



The assessment and diagnosis of mental illness by Black Pentecostal pastors in Polokwane, Limpopo Province

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Doi: <https://doi.org/10.46222/pharosjot.10410>

Abstract

In Africa, there is a dearth of Mental Health Professionals (MHCPs) which results in a shortage of those who formally diagnose, assess and treat people suffering from mental illnesses. Thus, many individuals consult with their spiritual leaders (pastors) when experiencing mental health challenges before they consult MHCPs. While mental illness is mainly clinically assessed and diagnosed by MHCPs using the DSM-5 and ICD-10 codes, not much is known in the South African context regarding how Black Pentecostal pastors specifically recognise, assess and diagnose mental illness. This study explored how Pentecostal pastors assess and recognise mental illness. This was a qualitative exploratory study. Nineteen Black Pentecostal pastors were interviewed using semi-structured interviews. Data were analysed using Thematic Analysis (TA). Findings showed that Black Pentecostal pastors hold varying views regarding how mental illness should be assessed and diagnosed. Participants in this study admitted that they had not received any formal mental health training and would love to be suitably equipped to function in that field. Some of the participants believed that they were spiritually gifted and were skilled to assess, recognise and diagnose mental illness using the following methods: prayer, discernment, observing behaviour and interviewing. The study concluded that Black Pentecostal pastors play a significant role in the assessment and diagnosis of mental illness. Therefore, there is a need for a meaningful exchange and sharing of knowledge between Black Pentecostal pastors and MCHPs through a collaborative strategy.

Keywords: Assessment; DSM-5; Diagnosis; Mental illness, MHCPs; Black Pentecostal pastors

Introduction

In Africa, there is a dearth of Mental Health Care Professionals (MHCPs). As a result, many people experiencing mental health problems consult with their spiritual advisors (pastors in this paper) (Kpobi & Swartz, 2018). In essence alternative practitioners, including traditional healers and religious advisors appear to play an important role in the delivery of mental health care in South Africa (Sorsdahl et al., 2009). The appeal of traditional and faith healers (pastors) as compared to MHCPs in Africa is linked to the cultural perceptions of mental disorders, the psychosocial support they afford, their availability, accessibility and affordability as compared to MHPs (Ae-Ngibise et al., 2010). Moreover, in many African countries especially Low and Medium Income Countries (LMICs) such as Ghana (Kpobi & Swartz, 2018a), Nigeria (James, Igbinowanhia & Omosregba, 2014) and South Africa (Mabitsela, 2003), spirituality is considered as an



integral part of the mental health system and individuals with mental illness and their caregivers frequently consult religious/spiritual healers (pastors) when mental symptoms cause distress. In essence, pastors form a significant portion of the mental health workforce in these countries, partly due to the limited number of biomedically trained professionals (Kpobi & Swartz, 2018a).

The consultation with prophets and pastors for the diagnosis of various diseases is not a new practice in Africa (Masola et al., 2019). Thus, it is common practise for indigenous African peoples to view MHCP's methods of assessing, recognising and diagnosing and treating mental illness to be in contrast with their faith or spiritual beliefs (Ae-Ngibise et al., 2010). Given the above, when African people experience mental health challenges, they consult their religious leaders including Black Pentecostal Pastors. However, it is not exactly known how the pastors involved assess and diagnose mental illness. Therefore, in this paper, the researcher aimed to fill this existing gap in literature by focusing specifically on the perspectives of Pentecostal pastors in South Africa by exploring how Black Pentecostals assess and diagnose mental illnesses. In the literature, there is a paucity of documented research about their literacy with regards to the assessment and diagnosis of mental illness.

Some previous studies have focused on alternative healers and their diagnostic and assessment methods of mental illness in South Africa, however very few studies focus specifically on Pentecostal or Charismatic pastors in South Africa as healers. The existing studies which were carried out previously examined traditional healers and faith healers healers grouped in one category, and thus overlooking the nuances that may exist amongst the different categories of healers. For example, Sorsdhal et al (2009) looked at various traditional healers' explanatory models of mental illness. In that study, Sorsdhal (2009) found that traditional healers were consulted by 9% of the participants and 11% consulted a religious or spiritual advisor. Mkabile and Swartz (2022) looked specifically into the explanatory models of intellectual disability (ID) held by spiritual healers in Cape Town. Mkabile and Swartz (2022)'s participants consisted of spiritual healers from different denominations. From their study, it emerged that the participants held various views about of ID and could not identify one single name for it which could be indicative of possible lack of knowledge, confusion and misunderstandings within the churches of what ID actually is. Consequently, this researcher focuses specifically on Black Pentecostal pastors in Polokwane, Limpopo Province in South Africa.

Pentecostalism

Pentecostalism is one of the largest Christian sects or movements which currently exist worldwide. Pentecostalism derives its name from the word 'Pentecostal' as noted in Acts Chapter 2 in the New Testament of the Bible. The technical use of the word Pentecostalism started in the 20th century (Mashau, 2013). Mashau (2013) further indicates that Pentecostalism refers to a group or sect of Christians, who believe in the power and works of the Holy Spirit, including *glossolalia* (speaking in tongues). According to Hardwick (2013), Pentecostals are comprised of a heterogeneous group of Christians with varied backgrounds, races, ethnicities, socioeconomic status, and educational levels. Furthermore, Pentecostal Christians display an interesting difference from the public and most of the Christian studies. Pentecostal pastors vigorously pursue supernatural explanations for disease within a dualistic theological framework whereby only goodness can emanate from God and all that is malevolent is, therefore, demonic (Leavey, 2010). The different types or waves of Pentecostalism are briefly described below.

Principally, there are three recognisable types of movements or churches that fall under the rubric of Pentecostalism in Africa (Ukah, 2007). According to Ukah (2007) firstly, there are spirit-empowered movements, which arose either independently or out of Western mission churches, which are generally known as African- independent churches (AIC),



churches that were established on the continent by Western Pentecostal denominations (such as the Assemblies of God, Four Square Gospel Church, and the Apostolic Church), known as classical Pentecostal churches.

Finally, there are neo-Pentecostal (Ukah 2007). For the purpose of the present study only the Classical/Mission Pentecostal Churches and neo-Pentecostal church pastors of African origin are relevant. Scholars use the term “Classical Pentecostals” to distinguish them from “Neo-Pentecostals” who were Mainline Protestants or Catholics practicing a variant of Pentecostalism in their respective denominations (Kentie, 2015). Although “speaking in tongues” (*glossolalia*) is practised by both categories of churches (Classical and Neo-Pentecostalism), it is many churches in the Neo-Pentecostal category insist on “speaking in tongues” as the “initial evidence” of having received the Holy Spirit, though this insistence is by no means universal (Thompson, 2013).

The Pentecostal culture and beliefs

Pentecostal pastors generally believe that they are endowed with special gifts of the Holy Spirit (Mashau, 2013). Based on this belief, they have a tendency of viewing symptoms such as those of mania and religious delusion as being spirit possession, thus crippling how they recognise the symptoms that may be obvious to the trained eye (Jackson, 2017) as being those of mental illness. Thus, they may ignore or pay less attention to other crucial aspects of their clients, or they may hesitate to refer to MHCPs. Their complex view of mental health disorders entails a dimension often left unconsidered by the general public, as well as other Christian faith traditions: the spiritual (Hardwick, 2013). While Pentecostal pastors may acknowledge the insights that psychology and psychiatry may provide, the spiritual beliefs model held by these pastors may influence their assessment and diagnosis of most mental illnesses. For instance, instead of recognising symptoms of a substance induced psychotic disorder, an individual’s presentation may be perceived as possession by an evil spirit or demon. Moreover, some people may avoid seeking psychotherapy because they do not define psychological distress the same way as MHCPs do. According to Uwannah (2015), in general, Pentecostal Christians hold a belief which causes them to underutilise mental health services.

Grossklaus (2015) made an observation that amongst Pentecostal pastors, psychological guidelines for the diagnosis of mental disorders, such as ICD 10 and DSM 5, are unknown in the area of theology. Conversely, the Black Pentecostal pastors’ methods of assessing and diagnosing mental illness are unknown in psychology. Thus, Pentecostal pastors’ methods of assessing and diagnosing mental illness are significant to psychiatry and psychology since many people experiencing mental health problems go to them for help. The predominant Western view of the aetiology and understanding of mental illness needs to acknowledge the various culturally inclined taxonomies of mental illness so as to better understand and aid clients (Ally & Laher, 2008). In addition, Boehnlein (2006) indicates that MHCPs need to understand cultural belief systems, including religious thought and practice that relate to mental health and illness.

Previous studies indicate that Pentecostal pastors rely on their Pentecostal cultural and/or spiritual norms to recognise and diagnose mental illness. The cultural norms could also include spiritual beliefs. For example, in a study carried out by Kamanga et al (2019) in Malawi, Pentecostal pastors agreed that deviation from one’s cultural behaviours is the main indicator that someone becomes mentally ill which is contrary to MHCPs who rely mainly on the DSM-5, ICD-10 code and assessment results to reach to a diagnosis. In an African setting, especially amongst Black Pentecostal pastors, for someone to be diagnosed with mental illness, there should be notable changes such as physical, psychological, and socio-cultural (Kamanga et al., 2019). Although there is a similarity in the symptoms of mental illness and spirit possession, Grossklaus (2015) indicates that many pastors have not received any psychological training that would allow them the



opportunity to effectively diagnose a client whose symptoms may require psychological treatment. However, this does not denote that Black Pentecostal pastors do not have their own methods of assessing and diagnosing mental illness like other spiritual advisors. Therefore, a clear understanding of the work of Black Pentecostal pastors is significant with regards to making appropriate recommendations for collaboration between pastors and MHCPs.

It is this researcher's view that, in order to facilitate the efficient assessment, diagnosis and treatment of mental illness within an African multi-cultural context, the assessment and diagnosis of mental illness should not be solely left to MHCPs or Pentecostal pastors alone. The assessment and identification of what may be referred to as mental illness varies from person to person and culture by culture (Ally & Laher, 2008). As such, both practitioners seem to be significant in the clinical practice of psychology and psychiatry given the complexity of assessing and diagnosing mental health problems. In agreement, Monteiro (2015) remarks that the cultural context of interpreting, diagnosing and treating mental disorders and understanding local perceptions of mental illness is significant especially in Africa, whereby many people experiencing mental health problems consult with pastors. In a similar tone, Masola et al (2019) and Bulbia and Laher (2013) have both argued that while Biomedical diagnostic tools, such as Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV), mammography, psychological assessment tests and physiological tests, are available in both Western and African societies, they have been critiqued for their lack of incorporating spiritual and cultural elements in diagnosing mental disorders in the past. Thus, there is a need for methods that are culture-specific and sensitive to be incorporated into the formal practice of psychology and psychiatry in Africa.

According to Waldron (2010), the conceptualisations of illness, disease, symptom presentation and treatment/healing are shaped by various social, cultural, ethnic, economic and political variables within individual societies and are interpreted, assessed, diagnosed and treated in unique ways in different cultures. Culture, defines what is 'normal' and 'abnormal' and influences the presentation and distribution of mental illness (Bhui, 2010), culture influences the way mental illness is recognised and treated by members of the society and sanctions particular healers in a society. Thus, it is important to understand how Pentecostal pastors as a subculture of the Christian religion perceive mental illness with regards to how, and by whom, it should be recognised and diagnosed. Waldron (2010) further states that the cultural theories on illness, treatment/healing and health often stem from diverse observations, understandings and interpretations of specific symptoms, the behaviour of persons affected by illness and how symptoms are uniquely experienced and explained in specific cultures. Hence this study sought to understand how mental illness is recognised and diagnosed from a Pentecostal cultural perspective.

Pentecostal pastors' training

Pentecostal pastors are often the primary and only source of support for those who consult with them although they may possess little or no training on mental health issues, especially severe psychopathology (Jackson, 2017). However, the lack of skill or training in mental health challenges does not pose the pastors to be irrelevant in helping their parishioners. Despite the challenges Pentecostal pastors may experience in separating spirit possession from mental illness, they tend to apply their methods such as discernment, prayer and fasting and deliverance/casting out demons (Kpobi & Swartz, 2018a) which may be unknown to psychiatry and psychology. Even though Pentecostal pastors are not psychologists or psychiatrists, they are consulted by people experiencing mental health challenges. Thus, there may be a need for their theological training to be supplemented in the area of psychology (Grossklaus, 2015). The same applies to MHCPs. Grossklaus (2015) noted in his study that Pentecostal pastors were unable to clearly distinguish between spirit possession and mental illness for instance. Moreover, the study



by Grossklaus (2015) there was a prominent deficit in knowledge in the areas of counselling, spirit possession and mental illness in their theological training. This lack of training in mental health issues for Pentecostal pastors may pose a danger to their congregants and other individuals who consult with them. Despite the Pentecostal pastors' lack of knowledge or mental health training, their contribution to the mental health of their clients is significant to psychology and psychiatry.

Studies concluded in Africa indicate that Pentecostal pastors can diagnose the presence of mental illness using spiritual means such as discernment, scriptures, prayer, counselling (Asamoah et al., 2014). Thus, the mental health knowledge of (pastors) is important to assess to avoid potential negative outcomes for patients arising from misdiagnoses or delayed interventions. On the one hand, for MHCPs, it is required that they be culturally competent-thus, they possess skills that assist them to understand their clients from their cultural context (Laher, 2014). Although pastors deal mainly with the spiritual aspects of their parishioners, it can be of benefit for them to have some insight with regards to some of the DSM-5 diagnosed mental illnesses that can affect their parishioners. While MHCPs are largely unaware of how to address the spiritual needs of their clients, clergy (pastors) also seem to be untrained in how to address many of the mental health needs of their parishioners Sullivan et al., 2013). As such, it is this researcher's view that a collaborative or integrative approach which is based on the intersection between psychology and theology may attempt to resolve the apparent complexity by exploring how mental illness is recognised and diagnosed by Pentecostal pastors is significant. This group of Christian pastors has not received much attention in academia especially in South Africa.

While psychiatrists (MHCPs) often treat patients with psychotic disorders who are religious or spiritual in some way, they are scientifically trained and believe in a scientific, secular worldview. This lack of knowledge, training, or understanding about the diversity of religious or spiritual practice by MHCPs may create barriers for them. Therefore, through this paper, the researcher hopes to contribute to the growing body of knowledge in the critical field of religious/spiritual and transcultural psychology.

Theoretical framework

This study adopted the Bio-Psycho-Social-Spiritual model as the theoretical framework to understand Pentecostal pastors' perception regarding the recognition and diagnosis of mental illness. The model is an extension to the widely used and existing Bio-Psycho-Social model coined by George Engel in 1977. It is a modern humanistic and holistic view of the human being in health sciences (Saad et al., 2017). The model was chosen because it integrates spirituality as a fourth dimension (Hefti, 2011) to interpret, assess, diagnose, and treat mental illness and provides a holistic and integrative framework to understanding how spirituality influence mental as well as physical health. The BPSS model involves a more positive view by suggesting that individuals should not only be seen just in terms of their pathologies, but rather also in terms of their strengths and weaknesses as well (Sulmasy, 2002). The BPSS model of mental illness acknowledges the importance of biological, psychological, social, and spiritual factors as determinants of psychopathology (Shonin & Gordon, 2013). Thus, the BPSS model represents a much more acceptable and inclusive model of understanding mental illness. Furthermore, The BPSS model provides pastors and MHCPs with a platform to explore all the patient's attributions of mental illness, including biological, psychological, social, and spiritual.

Research methods and design

This study was undertaken under the qualitative research methodology approach. Qualitative research seeks to understand a given research problem or topic from the



perspectives of the local population it involves (Mack et al., 2005). Qualitative research is especially also effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of populations (Mack et al., 2005). In this study, the researcher aimed to obtain quality information from the participants' perspectives to gain a better understanding of their worldview; as such this method of research was preferred based on its nature, especially guided by the aims, objective, and the research question.

This study was also based on an explorative research design which is often used to generate new ideas and to increase the researcher's knowledge and to enable the researcher to familiarise himself or herself with the problem or concept to be studied (Manerikaar & Manerikaar, 2014). According to van Wyk (2013), an exploratory research design is most useful and appropriate for a project seeking to address a subject about which a high level of uncertainty and little prior research exists. The exploratory research design was thus considered to be appropriate since the researcher in the present study sought to explore and describe how Pentecostal pastors perceive and treat mental illness. Their subjective perceptions formed the core data of the study; hence it needed the method that would deal with the topic in an exploratory manner. The exploratory research design was thus found appropriate since the researcher in the present study sought to explore and describe how Pentecostal pastors perceive and treat mental illnesses in their clients/parishioners.

Study Setting

This study was conducted in Polokwane, Limpopo Province. Polokwane, situated on the Great North Road, is the capital city of the Limpopo Province (South African Cities Network [SACN], 2012). Polokwane was chosen as the most suitable field for this research because of its ethnic diversity and geographical location. According to the City of Polokwane, (2016), the Black population in the city is approximately 94% of the municipal residents. The White population accounts for almost 5% and the coloureds and Indians just over 1% of municipal residency. Culturally and ethnically diverse, the cultural mix of the city is a fascinating one (City of Polokwane, 2016). In addition, six of the official South African languages can be heard in the streets, namely, Sepedi, XiTsonga, TshiVenda, IsiNdebele, English and Afrikaans. Polokwane was chosen as the most suitable field for this research because of its ethnic diversity and geographical location.

Study population and sampling strategy

Purposive sampling was selected for the present study because it allowed the selection of participants with some defining characteristic such as being a church leader or pastor of African ancestry to a Pentecostal (Classical and New/Neo-Pentecostal) congregation around Polokwane with ages ranging from 19-55 years. The target population for the present study were Pentecostal pastors of Black/African ethnicity currently residing in Polokwane and pastoring a Pentecostal church within Polokwane. There is a notable emergence of Pentecostal churches within and around the city of Polokwane. Thus, the sample size consisted of pastors within and around a 30km radius around Polokwane. Although the participants were of Black/African origin, most of the participants preferred to be interviewed in English. Specifically, twelve participants in this study were of Pedi origin, while four were of Tsonga origin, two were Ndebele and one was of Venda origin. However, only six participants preferred to be interviewed in the Sepedi language. Pentecostal pastors from White and Afrikaans speaking churches, from Indigenous Pentecostal churches (i.e., ZCC and Zion Apostolic Churches), Coloureds and Indians were excluded from this study. Furthermore, church Elders and Deacons were excluded since in the Pentecostal church, they are not regarded as pastors until they are ordained



as such. Thus, individuals who participated in this study needed to meet the inclusion criteria discussed above.

Data collection

Data were gathered using semi-structured in-depth interviews. Semi-structured interviews provide a flexible manner in deducing information and allows for a large information to be obtained. When using semi-structured interviews, the advantage is that interviewer can clarify difficult questions, as well as to further explore issues and to probe as the situation requires. Participants were contacted before the interview and the aim and objectives of the study were discussed with the participants who were guaranteed anonymity the interviews were conducted in Sepedi and English. Each interview took approximately 45-60 minutes or less based on the researcher's probing or the participant's experience, or knowledge of the phenomena being studied. All the interviews were audio recorded with the permission of the respondents. After data were collected, the principal researcher transcribed and cleaned it. The Sepedi interviews were first transcribed in vernacular by the researcher and later were translated to English by an experienced translator.

The researcher approached the leaders of the Limpopo Pastors' Fraternal and the Polokwane United Pastors respectively and had two separate meetings to share with them the purpose and objective of this study. The leaders of the fraternal then announced in their monthly meetings about the study and indicated that those who were interested should participate when the researcher contacts them. The two leaders informed the pastors about the study and were encouraged to voluntarily participate and were informed that there would be no monetary gains from the study. Following that, a list of Pentecostal pastors was obtained from the two leaders. From the list, a convenient sample of pastors was selected based on their availability and willingness to participant in the study when approached by the researcher. The researcher telephonically set an appointment with the selected pastor to be interviewed and briefly related the nature and purpose of the study. The pastors were interviewed at a place most convenient to them, in this case at their church buildings and offices.

Data analysis

Data analysis is a step in the research process that is interconnected with the data collection process (Jackson, 2017). Data derived through the semi-structured individual interviews was analysed through Thematic Analysis (TA). The data analysis commenced with transcribing and cleaning of the data. The audio-taped interviews were transcribed by the researcher and in the process, listening to each interview, typing out each word verbatim. For validity checking some of the participants were telephonically contacted to verify what they had said during the interviews. After the initial transcriptions, the transcripts were reviewed by an independent reviewer.

The researchers adopted the steps of inductive data analysis as suggested by Braun and Clark (2006). After the initial transcriptions, the transcripts were reviewed by an independent reviewer. The six Sepedi interviews were first transcribed in vernacular language by research assistants and were then translated into English by an experienced language translator and a senior lecturer. Subsequently, the interviews were analysed through Thematic Analysis, which is a method for identifying, analysing, and reporting patterns (themes) within data.

Permission for the study



For the purposes of this study, permission was sought and obtained from University of Limpopo's Turfloop Research Ethics Committee (TREC) prior the commencement of the study. Permission was granted on the 20/02/2019 and the project number as **TREC/02/2019**. The researcher also approached the Limpopo Pastors' Fraternal for permission to interview their affiliates. The researcher was then sent a data base of the LPF and PUP affiliated pastors by the two leaders of the fraternal.

Findings

The assessment and diagnosis of mental illness

In this study, participants held varying views with regards to how and by whom mental illness should be diagnosed. Specifically, some of the participants were of the view that it was not an easy task to assess and diagnose mental illness since they were not trained in that field. The participants who viewed themselves as not being able to assess and diagnose mental illness emphasized the importance of referring to or collaborating with MHCPs. This is what the participants mentioned:

"According to me the medical expert must diagnose mental illness. (Laughter). I just observe. I suspect, but to put a stamp to say, this is that condition, I don't think it's my place."

Participant 10, female, 52 years

"Generally, I know it is the psychiatrist who does that. I do not know any other person who does that **Participant 12, 53, Male**

In contrast with the above views of the participants, other participants in this study believed that both they and MHCPs should assess and diagnose mental illnesses using their different methods to help patients. This signified that, the assessment and diagnosis of mental illnesses should not solely be left to MHCPs. This view is illustrated by the following extracts:

"To my belief, it is that..., even though I believe in prayer. I also believe that the knowledge that the psychologist has, even those practitioners who are dealing with the mind of a person has, it is also the gift of God, including hospitals themselves. So, I might not finalise my things. I will assess my thing to my own level and If I felt that now, this person needs a further attention wherein this person needs either to be referred the hospital or to find a psychologist."

Participant 6, 55, Male

"I think both can diagnose it. They can see that this person is disturbed. Especially doctors, they can see from their education. But pastors can discern from the Spirit of God how to deal with those people. Both can just see that this person is mentally disturbed. But doctors will deal with their medicine and everything. But for pastors it will be spiritual warfare. It is not just an easy thing. It is a spiritual war that has to be geared up by prayer and everything so that you can help the person." **Participant 8, 46, Female**

On the other hand, other participants believed that they were well able to assess and diagnose mental illnesses using their spiritual methods such as prayer, discernment, word of knowledge or revelation, observing overt behaviours, using scriptures and counselling (interviewing) without the help of MCHPs. This view of the participants is illustrated in the following extracts:

"In Medical science when you have a problem, they don't diagnose the problem. They ask you, what is wrong with you. Then, what you tell them is wrong, that is what they say is the problem. But on the spiritual part, we must pray and have the gift of discerning, to discern what is wrong. So, it is two different worlds. We discern what the problem is during prayer"

Participant 4, 39, Male



“Yes, you can by the Spirit of God. Through the Spirit of God, God can just reveal that this thing is a spirit from the family or it’s a spirit...and, you know, there are some other people who will be doing something which can cause them to be ill.” **Participant 8, 46, Female**

Interestingly, it also emerged that what would be considered in psychological terms as clinical presentation or clinical impression is spiritually determined, whereas for the psychologist it is determined by the information provided by the client and/or tests conducted. As such, the detection of mental illness is said to be possible through the help of the Holy Spirit. One of the participants said this:

“Well, the issue of revelation is that sometimes when you interview a person, or sit with the person or do a one-on-one, you may not have an answer as you speak. But as you continue, the Spirit of the Lord, may reveal certain things based on the answers that the person is bringing. And you might tend to... explain to this person, something that this person will be surprised what is happening. The Spirit of the Lord allows you to have a Word of knowledge and to deal about those things. I know that the MHPs and whatever, will be following a pattern which have been pre-prepared (laughter) so, we don’t follow that.” **Participant 6, 55, Male**

Identifying symptoms of mental illness

Data obtained from this study also indicates that the participants were able to identify some behaviours related to mental illnesses though it was not an easy thing to do, more especially if they occurred during church services. The participants indicated that, most of the time, it was not a simple exercise for them to clearly differentiate between the symptoms of mental illness and a spiritual problem. The following extracts illustrate this finding:

“We personally had an experience like that in the middle of a service. I do not know whether it was charged up by the atmosphere, the environment itself where people will start **manifesting** (clicking sound). So, like I am saying, if it happens in a church set up, it’s not something that we look at as a mental problem but as a spiritual problem.” **Participant 2, 43, Male**

“Unless you study them. In the beginning, when they jump, you may not recognise that. But as you engage them in prayers and in counselling, after the incidence, then you realise that, this is not the Holy Spirit. It is something abnormal. When it starts, you may not really identify. But in the process as you are engaging them, when you are praying for them, asking them questions, you find out that they don’t really respond the way you want them to respond.” **Participant 7, 51, Male**

Symptoms of mental illness

According to the participants, behaving strangely and being violent towards others and doing things that do not make sense are some of the common indicators of mental illness. This is reflected in the following statements:

“Look! It is a sad one because you just see this individual that you know to be this type of a person behaving in a strange way that you do not understand. You know. Uhm It alters their behaviour. It changes how they look at things also.” **(Participant 2, 43, Male)**

“Look, the person will be acting violently towards parents or anyone who is trying to help them out. They will act violently; they will not want to listen to anyone and even their physical appearance somehow will change.” **Participant 3, 32, Male**

Walking naked



The participants in this study also indicated that some of the signs and symptoms of mental illness are reflected when the person affected takes off their clothes in public. This is shown by the following statements:

“But if a person is insane, he can even walk naked. He cannot even see that he is naked.”
Participant 8, 46, Female

“Sometimes, you find that this person is naked, not wearing anything, his manhood being visible. Such things, a normal person cannot do.” **Participant 16, 38, Male**

Talking to self and laughing alone

Participants indicated that behaviours such as talking to oneself and laughing alone and being irrelevant during a conversation as common indicators of mental illness. This is reflected in the following statements:

“Normally there are pictures that you see nobody sees according to our views...and sometimes, a person would just speak alone.” **Participant 1, 35, Male**

“In fact, he just started making noise in the church. He wasn’t shouting, he just started making noise and speaking alone at the back.” **Participant 7, 51, Male**

Roaming around

Participants in this study indicated that behaviours such as roaming around, were reflective of the presence of a mental illness in an individual’s live. This is illustrated by the following statement:

“For example, there is a certain young man around.....He roams around to and from down the tar road. He will go down to that village.....come back to this village, just making fruitless up and downs in a day” Such things, a normal person cannot do.” **Participant 16, 38, Male**

Hallucinating

Participants also indicated that people with mental illness can be identified by expressing or displaying hallucinations. For example, Participant 1 indicated that:

“Normally there are pictures that you see that nobody sees. And when they are sleeping, they would hear sounds, they would hear people calling them, so it is really disturbing that you find people in that kind of a situation in the church circle.” **Participant 1, 32, Male**

Easily forgetting things

Participants indicated that they would identify someone with a mental illness when the person consistently or continuously forgets things most of the time. This is reflected in the following extracts:

“You will find that this person just tells you, “You know what, I have forgotten things while you have just spoken to him to do something. Even in the ministry you give people instructions to do things, suddenly, and you find that it is not done. When you ask them, they say, “I have forgotten”. So, you would see that this is really a mental challenge because if I tell you something in 5 minutes ago and when I come back after 10 minutes you say you have forgotten to do it.” **Participant 1, Male, 32**

Praying inappropriately



“You find that a person prays.... But the way he prays, he begins to speak things which you cannot even understand yourself. It cannot be other tongues! (Voice louder and nodding head). No, you find that he is speaking another language you cannot understand yourself. Maybe it could be that there has been a spiritual attack or so.” **Participant 1, 32, Male**

Discussion

The aim of this study was to explore and understand Pentecostal pastors' views regarding how and by whom mental illness can be assessed and diagnosed. Findings showed that the participants in this study hold varying views on this issue. Most participants in this study felt that they were not well equipped or trained to diagnose mental illnesses like MHPs. This usually, led to a misdiagnosis and/or spiritualisation of mental illness leading to its denial or delayed treatment. The participants also mentioned that they would not hesitate to refer their congregants suspected to be having mental illnesses to MHCPs and would be more open for collaboration. These findings resonated with what other researchers have also established. For example, Murambidzi (2016) states that most of the pastors have no prior mental health education and training and as such, could not confidently assert that they were able to identify and address the mental health needs of their congregants. Like in this study, pastors studied by Murambidzi (2016) had recognition problems relating to differentiating mental illness from spirit possession and were not opposed to collaboration in that regard. Similarly, Grossklaus (2015) also observed that Pentecostal pastors were unable to clearly distinguish between spirit possession and mental illness for instance. Moreover, the study by Grossklaus (2015) revealed that there was a prominent deficit in knowledge in the areas of counselling, spirit possession and mental illness in their theological training. This signifies that it is not an easy task for Black Pentecostal pastors to assess and diagnose mental illness.

Generally, regarding the assessment and diagnosis of mental illness, it has emerged from the findings of this study that participants acknowledge that they are inadequately or not trained at all to handle mental health problems. Thus, most participants indicated that they would love to be equipped with knowledge and training in dealing with mental health problems. To support the finding above, Leavey (2010) indicates that Pentecostal pastors are seldom blind to the canopy that religion/spirituality provides to people with emotional or psychological problems. Thus, they are often able to distinguish between genuine religion/spirituality and over-value religion/spirituality, possibly pathological, zeal (Leavey, 2010). As such, this points to the need for collaboration between Black Pentecostal pastors and MHCPs for the efficient rendering of services to their clients. Jackson (2017) found that Black Pentecostal pastors in America recognised their limitations, such as lacking knowledge regarding symptomology, aetiology, severe pathology, DSM diagnosing, and effective treatment planning where both meaningful methods and evidence-based practices are used.

In contrast to those who felt they were unable to diagnose and recognise mental illness confidently, some participants indicated that they were able to determine through spiritual means such as prayer, discernment, prophecy, revelation, observation and spiritual counselling/interviewing whether a case was spiritually inclined, and to determine when it was purely an issue which MHCPs could diagnose and deal with. This finding is consistent with what previous researchers found amongst Black Pentecostal pastors in Ghana. For example, Black Pentecostal pastors studied by Asamoah et al (2014) indicated that they possessed the spiritual ability to diagnose the problem be it psychological, physical, or religious/spiritual. Likewise, a study conducted by Kpobi and Swartz (2018a) revealed that Pentecostal pastors believed that they have special spiritual abilities to discern, diagnose and treat mental illness. Based on that, they demanded recognition from MHCPs and from the government. On the one hand, other participants were of the view that only MHCPs were well able to diagnose and recognise mental health problems.



With regards to the recognition of signs and symptoms of mental illness most participants in this study were mostly able to recognise symptoms which appeared to be those of psychosis other than those of other mental illnesses. Specifically, most participants in this study indicated that the story of the Legion in the Bible (Mark 5:1-5:13) presented with or displayed signs and symptom of madness, which is an equivalent of mental illness according to the participants. Another Biblical example often provided by Pentecostal pastors which seems to portray mental illness is that of King Nebuchadnezzar (Daniel 4:28-33). In the story, Nebuchadnezzar is believed to have become mad (mentally ill) because of his pride and rebellion towards God. The Bible records that Nebuchadnezzar was driven away from people and ate grass like an ox. His body was drenched with the dew of heaven until his hair grew like the feathers of an eagle and his nails like claws of an eagle (Daniel 4:33). Thus, the Bible does appear to suggest that mental illness can be a direct punishment from God (Nhlumayo, 2021). In another instance, Book of Acts 19:11-16, depicts an incident whereby a demon possessed person displays what is equivalent to mental dysfunction behaving violently by assaulting a group claiming to perform exorcisms in the names of Jesus and of Paul.

The finding above is common generally amongst Pentecostal pastors and it is in keeping with other previous findings. For example (Parks, 2020) noticed that many times, pastors faced a fine line in discerning if a person is demonically possessed or has a mental illness. According to Parks (2020), there is often a Biblical text appropriate for the situation as well as a psychological explanation. Thus, the use of scripture was significant in determining the presence of mental illness. This means that Pentecostal pastors' symptom identification is somehow culturally or socially inclined. This was evident in how participants made use of their biblical and cultural context to recognise abnormality. This finding resonated with what Kamanga et al (2019), that deviation from one's cultural behaviours is the main indicator that someone is getting mentally ill.

Contrary to what most participants in the present study have identified as symptoms of mental illness (madness), Mabitsetla (2003) found that psychological distress (mental illness) was recognised mainly by signs of mood, behaviour, and cognitive disturbances by Pentecostal pastors. In this study however, it seems that participants were not conversant with symptoms of anxiety, mood, grief and stress and trauma related disorders as compared to those of psychosis (madness). In fact, only a few participants spoke of them as milder forms of mental illness. This discrepancy could be attributed to the lack of similar terminology between Pentecostal Pastors' general explanatory models of mental illness and those of MHCPs.

Summary and Conclusions

The aim of this study was to explore how Black Pentecostal pastors understand, describe, and treat mental illness. This study's findings have provided some insight into both psychology and the Black Pentecostal community regarding the recognition and diagnosis of mental illness from various angles. Black Pentecostal theology and culture proved to be significant with regards to how mental illness is recognised and diagnosed. There also appeared to be similarities regarding the categorisation of mental illness between Black Pentecostal pastors and Western-trained MHCPs. However, the Pentecostal pastors' categorisation of mental illness was mostly theologically and culturally inclined. It was significant to explore and understand how Pentecostal pastors assess and diagnose mental illness because many congregants affiliated with the Pentecostal church consult with MHCPs.



While Pentecostal pastors admitted that they lack knowledge related to mental health issues and are inadequately trained in that regard, it is important to note that they do have a role together with MHCPs had a role to play in the treatment and management of mental illness using their spiritual methods. As such, this opens an opportunity for them to collaborate with MHCPs. Based on this study's results, an intervention programme and guidelines of collaboration between Pentecostal pastors and MHCPs was developed. Findings of this study also provided significant implications for theory, policy, clinical, research and the training of both MHCPs and Black Pentecostal pastors.

Findings of this study have indicated that Pentecostal pastors are less confident in assessing and diagnosing mental illness like MHCPs. However, they were not opposed to referring their congregants to MHCPs for further assessment and management. This is a good gesture for both MHCPs and Pentecostal pastors to collaborate and avoid a lot of misdiagnosis and mismanagement within the Pentecostal community. On the one hand, the special ability to detect the presence of mental illness by Pentecostal pastors could be useful in the psychotherapy practise, more especially in circumstances whereby a patient is presenting with spiritually inclined symptoms unknown to Western trained MHCPs. This can be achieved either through an integral or collaborative approach or considering culturally and spiritually inclined classifications of mental illness and treatment.

In the present study, research was guided by the Bio-Psycho-Social model of mental illness. The Bio-Psycho-Social-Spiritual model includes a focus on socio-cultural-spiritual dimensions of conceptualising and treating mental illness (Monteiro, 2015). The BPSS was therefore helpful in this study in that it provided a platform to contextualise mental health services in Africa, by exploring and understanding the assessment and diagnosis of mental illness from Pentecostal pastors' spiritual-cultural perspective. Thus, the BPSS provides a platform to sit together and observe a patient from many dimensions and integrate their different views into a bio-psycho-social-spiritual intervention. As such, consistent with the BPSS participants in this study acknowledged that they lack knowledge and training in mental health issues and were not opposed to collaborating or exchange knowledge with MHCPs to provide a holistic service to their consumers. In the process however, MHCPs should bear in mind that participants are experts as they indicated that they do possess the ability to discern, counsel and pray for God to reveal their patients' illnesses.

Acknowledgements

The authors would like to thank God for the grace to carry out this task. They also thank Mr MM Mohlake for editing the manuscript and the Pentecostal pastors from Polokwane for their willingness to participate in the study. The financial assistance of the National Institute for the Humanities and Social Sciences (NIHSS) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at are those of the authors and are not necessarily to be attributed to the NIHSS.

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Conflict of Interest Statement: *The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*

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