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# Medicalization and manhood: Is an ADHD diagnosis emerging for allegedly troublesome boys in Accra, Ghana?

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## ABSTRACT

Although mental health diagnoses and treatments are spreading across the globe, most medicalization research originates from the Global North, where diagnosis and treatment are well institutionalized. In this article, we examine the earliest possible emergence of ADHD diagnosis and treatment in the context of Ghanaian boys' transition towards manhood. Based on ethnographic fieldwork among boys from different class backgrounds in Accra in 2017, we identify how interactional troubles arising at the tricky transition to manhood provide a fertile or inhibiting context for medicalization. Torn between norms of obedience, autonomy and striving for societal achievements, boys face obstacles on the road towards manhood that are not yet medicalized. We demonstrate that boys and adults use specific idioms (in Ghanaian local language Twi) to describe issues around overactivity and inattention, but do not refer to medical categories. Instead, we witness an emerging shift towards psychological counselling, potentially supported by global mental health actions, and Pentecostalism. This psychologizing might constitute an intermediate step towards medicalization of troubling interactions. However, the colonial stigma of psychiatric labels and the limited reach of psycho-medical institutions in Ghana make medicalization unlikely. At the same time, there is a possibility for medicalization at the intersection of interactional problems, inequality, the global spread of psychiatry and transition to manhood. Medical labels and potentially ADHD might shift the blame from family to "disease". The incipient introduction of diagnosis and treatment might engender a creolized notion of ADHD with disrespect being a core problem.

## 1. Introduction: global spread and local variation concerning ADHD

It is early October 2017. The public school has organized a religious "revival" at the assembly ground. While a Pentecostal style gospel band is performing, the older adolescent boys try to catch the female lead singer's attention by dancing around the stage and be 'cool' to their peers. Halfway through the event, the boys move towards the football field behind the classroom blocks. "We organized the place for ourselves so that when we don't have classes, we can come and chill out," a boy tells me. From the hang out, the students spot the school's Chaplain. As he approaches them, the students poke jokes at his short posture, bulky frame, shiny bald head and protruding belly; then disperse. The boys later tell me they knew that the Chaplain would have ordered them to attend the revival. However, since they were unable to get the attention of the singer, they were not interested. Moreover, it is their belief that the Chaplain has preconceived ideas about them being troublesome or

bad, thus it made no sense to engage with him in any conversation as all their encounters so far have ended with punishments. "He likes creating problems for us. If possible, we avoid all contact with this man," a 17-year-old boy tells me. "I admit, we are sometimes troublesome, but he is the one who causes a lot of trouble. He is easily insulted when you engage in discussion with him. He regularly reports to the Principal that we have disrespected him. Because he is the Chaplain, the Principal will believe him over us. He is also an elderly man, and we are not supposed to challenge him. If you challenge him, you are being disrespectful," he adds.

In the scene above, we encounter adolescent boys, aged 14–17, in Accra, Ghana. Some of them are called "troublesome" by adults and at risk of not finishing school or losing support of teachers and other adults, while nearing manhood. In this article, we investigate how boys' threatened transitions to manhood is framed, and particularly, if the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) is applied. ADHD diagnosis is somewhat standardized in the leading diagnostic

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manuals, the Diagnostic and Statistical Manual of the American Psychiatric Association and the International Statistical Classification of Diseases and Related Health Problems (ICD) of the World Health Organization. It is said to comprise observed and self-reported lack of attention during tasks, sudden or unexpected actions and levels of bodily activity deemed high in relation to peers and situation. Among school children it is one of the most prevalent psychiatric labels in countries hitherto researched across the globe (Faraone et al., 2021). However, etiology and pathology remain unclear to date (Faraone et al., 2021) and diagnosis and treatment are contested (Bergey et al., 2018; Tseng, 2021) ever since its institutionalization halfway in the twentieth century (Conrad, 1975).

As the label of ADHD is spreading globally (Bergey et al., 2018; Smith, 2017), we wonder if and how ADHD diagnosis and treatment are applied to those boys. In a study among professionals, we see that ADHD diagnosis and treatment are sparsely used in relation to issues of disrespect and school-failure in Ghana (Slagboom et al., 2021). This occurs in the context of international NGO's raising awareness, global pharma donating ADHD medication, governmental policies related to the Global Mental Health Action Plan and transnational careers and networks of professionals in relation to the introduction and re-interpretation of ADHD in Ghana (Ntiakoh-Ayipah et al., 2020; and Ulzen et al., 2018). We also know from other studies, that schools and allegedly troublesome boys are the prime situations for the rise of ADHD since the "discovery" of ADHD (e.g. Conrad, 1975, Slagboom et al., 2021). So, if indeed ADHD is spreading to Ghana, it might be exactly in relation to "troublesome" boys.

### 1.1. Globalization

The globalization of ADHD has provoked doubts about its validity (Rafalovich, 2005; Singh, 2011) and demonstrated corporate, political, or professional interests at play and colonial heritages (Timimi, 2005). The global spread of ADHD and other mental diagnoses are mostly studied after the fact, that is: once they have taken root or are legitimized by existing drivers of medicalization (Conrad and Bergey, 2014). This is a methodological as well as theoretical gap and guides the analysis towards already powerful actors. We know less about the early emergence of processes of medicalization especially where an institutional support is weak. We therefore search for early emergence of medicalization and specifically, ADHD diagnosis and treatment in Ghana to contribute to our understanding of global medicalization.

Medicalization studies mostly originate from the Global North, where ADHD diagnosis and treatment are already well institutionalized. Our contribution features Ghana (AUTHOR, 2018; Read and Doku, 2012; Read, 2019) instead. While child and adolescent mental healthcare is expanding in Ghana and elsewhere, there is a relatively low number of professionals and repeated concerns about mental healthcare are associated with stigma (e.g. Kleintjes et al., 2010). Vaughan (2016), building on Rose (1998), nonetheless notes the emergence of psychological counselling across many African countries, pushing the construction of modern subjects. At the same time, Vaughan says, "if the psychological counselling industry is a product of the 'globalization of the mind', then, like other technologies of globalization, it is being both reengineered and retheorized in the South" (p.512). This creolization (Bibeau, 1997) of psychological counselling is, according to Vaughan, related to a range of developments: increasing service sectors and middle classes, economic restructuring and experiences with counselling through HIV/AIDS counselling. Vorhölder's research on medicalization of suffering and the rise of depression in Uganda explicitly uses the concept of medicalization to assess the rise of the field of psychiatry, psychology, psychotherapy and counselling (Vorhölder, 2019). We agree that biomedically oriented counselling counts as medicalization in the sense Conrad and other define it (Conrad, 2007). However, as Vaughan notes, there are many variants of counselling, which also have roots in religious and healing practices. Of particular interest to our study is the

rise of Pentecostalism across Africa and in Ghana in particular. Pentecostal practices are spreading vastly in Ghana and entail formal counselling for example in relation to career development (Quayesi-Amakye, 2015). At the same time, mental health issues often have supernatural and religious connotations which influence ideas of morality and aspirations (Lauterbach, 2010; Meyer, 2012).

Amidst this field of globalizing, economic and cultural dynamics, we assess Ghanaian boys' transition towards manhood (Christensen et al., 2006; Seekings, 2006; Schrock & Schwalbe, 2009; Vandello and Bosson, 2013; Vigh, 2006) and ask if troubles arising in this transition provide a fertile or inhibiting context for medicalization and ADHD (Conrad, 2007). Interestingly, Ulzen et al. (2018) surveyed male Ghanaian truck drivers, who often have had troubled school careers, and found a relatively high prevalence of ADHD symptoms. We aim to deepen our understanding of these troubles as part of becoming a man (Schrock & Schwalbe, 2009; Vandello and Bosson, 2013). Early medicalization research has shown, for example, that a medical label provides an explanation for unruly behaviour and supports a moral shift from badness to sickness (Conrad and Schneider, 1980). We thus wonder if concerns about becoming a man are driving medicalization and examine the everyday school life of boys identified by adults as causing trouble, how their behaviour is reported and if overactivity and lack of attention are locally meaningful categories.

### 1.2. Pragmatic medicalization

Since no undisputed etiology for ADHD has been found, it is relatively straightforward to focus on the interpretive and pragmatic flexibility of diagnosis and treatment, while acknowledging both the possibility of (proto)symptoms of underlying causes and the need to socially organize the identification and treatment thereof. We also acknowledge that ADHD-like symptoms were recorded and theorized long before the current diagnostic approaches (Lange et al., 2010). However, the identification of (proto)-symptoms does not constitute a specific diagnosis or treatment, but rather suggests that we treat proto-symptoms as potential ingredients for diagnosis and treatment. More specifically, we seek out openings for and drivers of medicalization in interactions and propose to examine medicalization in peoples' pragmatic attempts (AUTHOR; Lock et al., 1998) to solve concerns in everyday life. We situate these concerns in the wider context of inequality and poverty in Ghana, the colonial legacy of psychiatry (Forster, 2012), associated stigma (Tawiah et al., 2015), and the sometimes difficult relationship between biomedical and non-biomedical approaches Arias et al. (2016) (Opore-Henaku and Utsey, 2017); in Ghana and beyond.

### 1.3. Manhood and becoming

Young people on the African continent (Van Dijk et al., 2011) constitute the majority of the population and social interactions (Trudell et al., 2002), thus making them relevant for research (Van Dijk et al., 2011, p.2). Youth are considered drivers of change but at the same time are trapped by economic vulnerability (Resnick and Thurlow, 2015, p. 1).

In Africa, children are highly valued by adults, but as they grow older and become adolescents, the interest seem to diminish (Abbink, 2005, p. 2) or at least, reciprocity becomes more important (Twum-Danso, 2009). Older children and youth are forced to take responsibility for food, income, care, and households, especially in families with low incomes (ibid.; Klouwenberg and Butter, 2011) while in the Global North childhood is considered a "carefree, secure and happy phase of human existence" (Honwana and De Boeck, 2005, p. 10). Given their predicaments, young Africans in the burgeoning literature on youth are frequently variedly characterised ranging from heroes to villains (Perullo, 2005; Abbink and Van Kessel, 2005).

Although the definition of the transition to manhood varies across

cultures, class and within societies over time in Africa (Honwana and De Boeck, 2005; Resnick and Thurlow, 2015), youthfulness is both a temporal condition of socially *being* as well as socially *becoming* (Christensen et al., 2006, p. 11), thus an unstable position defined by becoming an adult (Vigh, 2006). In most African societies, youths are at the bottom of the social hierarchical ladder (Van der Geest, 2004). In Ghana, moving away from the lower echelons of the societal classification calls for attaining manhood through education, making a living, starting a household, and respecting the elderly. For Ghanaian boys, education is key to transition to manhood. Ghana's education system is rooted in colonialism, which has left a legacy of conservative dress codes, and boarding school systems (Darkwa, 2021; Last, 2011), and ideas about discipline and norms of respect, particularly towards adults (Twum-Danso, 2009). This overlaps with the dominance of older men over women and younger men as the elderly often control resources within the family (Baxter and Almagor, 1978, p.19).

However, we do not expect this to be a blind process and assume that boys actively relate to boyhood and manhood (Schrock & Schwalbe, 2009). We assume the constructs of manhood and "troublesome" provide the context in which proto-symptoms of ADHD might be recognized and medicalization might occur. More precisely we investigate:

- Which problems are identified in boys labelled problematic, by themselves, teachers and parents?
- Are inattention, overactivity and impulsivity identified in boys labelled as problematic, if so in which way?
- How are these problems explained and treated? Are there instances of (bio)medicalization, ADHD diagnosis and treatment?
- How are these problematizations related to the transition to manhood and respect towards adults and do we see class differences in this respect?

## 2. Methods

The field study for this article was undertaken between June and December 2017 in Accra, Ghana. It was based on an ethnographic approach (Hammersley and Atkinson, 2007) and more specifically on focused ethnography (Knoblauch, 2005). Also restricted by time, our focus was on boys at school and their relation to adults (teachers, priest, staff) there. The familial context was assessed partly through boys' accounts and incidentally by following them to their home. Focussing was easier since the second author was familiar with the local context, with ethnography and with the specific theoretical lens.

More specifically the second author, (anthropologist) observed activities in classrooms, offices and in the schoolyard, interactions among students, but also between students and teachers. He talked to all of them. The school-based observations and conversations were contextualized by interviews with professional psychologists or psychiatrists outside the school. Occasionally the second author followed boys to their homes or on their way through the city. He interacted with boys (19), teachers (9), psychologists (12), parents (5), school nurses (2), school secretaries (3), a teaching assistant, a deputy head of a public school, a counselling coordinator, and a vice principal. Talks took the form of informal conversations or, semi-structured interviews. The duration of the interviews ranged from 10 min to an hour and a half. The short duration of the interaction was mainly due to limited time between school and after school activities. The interviews were recorded where possible and transcribed. During the half year of fieldwork, we started the analysis to generate first ideas and adjust fieldwork in the light of those ideas.

The data collection was undertaken at three schools: two government public schools with relatively more students living in poverty and a private international school with students from elitist and internationally oriented backgrounds, populating the highest classes of Accra. The selected boys were considered by their peers, teachers and other professionals as troublesome, naughty or stubborn. Boys were themselves

aware of that label, subscribed to it and applied nuance simultaneously. The second author is of Ghanaian descent, speaks local Ga, Twi and English and has ample experience with anthropological fieldwork in Ghana. Most initial and formal conversations took place in English. During fieldwork, the second author made sure to balance his status as a PhD-holder with accessibility and humility by dressing down, paying repeated visits, and taking time to get access.

The ethics committee of the University (BLINDED) gave permission for the field study. We explicitly sought consent of the schools and the boys' guardians for the interactions. We also received permission from the Ghana Education Service; help in selecting school and instructions on how to gain approval by schools. Although it took a while, school officials consented to the fieldwork and granted access to the schools.

The interpretation of interviews and observations was based on qualitative content analysis (Mayring, 2000; Hsieh and Shannon, 2005) and was a collaborative process. Already during fieldwork, both authors (the first author being sociologist) started to interpret observations and interviews first separately and then jointly in several analysis meetings. We exchanged and discussed interpretations, in relation to extant literature in an abductive manner. Particularly, we repeatedly made explicit the different backgrounds – theoretical and personal – of both authors in relation to developing the analyses. In this both familiarity and distance proved to be helpful. Emerging interpretations were compared across sub-groups, e.g. boys versus teacher. Different sources were used to triangulate and interrogate the material. The analysis was supported by Atlas.ti; and all data and analysis were stored on a safe university platform. Ensuing interpretations were reported and shared in memos.

The second author was able to arrange first encounters with boys. However, retaining contact and engaging in longer conversations was difficult. It took patience and repeated visits as the boys often cancelled appointments, gave wrong phone numbers, or did not answer phone calls. At the same time, boys did not want to disappoint the researcher and were often busy working outside school hours. The boys were not offered any incentives for participation. We ensured that permission for the boys' participation in the study was sought with parents or guardians. We however acknowledge the limitations of the study in the sampling and analysis in the sense that our sample includes less parents than desired. The reason for this unintended omission is that the schoolboys and potentially upcoming professional treatments are the main focus of our study, since school is a prime location for the rise of ADHD diagnoses.

## 3. Some trouble with boys

Glenn, a 17-year-old boy from Ashaiman, lives with his three siblings and grandmother. One day after school, I joined him to his home. The house is an old, dilapidated building, built by his father who went to 'hustle' in the United Kingdom. Glenn leads me to the small living room. There is a large flat screen television on the wall. He puts it on and puts on the radio as well. There is a re-run of a soccer match on, while the radio plays a popular tune. Glenn's grandmother is sitting on the small sofa, appears half asleep. She welcomes me to the house and offers me water. Glenn leaves to change his school uniform. Suddenly grandmother says: "Since his father died, we haven't seen his mother. The death of his father has affected us all, but him the most. He takes after his father and they were very close." Glenn says that after his father's death, there has been no money for his education and that he has to work: "I put myself through school by doing odd jobs. I sometimes work as a mate on the TroTro (Author: mini-bus), cleaning people's houses, or selling stuff at the market. Sometimes, I do some hustling like 'game boy' (Author: defrauding people online by pretending to be a girl and lure them into sending him money or phone credit). In my family, I am different. I always try to take care of myself. I don't want to rely too much on the family. That is why I am different. I like to be in control over myself."

The study focused on boys aged 14–17 years who were considered

troublesome, notorious, naughty, or stubborn by their peers, teachers, and other school professionals. Glenn was one of them and his age (17), but also the hardship he experiences put him in an almost adult position. At the same time, he still must behave like a schoolboy. He and others were labelled troublesome when they violated culturally or institutionally backed expectations about appropriate demeanour, partly based on colonial school systems dress-codes, language use or learning style (Darkwa, 2021; Last, 2000). Students were singled out for talking too much or too little, not listening, not preparing for classes, not tucking in their shirt, wearing their hair too long, arguing with teachers, fighting with others, smoking marihuana, stealing and – in one case – hitting a teacher. Most adults would interpret the boys' behaviours as a sign of disrespect, which is consistently reported to be a concern in intergenerational interactions (Twum-Danso, 2009; Van der Geest, 2004). In this section, we present how participants reflect on the label of “troublesome”, while we assess if interactions are medicalized, before we look at the broader transition to manhood to make sense of troubling interactions.

Interviewer: What does troublesome mean?

Assistant Public School: “The person who is troublesome doesn't respect. If you give this person instructions, he ignores your instructions and does what he wants. That to me shows that the person is troublesome.”

Respect here and elsewhere alludes to obedience to the teacher or following instructions of an older person. While the social control of boys through respect seems to be a core category, our observations in the three schools also show that “disrespectful” behaviour is quite common (see also Santah, 2020). For example, talking during class and interrupting teachers is usually not problematized. Moreover, while impoverished boys at public schools were often beaten for lack of respect, boys at the private school were given much more room to deviate, not least because their parents are generally more powerful than the teachers. All boys were aware of their status as “troublesome” and were critical of labelling effects:

Interviewer: Why do the teachers find you disrespectful?

C (15 years; public school): “Some teachers always want to get you into trouble. I know them. I want to keep to myself. If you talk to them, they will say you are talking back, and you are disrespectful. If you don't talk to them, it is also an issue. Then they say you are disrespectful. Why? I chose not to get into trouble, otherwise my family will have to come for a conversation with the school authorities. You have to sit there and say nothing. I don't like that, so I don't talk to them. I want to just study.”

This account hints at a tension boys confront: young people must be careful not to be labelled troublesome and might therefore limit any interaction. At the same time, they are expected to be social and engaged.

Half of the boys referred to their anger as a core problem:

BY (17 years old; private school): “When I was younger, I was terrible for teachers. I was always making noise. It was impossible to get me quiet in class. Sometimes when I was told, I could get into a rage and misbehave. In primary school and in the lower classes of secondary school, I had issues with anger. I could get very angry and throw things around. When I am angry, I become very unreasonable, so I had to go to the Vice Principal's office, a couple of times. So, I can imagine that I would be known as a troublesome boy.”

Interviewer: You no longer get into rages?

BY (private school): “Less and less. I have had an anger management course. I am trying to get things under control. I am also trying to improve my behavior. Nobody sees that I have changed. When they talk about troublesome boys at this school, they always mention my name. It is unfair.”

This boy claims that the label sticks even when he has changed his ways. He also places anger in a developmental perspective and calls it an

“issue”; a common frame in developmental psychology, which is potentially related to the “anger management course” he mentions. Notably, this happened at the affluent private school.

School professionals had a range of explanations why boys were troublesome; mostly referring to their social and familial context:

Deputy head (public school): “Sometimes students behave in strange ways, but when you talk to them you realize that it is not their fault. Some must work to support themselves. That is why they are edgy or angry because they are under pressure and are constantly tired. You need to identify those so that you don't label them troublesome because they are not conforming.”

This deputy head is also aware of the risk of individualizing and labelling “strange” behaviour and suggests that a need to work is exhausting some boys. Boys explain their troubles in similar ways, particularly referring to poverty. Some of the boys spoke about working very long hours for their boarding at homes of their relatives. D (15 years old), for example, works and sleeps in a bar in a prostitution area in a shantytown. Oftentimes, he is exhausted by the time he arrives at school.

Reports about extreme hardship are common at the public schools we studied. At the private school, oppositional behaviour rather seems to be related to boys relatively high social status. Some appear to feel or are perceived as acting safe from punishment. Teachers complain about having little control over them.

### 3.1. Medicalization through counselling

When adults and boys label troublesome behaviour, explicit medicalization rarely features. This is in line with the weakness of psychiatric institutions and the stigma attached to categorizing “troubles” as psychiatric (Tawiah et al., 2015). Professionals report stigma towards patients and stigma by association or courtesy stigma (Goffman, 2009 [1963]) and sometimes hide a potential diagnosis to avoid stigmatization (Authors). Dr. P., a school psychologist, uses a developmental psychological approach to “learning difficulties” and sometimes does diagnose ADHD, experiences that for some parents “it is impossible for something to be wrong with my child.” However, one mother did explicitly speak about the autism and ADHD diagnosis of her child and stigmatization as follows:

“People laugh at him. It is very sad. People think I don't take care of him. I stopped going to church because of comments people made about him. They will say stuff like: ‘Make him sit still!’, can't you make him sit?!’ Many people have problems with kids with mental health issues. There is a complete lack of understanding. At public events, people give us an embarrassing look, then we are ashamed.”

Even though diagnoses are hardly used for boys in this study, we seem to see potential for the spread of the ADHD label in two ways. First, in school, a developmental and psychological discourse seems to gain traction. During fieldwork, “counselling” was a buzzword at all schools and among the health professionals. The concept of counselling refers to religious as well as psycho-pedagogic interventions. We heard about stubborn boys, who were first beaten to be disciplined and when this failed, were sent to a “counselling”:

Vice Principal (private school): “If they repeatedly continue to misbehave, we punish them and refer them to the Guidance and Counselling Team.”

Ghanaian schools are obliged since 2006 to have counsellors. This approach views pupils from a developmental psychological frame. In our fieldwork, several teachers referred to counselling as a way of understanding troubles from a boy's familial, emotional, and cognitive situation. The counselling coordinator at a public school signals an increasing reliance on counselling and further explains:

“When I say counselling, I don't mean preaching. Some pastors think that preaching is counselling, but these are two different things. Counselling is having a heart for people. You must listen to people's

problems. Counselling is an upcoming phenomenon now. Counselling or seeking help for one's problems or psychological health was seen as not being part of Ghanaian culture. In the past when one had problems, he might consult an uncle, aunt, brother, etc. for help and guidance. Now people in Ghana are turning to others for help. People realize that Ghana is becoming increasingly individualized. The family bonds of yesteryears are disappearing. That also means that people cannot fall on family members to help them with advice and the like. That is why now people seek the services of an authorized, neutral person who is not a family member or a member of the church."

Here, the coordinator constructs Ghanaian "culture" and the transition from religion to psychotherapeutic professions when dealing with "problems" as a framework for the rise of counselling. He also distinguished counselling from "preaching" and refers to "psychological health". Earlier, Vaughan has identified a range of meanings of counselling from religious to psychotherapeutic practice in (east) Africa. What we found seems to fall indeed in-between (see Vaughan, 2016). Contextualizing this development from a secularization perspective is also visible in this remark by a teacher at a public school:

"When students had problems in the past, their parents said '*fa ma Nyame*'- Give it to God- to solve the problem or pray about the problem to God and he will listen. To me that is not enough. How about praying to God about your problems and seeking practical or psychological solution to your problems?"

Counselling seems to connect existing forms of "treatment" of troublesome boys to psychotherapeutic and psychiatric ones (see Vorhölter, 2019), thus creating an entry point for medicalization and new forms of diagnosis and treatment (Arias et al., 2016). This might also contribute to a shift away from corporal punishment and "religious" and spiritual approach (Agbenyega, 2006, AUTHORS). The following excerpt summarizes the tinkering approach in dealing with disrespect through counselling:

Interviewer: What is the procedure for counselling?

Counselling coordinator (public school): "It really depends. Sometimes students come to me directly when they have issues or have problems that are beyond them. Then I try to help them by putting a programme together for that individual. In most of the cases, I deal with, teachers refer students to me for counselling. That is usually after they have had a number of fallouts with teachers or issues of indiscipline. Being indisciplined is considered disrespectful in our culture. So if a student has a lot of disciplinary issues, he will be referred to me for counselling. When they are referred, I book an appointment for them sometimes with myself, or with a health professional or a clinical psychologist depending on the nature of the case and the need of the student. I will be on the case until the student is helped or taken care of by the right professional."

Attention for counselling in the developmental psychological sense is visible across all three schools in this study and, in line with educational policy, might be a trend across social strata, although it seems to be embraced more readily at the private school.

### 3.2. Proto-symptoms

Apart from counselling, the second entry point for medicalization are the ways in which boys and adults describe troubling interaction. As said, ADHD is not mentioned in relation to specific boys, but we repeatedly heard boys and adults use phrases that can be interpreted as proto-symptoms. The concept of proto-symptom here refers to existing local classifications of behaviours or experiences which might provide fertile ground for applying diagnostic criteria which are partly available among professionals (see also Littlewood and Dein, 2013). Concretely, we observed instances in which boys' activity levels and attention spans were described and problematized in emic terms.

While most conversations during fieldwork were in English, teachers and other (school) professionals also reverted to Twi and used distinct phrases to describe "*Abofra boni*" or a *troublesome child*. When describing troublesome boys, they often used the phrase "*Akola no eni so ye shi*" which literally translates into "*the child is hot tempered, so he is restless.*" Another widely use phrase "*Akola no ntimi en te na fako*" literally means "*the child cannot sit at one place.*" This phrase describes boys who are restless, easily bored and want to move on to do other things. "*Akola no ye de de do do*" – translates as "*the child makes too much noise*" and is used to describe boys who talk too much in the class. In these phrases, we might recognize existing categorizations of bodily restlessness and to some extent inattention.

In the interviews, with boys and adults, bodily activity and inattention were sometimes mentioned spontaneously and otherwise elaborated upon request.

Interviewer: How come people think you are troublesome?

Y (13 years old; private school): "That is because I am usually bored, most of the time I am bored in class. Most of the time I pay attention in class, but I also like to talk to my friend. When there is nothing to do, I talk to my friend. When the teacher is done explaining, I talk."

Interviewer: Are you able to sit still?

Y (13 years old; private school): "Yes, but if there is nothing for me to do, I find it difficult to sit still. When the teacher is teaching, I might not find it hard to sit still. Most of the time, I must have something to do. I get easily bored. That is why I can't sit still or I disturb the class."

In this excerpt, Y spontaneously invokes a lack of "attention" as part of his status as troublesome. He, however, does not medicalize inattention, but rather renders it logical by referring to a boring setting, much the same away as other boys. Y isolates specific behaviours and describes them more explicitly as part of his personality. He uses "I" twelve times and suggest a personal need when he says, "I must have something to do". This might reflect or be a starting point for an individualized subjectivity which might be based on the emerging "psy-disciplines" (Vaughan, 2016; Rose, 1998).

Y, and the other boys, are aware of their bodily activity and attention span and whether these fit social situations. They present reflexive self-aware descriptions in which they use experiential knowledge about their conduct and its social appropriateness.

K is a 14-year-old from a private school. He is a tall, chubby, jovial, and friendly boy who, on a bad day, could be a bit cranky. He is constantly moving, kicking, playing with his hair, biting his nails, throwing empty bottles at a boy passing by. He plays football every day and has difficulties sitting down in class. He doesn't listen much in class, according to his teachers, and has been sent out on several occasions. "I cannot sit still for too long. I always have to get up and do something. It has always been like that. .... It is no big deal, because of that I do sports all the time. You will not believe me because I am fat, but it is true. I am very restless, and it is worse when I don't do sports. I am also especially restless in class. That is because I am easily bored."

K summarizes his experience here by saying he has "always been like that". He nonetheless points out skilfully how being active is also influenced by the situation, in this case being in class. In the next paragraph, we suggest that the above accounts make sense within the wider context of the transition from boy to man.

## 4. Becoming A man

All boys featured in our study wish to transition from "education to work, from immaturity to maturity or from childhood to adulthood" (see Klouwenberg and Butter, 2011, pp. 11–12) and move towards manhood. Manhood in Ghana means different things to different boys. However, there are common elements of what defines a man for boys from private as well as public schools: having a good education, being financially independent, having a good job, owning property, being married, having children, and running a household. A man should wear nice clothing and ideally drive expensive cars. Wealth includes responsibilities: a man

is someone on whom a lot of people depend for their livelihoods.

We approach this periode of youth as one of being and becoming (Christensen et al., 2006; De Boeck; Honwana, 2005; Vigh, 2006). The status of being ‘troublesome’, we believe, is particularly threatening for the crucial transition of becoming a man as is reflected in boys’ accounts. In the following paragraphs, we interpret these references in relation to manhood and masculinity (Schrock & Schwalbe, 2009; Vandello et al., 2008) as well as respect (Van der Geest, 2004; AUTHOR.).

#### 4.1. Study and independence

Being young, according to the boys in our sample, means, among others, depending on family for one’s livelihood, and participating in household chores:

D (15 years old; private school) “People send you around a lot; they say go do this; go do that for me; bring this thing here. That is not always fun.”

This contrast with a typical participants’ depiction of manhood and independence:

Interview: How do you see the future?

C (16 years old; private school): “I want my own small house. A business that will give me money. I also want to get married someday and have children.”

While this ambition seems to be shared widely, it is hard to achieve. As a result, youth’s predicament is in a constant crisis (Vigh, 2008). Boys are facing the patriarch (Adinkrah, 2014); that is, men control resources and key familial decisions, tends to dominate and overwhelm all members who have not yet achieved manhood and all female family members (Adinkrah, 2014).

C (15 years old; public School): “You cannot share your view. You can certainly not be yourself. You have to do what you are told, otherwise the head of the family will make life very difficult for you. He can starve you.”

The role of the patriarch generates tensions and is an important reason for our participants to aspire manhood and attain independence from the family. A participant noted that he wants to “be able to stand on your own two feet” (A, 15 years old; public School), while another indicated: “I must have my own house so that no one can control me” (C, 16 years old; private School). For our participants, independence is a key component of manhood and living within a patriarch-dominated home scuppers our participants’ development into manhood.

An important path to independence and manhood is one’s ability to generate an income and “a man’s ability to fulfil the breadwinner’s role” (Adjei, 2016, p. 416), but also to run and control his household. Having employment is key therein. A man who is incapable of providing both economically and materially for (future) spouse and their offspring, is considered useless (Adjei, 2016, p. 418). The boys and teachers in our study are convinced that education is key to generate an income, thus critical to independence. Education hence facilitates “social becoming” (Christensen et al., 2006, p. 12; Sackey, 2005). “A man must have education. Without education and a good job, one cannot be a true man” (KS, 17 years old; public school). Our participants display awareness of the approaching end of high school and the need for a good result to have a least some prospect of becoming independent through employment or further education.

Our participants, but also Ghanaian families at large, are aware of the difficulties young people endure to secure employment (Sackey, 2005). Being a “troublesome” boy threatens “becoming a man” if school success is hindered. While some boys contend that “If you have money you have to show it. If you don’t, you should pretend to be rich” (KA, 16 years old; private School), none fully denies the importance of finishing school, if only for the approval and network of adults.

#### 4.2. Obey and achieve

While youth is expected to strive towards achieving economic independence, they are also pressured to obey adults. Central is respect for the elderly as the cultural assumption is that as one advances in age, one accumulates wisdom (Van der Geest, 2004, p. 85). In the field, we observed that older people had difficulties accepting young people voicing their opinions or disagreeing with them, especially in public as this was interpreted as disrespectful and disgraceful. In Ghana, a boy considered disrespectful by adults will have difficulties securing the necessary support for his development. Adults control resources and possess networks crucial to gain admission into renowned education institutions and to acquire social and financial capital or just a job. Clearly, adults labelling of “disrespect” is a threat to a boy’s ambition of attaining manhood. Our participants consider these culturally informed norms a form of suppression.

E (16 years old; public School): “I come to school to learn, but sometimes there are teachers who try to suppress you, because you are young. If the youth disagree with the older people, they are called disrespectful.”

This conflict about respect is also informed by a widely shared idea of the importance of social perception. What this means is that presentations of the self in front of adults represents the frontstage, it is always expressive and has a self-idealizing dimension to it. The boy in the following excerpts challenges this distinction when he refers to not hiding his feelings and thoughts:

KS (16 years old; private school): “I am sort of a deviant. I have clear ideas as to what I want and how I want it. People normally hide their feelings and thoughts, but I don’t. I say what I think. That is not always appreciated. Teachers say that I am disrespectful, but that is not true at all.”

Due to this distinction, a discussion between a teacher and a student would be labelled disrespectful if it happened in the classroom but not if it happened between the two of them. The following excerpt testifies to the often-failing approach of youth to manage the frontstage due to teachers labelling:

Interviewer: Why do people around here say you are troublesome?

C (16 years old; private School): “When I was in form 1, I used to get into a lot of trouble with teachers who wanted to discipline me. I like to look nice. That is not always according to our school rules. I was not tucking my shirt in and stuff like that. I also like to let my hair grow long. The school suspended me internally twice for these offences, since then I am known around here as a troublemaker. I am just quiet. I think that the teachers find me difficult because I don’t quarrel with them. They want to know what is in my mind, but I keep to myself.”

The frontstage demands that the boy adhere to social conventions, being respectful, humble, well-mannered, thus knowing when and most importantly, how to speak to the elderly. Current behaviour is therefore considered a good indicator of future action. As a result, it is claimed that others can with relative certainty predict whether a person will be a success in life or not. According to this logic, those who performatively meet expectations are expected to become successful, while those who flaunt the norms most likely will become failures in life.

## 5. Discussion

This article unearths how Ghanaian boys’ transition to manhood (Christensen et al., 2006) is threatened when they are labelled “troublesome” and if medicalization and ADHD diagnosis are pragmatically applied in that transition. In Ghana, we spoke to and observed boys, teachers and counsellors at a private school, mostly from upper-class families, and at two public schools with several boys living in harsh poverty contributing to the stress they reported (Atuoye and Luginaah, 2017). We also spoke to psychologists, updating our previous research

(Bröer et al., 2018) and occasionally followed boys home after school.

The boys were labelled troublesome because they violated norms of respect and obedience, established dating back to colonialism which has a legacy of conservative dress codes, boarding schools and respect and discipline as core values (Darkwa, 2021; Last, 2000). These codes overlap with the dominance of older men over women and younger men (Baxter and Almagor, 1978, p.19). However, norms of respect were primarily relevant performatively and part of a contradictory phase of becoming (Vigh, 2006) and in acts of achieving masculinity. The label of troublesome threatens this transition as the boys follow a dual strategy to work around this; displaying adherence to norms of respect, patriarchy, and educational demands, while simultaneously criticizing these norms, employing alternative strategies and starting to strive for independence.

In this tense and contradictory process of becoming (Vigh, 2006; Vandello and Bosson, 2013), we were looking for signs of medicalization and identification of ADHD. We found little of that. However, adults and boys use established idioms (in Twi) which single out overactivity and inattention as parts of troublesome interactions. While this does not constitute medicalization, these idioms suggest that proto-symptoms are available for psychologization (De Vos 2013) or medicalization (Conrad 2006), for example in conjunction with upcoming counselling practices in Ghana and beyond (Vaughan, 2016). The concept of religious counselling is amended with professional, pedagogic, or therapeutic counselling of troublesome boys (Vaughan, 2016). The practice of counselling seems to bridge concerns about discipline, personal development, and transition to manhood. At the schools studied here, counselling seems to constitute an alternative approach. This might signal a shift away from the culture of corporal punishment and religious or spiritual treatments (Agbenyega, 2006, Bröer et al., 2018, Last, 2011).

The spread of counselling is facilitated by globalizing forces (Vaughan, 2016) like Pentecostal counselling, and the growth of the professional middle-class. This suggests a tendency towards subject formation through psy-disciplines (Rose, 1998; Vorhölter, 2019). However, counselling is only beginning to emerge, rather pragmatically applied and as far as we could tell not yet powerful.

Medicalization might occur through counselling and could help to move the moral dimension of the label troublesome “from badness to sickness” (Conrad and Schneider, 1980). This might take away blame from boys and parents when school failure looms, norms of respect are violated and the transition to manhood threatened. However, further medicalization and the spread of ADHD diagnosis are blocked by a psychiatric infrastructure that has been weak since colonial era (Forster, 2012) and comprises stigma of mental health diagnosis (Tawiah et al., 2015).

While we are confident about the interpretation of materials we gathered, our work was limited by time constraints. Given these constraints, we focussed mainly on the school context, which made sense given the importance of schools in the rise of ADHD globally. However, more research at home and in public spaces would facilitate a more encompassing view.

## 6. Conclusion

Medicalization theory stems from the former centres of ADHD diagnosis and treatment – the US and Europa – and has been built on the assumption of a dominant and legitimate bio-medical sector and empowered consumers. Without denying tendencies towards hegemony (e.g. Timimi, 2005), recent research on the globalization of ADHD diagnosis has brought to the fore the diversity of ADHD definitions and approaches both within the Global North and South (e.g. Bergey et al., 2018). Yet, the how and why of medicalization in the Global South, especially in the earliest phases, is still understudied. Our research turned to what is possibly the early rise of the application of ADHD in Ghana, where ADHD diagnosis and treatment are incipient (Bröer et al., 2018). We previously showed that the introduction of ADHD in Ghana is

driven by global NGO's and donor organizations, global pharma, and transnational lives of many Ghanaians. We now add to this that the spread of Pentecostal type counselling and HIV/AIDS counselling might provide a stimulus towards psychological counselling as an intermediary step towards medicalization, particularly among higher and middle classes, which might create a rising internal demand among professionals. Our research among youth suggests that the combination of concerns about respect, school failure and manhood, mapped onto a psycho-developmental approach (Vaughan, 2016), might come to constitute a creolized version of ADHD (Kirmayer, 2006; Bibeau, 1997; Arias et al., 2016). This process of creolization works through adults and boys actively construct notions of cultural change and modernization while reframing interactional troubles. These interactional concerns are already couched in an idiom that can be reframed into ADHD diagnosis. Everyday attempts at sensemaking of “trouble” thus constitute a potential and neglected driver of medicalization.

The legacy of stigma around mental health institutions and post-colonial involvement in for example Global Mental health programs create contradictory tendencies of inhibiting and furthering medicalization and ADHD. A similar contradictory tendency might operate at the personal level where fear of stigma hinders medicalization while the promise of shifting blame and finding cure might attract it. We might see ADHD and similar labels become established especially in higher class schools the coming decade, driven by globalizing tendencies and interactional concerns of boys, teachers, and parents at the same time.

## Credit author statement

Christian Bröer: study design, funding, preparation fieldwork, analysis, writing, Humphrey Asamoah Agyekum: fieldwork, analysis, writing.

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