of the finished Batik products produced by inmates are shown below



Plate 40: Batik fabric



Plate 41: Batik fabric



Plate 42: Group picture of the inmates, staff and the researcher

3.14 Data Analysis Plan

In the next chapter, the data gathered was assembled, described, analyzed and well interpreted. Again, the researcher tested the hypothesis to find out whether it was true or false, thereby confirming already held view by the researcher. What follows next to the test of hypothesis is the conclusion and finally recommendations.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Overview

This chapter discusses selected inmates of the Kumasi Cheshire Home who were interested in the selected art activities in textiles – Batik and Tie and Dye and the rehabilitation process they went through before they were fit for the textile work. This chapter will also discuss the therapeutic effects of art and its effects on the inmates with respect to how they respond to instructions and aesthetic appeal.

Objective 3: To determine the degree to which discharged mental patients (inmates)

Benefit from the skills they have acquired in the rehabilitation process.

4.2 Case study one

Inmate “one” is twenty –Seven (27) years. She and her brother are the only children of their parents. She comes from Juabeng and was brought from Ankaful Psychiatric Hospital in Cape Coast last year November, 2008. She was first sent to Seventh Day Pentecostal Assembly for prayers when the high fever started but the sickness did not improve therefore she was sent to the Komfo Anokye Teaching Hospital (K.A.T.H) 2005 in Kumasi before later she was transferred to the Ankaful Psychiatric Hospital in Cape Coast for four (4) months in 2006.

She attended Wesley Grammar, Senior Secondary School (S.S.S) now Senior High School (S.H.S) in 2001. She wanted to become a journalist so she studied General Art and specialized in Geography, French and Elective Mathematics.

She got admission at Oforikrom School of journalism, but because of her sickness she could not achieve her dream. In future if she is discharged she would like to go and fulfill her dream of becoming a Journalist but if she does not get the chance of becoming a Journalist she would opt for teaching. Her parent comes to visit her at the home. She worships with the S.D.A. (Seventh Day Adventist) Church.

She was very attentive through out the initial stage in the months of January to April. She was finding it difficult in the identification of the chemicals and the dyes. The stamping process was disorganized at the initial lesson. Her choice of colours was light blue or colours in the blues.

Her Response



Plate 43: Batik and Tie and Dye produced by inmate “one

At the intermediate stage in the month of June and July, she was able to produce her own Batik and Tie and Dye cloth with little or no guidance.

The stamping process was almost accurate and close to precision. She also followed through the dyeing, dewaxing and other processes with invisible understanding.

She chose the colour was golden yellow. The colour yellow depicts gayness, excitement, brightness and joy therefore her choosing this colour is a clear indication that she is responding to treatment from her depressive state.

She responded to questions well and gave precise answers. For instance, the researcher asked question on causes of mental illness and she was able to give some of the causes as drug addiction and taking in cocaine. She brought out many topics on social issues for the researcher and the inmates to discuss during our leisure time. Her choice of colour combination in dressing also showed some improvement and maturity.

4.3 Case study two:

Inmate “two” is twenty –eight years (28) years of age. He was brought to the rehabilitation centre in 2007. He comes from Koforidua. He has six (6) siblings three (3) girls and four (4) boys and he is the fifth (5th) born. Her mother is a nurse but she is now on pension. His father is a Contractor.

He was to have finished Secondary School at Konogo Odumasi in 2001. His dream was to become a doctor. During the second term at the boarding school he complained girls were worrying him so he could not concentrate on his studies therefore he was sent to Obuasi Secondary School but returned only a week after because of his strange behavior. He started destroying the schools Television set, his eye were reddish due to the intake of alcohol and was found talking to himself and roaming about in the

streets he was sent to Komfo Anokye Teaching Hospital (K.A.T.H) in 2001. But now he wants to become an electronic repairer who will repair television and radio.

At the initial stage, which is between the months of January and April, he was reluctant to participate in the activities because his interest was to listen to music with his earpiece. He later developed interest in the activities as the researcher interacted with him to become more sociable.

At the intermediate stage in the months of June and July, he became more observant and more interested in the activities. The inmate became more dexterious and adept in the activities.

His Response

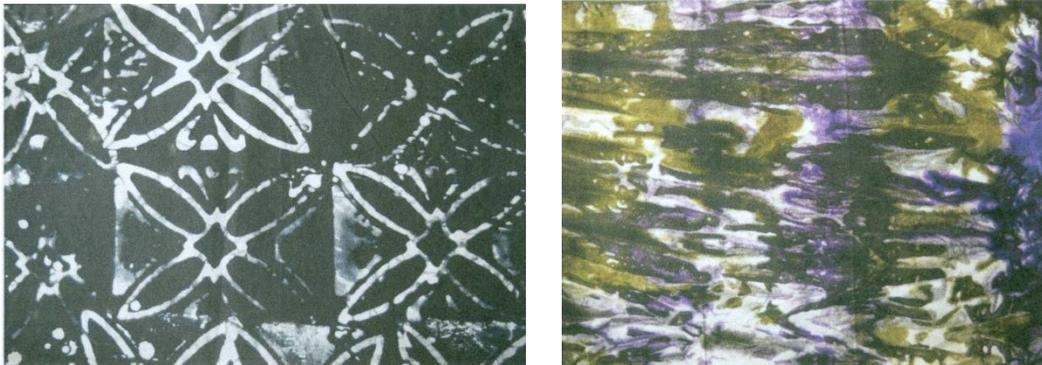


Plate 44: Batik and Tie and Dye produced by inmate “two”

At the latter stage of the study, the inmate was more responsive than the rest. He was able to communicate in clear understandable language and was seen undertaking supervisory roles. He was fully involved in the various stages of preparations in the various activities for instance, the waxing and dewaxing, the mixing of the dye and the dewaxing of the fabric.

He chose to have a mixture of all the colours available. This depicts his level of maturity and also an indication of his level of recovery. He was able to answer questions

precisely on our discussions on human problems. He dressed decently thus becoming more socially aware of his environment as compared to the initial dressing by the time the researcher got there. He initiated new techniques in dyeing and waxing and he was good in inventing new skills and ideas.

4.4 Case study three:

Inmate “three” is thirty –two (32) years old and is the first (1st) born of six (6) children. He comes from Osu, but stays with her sister at airport residential area. He is married with an eight (8) year old son. He attended high school in Israel and studied telecommunication in Israel.

He worked in Mauritania for some time before he was deported to Ghana because of his mental state. He was first sent to Accra Psychiatric Hospital in 2001. He was later sent to Pantang Psychiatric Hospital for three (3) months in 2005 and then to Ankaful Home for rehabilitation. If he is discharged from the home, he would like to continue his career and go back to his wife and family.

He started smoking at the age of fifteen (15) years. He smokes so that he will get energy to work well. He smokes cigarette, Indian hemp and take cocaine, heroine, Alphetamines and drinks alcohol.

Inmate “three” has a cool temperament. He would always wait till all the others have finished with their work before he will take his turn at the initial session. He was an introvert. He chose the colours blue or the blue black.

At the intermediate stage, the month of July, he became more socially aware of his environment. He behaved more maturely and was more respectful than the rest. He played

a major leadership role by coordinating with the others to attend the session. He often helped supervise the rest to do their work. When dyeing he uses two or more colours.

His Response



Plate 45: Batik and Tie and Dye produced by inmate “three”

Considering his temperament and level of maturity at the latter stage, the month of November, it is understandable that he chose these colours, a possible clear indication that he is responding very well to treatment. He takes his time to ensure precision and is able to think creatively. He is the one who is sent on errands and to programmes on drug addiction as compared to the initial stage where he found it difficult to deliver talks among his colleagues.

4.5 Case study four

Inmate “four” came from Kakumdo, Cape Coast. He is twenty-six (26) years of age. He attended Mfantshipim Senior Secondary School (S.S.S) now Senior High School (S.H.S) in 2003. He is the third (3rd) born of four children, (4) three boys and one girl. His

dream was to study marketing at the polytechnic and become a marketing manager. Due to his sickness he did not finish the senior secondary education.

At the secondary school, his friends from Accra introduced Indian hemp, alcohol and cigarette to him which resulted in his state.

Inmate “four” was brought to Cheshire home from Ankafu Psychiatric Hospital in Cape Coast in April 2008. His parents still come to visit him and provide his needs for him.

He is very intelligent and this was depicted in his ability to recall the names of the chemicals used and also the processes and methods involved in producing tie and dye-Batik. He was very expressive but cannot practicalise at the initial stage. Example, he was able to explain the “Half -Drop’, “Full-Drop” and All-Over patterns.

His Response



Plate 46: Batik and Tie and dye produced by inmate “four”

In the intermediate stage, the month of May to August, he was very creative and skilful. He used smaller stamp size, meaning he had to stamp several times to fill the fabric he was given. He chose the colour violet which is a combination of red and blue which he combined himself.

This is a clear indication of his ability to think constructively, a condition he was not capable to perform in his initial stage. His ability to perform this skillfully indicates his positive response to treatment.

At the latter stage he was both verbally expressive and could practicalise things. His pronunciations of words were clear as compared to the initial stage when the researcher struggled to figure out exact words he meant.

4.6 Case study five

Inmate “five” comes from Boama. He is forty-three (430 years of age. They were seven (7) children in all, three (3) girls and four (4) boys. His mother also comes from Boama. He has a father and two stepfathers. On their father’s side they are only two he and his brother. He also has other sibling’s one (1) girl and two boys for the step father and another two boys for the other stepfather. He is married with a son now in S.H.S who was born in 1993. He complained that the wife and the son living in Techiman did not visit him at the rehabilitation centre because they did not know he is there.

He started smoking marijuana in Ghana before travelling to Nigeria. After 12 years of settling down the mental illness started in Nigeria he and was sent to Ghana.

He also used to smoke cigarette, Indian hemp, takes cocaine and drank alcohol. Since he used to talk and walk randomly he was sent to psychiatric Hospital.

He was first sent to Accra Psychiatric Hospital on 17th December, 2007 and was referred to Ankaful Psychiatric Hospital. He was later referred from Ankaful Psychiatric Hospital in Cape Coast to the Cheshire Home by his brother who lives in Atonsu in Kumasi.

His future plan is to still continue his business of selling shoes but will also do some tie and dye aside.

His Response

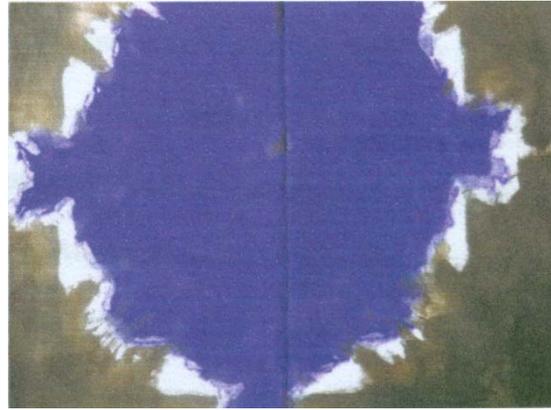


Plate 47: Batik and Tie and Dye produced by inmate “five”

Inmate “five” is very neat and patient and he treated all works with greater level of maturity. He is a little reserved and his thought is difficult to interpret. He chose the colours red, blue, green, yellow and violet. This choice expresses his balanced nature and expectation of multicolour. The sessions enabled him to open up and express his feelings and his choice of colour is an indication of his in-depth feeling. Colour in his case indicates a means of determining his response to treatment.

4.7 Case study six

Inmate “six” is Forty-one (41) years and was a hairdresser her family consists of are seven (7) children in all, five (5) males and two (2) females. She is a Catholic. She got married in the 1984 and travelled to London. In 1991, her husband complained of abnormal behavior by her and therefore she was sent to the hospital. Inmate six’s complained about having nightmares.

She returned to Ghana and was sent to the Komfo Anokye Teaching Hospital (K.A.T.H), the psychiatric unit. She later recovered and went back to her business. The husband returned to Ghana and she had a child. Her sickness resurfaced and was therefore sent to prayer camp. She was later sent to Asylum down. She was then sent to Accra Psychiatric Hospital and to Kumasi Cheshire Home. Inmate “six’s” mental illnesses were caused by stress and alcohol.

Inmate “six” initially was feeling reluctant to attend the first lesson but even when she showed interest to join, she was always found to be isolated and watched on while the rest took turns in the tie and dye works.

At the intermediate stage she developed interest after she had been briefed by her colleagues who were working on their tie and dye works. She then joined her colleagues. She gradually developed pace and was able to catch up with the rest. It was observed that she would not take the first cue till someone has and even the researcher had to be with her and keep company as she worked. Her choice of colours was mostly blue.

Her response

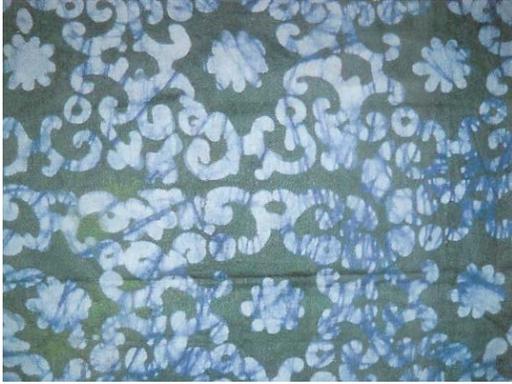


Plate 48: Batik and Tie and Dye produced by inmate “six”

At the latter stage, her choice of colours was green and yellow or golden yellow. This session offered her an opportunity to open and interact with others becoming more socialable. She also contributed massively in our discussions on the various stages of preparations in the various activities fore instance dyeing and waxing and dewaxing after each session.

4.8 Case study seven

Inmate “seven” is forty-one 41 years old. He comes from Nsuta Kwamang in the Ashanti Region. He is from a family of eight (8) children. He is a Christian and a Catholic. He was posted to do his National Service at Sunyani but was seen by his friends walking to Kumasi on

bare foot with his bag at his back. He was talking to himself and was wearing dirty clothing. He was also seen picking dirty items.

His mental illness was caused by smoking cigarette, Indian hemp and taking in alcohol.

In the initial stage, he did not attend the first session because he was not interested but after he had been briefed by his colleagues who attended the first session he developed interest in it and attended the second session. His choice of colours was light yellow or light blue.

His Response



Plate 49: Tie and dye fabric produced by inmate “seven”

At the intermediate stage, about six month’s time in June, he gradually developed pace and was able to catch up with the rest. It was observed that he would not take the first cue till someone has and he has gained experience by observing them.

At the latter stage, his choice of colours was violet, yellow and blue as compared to the initial which was light yellow or light blue. This session offered him an opportunity to open up and interact with others. He was able to answer questions precisely on our discussions on social issues becoming more social aware of his environment.

4.8 Case study eight

Inmate “eight” is twenty (20) years of age. He is the first born of his parents. Both his parents are in Germany and he goes on holidays to visit them frequently. He drinks alcohol and smokes because of the cold weather in Germany. He went to Paris for three months but was deported because of his serious mental illness. He was brought to Ghana when the mental illness started. He came to stay with her stepmother who still comes to visit him as he is at the Cheshire Home.

He works as a mason when in Ghana and was working at Apatrapa with his friend. The friend used to call on him when somebody brings work to do. He used to smoke Indian hemp and sniff cocaine with his friend. His mental illness was caused by cigarette, Indian hemp or Marijuana and alcohol.

His dream was to become a pilot in future. The mental illness started in the year 2000 when he started removing electrical wires. He was therefore sent to a prayer camp at Tarkwa then to Blood of Jesus prayer camp and Adom Clinic.

At the initial stage, by the time the researcher got there he was very reserved. He was always indoors either sleeping or taking a nap. The researcher interacted with him to become more socialable. He exhibited low attention and was not prepared to stamp his fabric. He used the colour green which was diluted to the lightest level.

At the intermediate stage, he became more observant and more interested in the various stages of preparations in the various activities of tying, waxing and dewaxing. It was surprising then when he expressed that level of interest when it got to allying the dye. He was just excited about the colours and requested to use more than on colour as compared to the initial stage where he used one colour.

His response



Plate 50: A Batik and Tie and Dye fabric produced by inmate “eight”

At the latter stage he chose the colours golden yellow, violet, army green and blue and sometimes liquor of all colours. This is an indication of his playfulness. He was good in exploring new skills in dyeing and designing. He initiated discussions on social issues and he was able to answer questions precisely on our discussions.

CHAPTER FIVE

SUMMARY, FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.1 Overview

This chapter provides a summary of the entire research work including findings.

It is followed by conclusion and recommendations respectively.

5.2 Summary of findings

The purpose of this thesis and the first objective is to know the response of inmates to selected art activities in textiles at the rehabilitation centre. In order to achieve this it was

vital to first identify the discharged mental patients who will be interested to work with me in textiles and their background history before they were admitted at the rehabilitation centre, and how the response will reflect in their textile work (tie and dye and batik) they produce. This task was accomplished by the use of interviews and observation of the staff and inmates from the rehabilitation centre-Edwenase.

It was after this that the selected art activities in textile (Tie and Dye and Batik) were introduced to the inmates to find out their responses to these art activities. The second task was to find out how interventionist activities, through art or production of selected art activities in textile can positively alter or serve as a therapeutic way of healing the state of the inmates.

The interviews and observations revealed that their mental state showed in the way they organized them and did the work. This was also confirmed by the quality works they produced.

The background histories of these inmates confirm the traditional African beliefs from the literature review, as cited in Gombilla (1997) that Africans have got beliefs and philosophies about mystical powers in curses and blessings and misfortunes that come their way in life. That is why many patients are sent to shrines, and traditional healers and prayer camps for their treatment. It is only when these inmates' conditions worsen or mental illnesses increase that they are sent to the psychiatric hospitals and rehabilitation centres.

Some of the works revealed that the inmate for example, case study two, three, four and five showed people who had an extrovert background and case study six and seven revealed

inmates who had depression and introvert type of behavior. This confirms what was said in the literature review on art, as it illustrates that abstract thought and its expressions can elicit previously hidden in its audience. And as Naman (2006) asserts that, the philosophical aspect of art is that it conveys information about the “human condition”, that is a man as an entity is capable of forced induction, as an entity with a “soul”. Art also was used to describe the study of creative skill and a process of using the creative skill, a product of the creative skill or the audience’s experience with the creative skill.

Though the art activities that were produced by the inmates it revealed their background in the art works they produced and even the colours they chose for their works also revealed their state of mind.

It was after the preliminary works they produced which showed a transformation in their style of work. The arrangement of the design and their choice of colours also showed an improvement in their state of mind or their therapeutic response in their life style and this also reflected in the colours they used and the designs they went for. Therefore drugs alone cannot be used as a method or process of curing the mentally ill but the use of art in the rehabilitation process also plays a major role in their treatment.

This confirms the view of Freud as acknowledged by Richard Butler and Generald Rosenthal 1985 when they write:

“Drugs reduce most of the disturbing symptoms but fail to effect the basic pathological processes. This is often observed when a drug is removed, the patient frequently revering to his previous disturbing level of behavior. Drugs therefore are not ‘cure” and as such are not sufficient on their own. So other means of treatment are needed to enable one function again at an appropriate level.

The first objective was to know the kind of art activities that are done at the rehabilitation centre? The home had a shoemaking section, fashion and tailoring, tie and dye and reed making and these inmates are taken through all these vocation till after six months, that the authorities will let the inmates choose what they want or have interest in. The tie and dye and batik section was inactive.

This confirms Yeboah, (1990), in the literature review who describes rehabilitation as a process in which the disabled or inmates are provided with an agreeable craft and skills such as needlework, shoemaking, basketry, drawing, weaving, tie and dye and carpentry. This is to assume that the person who had a psychiatric disability can perform the physical, emotional or intellectual skills needed to live, learn and work in his or her own community.

The third objective was to know if the art activities in textiles are effective to equip the inmates or the inmates with the right job skills they need. That is the art activities that are being practiced at the centre should be able to equip the inmates with the right job skills they need and also if the choice was made by them or they have interest in taking that vocation and the performance level also measured.

This confirms what Poldinger and Krambeck (1990) said about rehabilitation as re-integration and post treatment efforts. This includes all measures which serve the medical restoration, vocational re-qualification and the social re-integration of the ex-patients. The goal of rehabilitation is also to assume that the person can perform the needed skills to live, learn and work in his or her own community with the least possible amount of support from agents of the helping profession. Since the individual does not imitate activities, he gains strength and stature, believes in his own powers and self-respect which make activity constructive in the growth of his personality. This means that the art activities that are taught at the rehabilitation

centre should be able to equip the inmates with right job skills they need. And this has been achieved as the researcher gave the inmates the freedom to choose the art activities they were interested in for self-employment. With this the researcher then took a systematic approach to go through the textile processes in tie and dye and batik. After analyzing the works they had produced, I saw that there was a great response in their state of mind and their behavior has improved as compared to what existed there before.

5.3 Conclusions

Each inmate has his own unique way of communication through art activities and responding to art activities in textiles: hence selected art activities in textiles tie & dye and batik become a media through which he uses creative means to communicate his feelings and experience.

Since inmates put themselves in their ideas, wishes, feelings and emotions in their work, as art educators, we could use art or art activities in textiles as a tool to diagnose their problems based on the messages that they would convey through their art and what they say about their art over a period of time. Based on this we could help in tailoring the educational needs and emotional concern, provide the necessary attention including counseling and art therapy for each inmate.

5.4 Recommendations

In view of the results found in the study, the following recommendations are put forward.

First, art is a creative activity that every mental patients given the opportunity can indulge in. drugs should not be the only process of treating mental patients but also involving them with vocational skills.

Parents and families, communities should organize similar programmes for these discharged mental patients (inmates). These communities in whom some of these patients are found should develop some kind of love for them , assist them to practices the vocation they have learnt and see them as one of themselves because after treatment, if these inmates are still treated with this stigmatization and no one wants to welcome them back to the society, they still return to their stat emotionally.

Second, the psychiatric hospitals, occupational therapist and rehabilitation centres, should watch out for the interest of these inmates before choosing a vocation for them and it should treated with intensity as to equip them with the right job skill when they get back to the society or community to fend for themselves.

Lastly, Art educators should train more people in the field of art therapy and assigned them to meet the growing need of art therapists in educational set-ups, psychiatric hospitals and rehabilitation centre in the country

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APPENDIX: INTERVIEW GUIDE THAT WAS USED TO INTERVIEW STAFF

1. How does the inmate behave generally?
2. How do you describe the inmates?
3. What behaviours do you admire in the inmates?
4. What kinds of things make the inmate happy?
5. What was their background history?
6. Does their family still care for them?
7. Process involved or the requirement before a discharged mental patient is admitted at the home?
8. The various art activities that is practiced there?

9. How many months are involved in the training of each inmate on a specific vocation?
10. Is there any aftercare to ensure that they hold on to this vocation after being discharged from the homes?
11. How are these inmates treated when they go back to their families and communities?
12. What challenges do they face in their job report?

**APPENDIX B: INTERVIEW GUIDE THAT WAS USED TO INTERVIEW INMATES
DISCHARGED MENTAL PATIENT (INMATES)**

1. What is your name?
2. How old are you?
3. How many siblings do you have?
4. The job you were engage in before you were admitted to the centre?
5. What happened before you were brought to the home?
6. What were some of the behavioural traits you displayed that led you to the home?
7. What you want to do in future if discharged from the home?

8. Do your families still come to visit you at the home?
9. Do they still provide your needs?

APPENDIX C: INTERVIEW GUIDE ON BEHAVIOURAL FOR OBSERVATION

1. Sadness: how does the inmate behaves as an exposure to suffering, disappointment and object loss.
2. Mood: does the inmate generally have a happy mood either with the other inmate or when alone.
3. Shyness: does the inmates exhibit a slow or in habited approach to situations involving novelty or uncertainty.
4. Approach: does the inmate desire for warmth and closeness with others, independent of shyness or extraversion.

5. Activity level: does the inmate have a level of gross motor activity including rate and extent of locomotion.