



Notions of Mental Illness held by Black Pentecostal Pastors in Polokwane, Limpopo Province, South Africa

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Abstract

In South Africa, as in many other Low- and Medium-Income Countries (LMICs), there is a high prevalence of mental disorders. Despite the high burden of mental illness in these countries, only a few professionals are available to provide mental healthcare. As a result, many people experiencing mental health problems are propelled to consult with their religious/spiritual healers. Amongst many religious/spiritual healers who are consulted for help regarding mental health challenges are Pentecostal pastors. Pentecostals comprise of a heterogeneous group of Christians with varied backgrounds, races, ethnicities, socioeconomic status, and educational levels. This group of Christians display an interesting difference from the public and also in most of their Christian studies. However, not much is known about the notions Black Pentecostal pastors' have of mental illness specifically regarding what it is and how it is understood or described especially when viewed from within a South African context. This study consequently explored the perceptions of mental illness as they are held by Black Pentecostal pastors in Polokwane, South Africa. Nineteen Black Pentecostal Pentecostal pastors residing in Polokwane were interviewed using semi-structured interviews. Data were analysed using Thematic Analysis (TA). The study found that the Black pastors hold differing views of mental illness which one can refer to as a Bio-Psycho-Social-Spiritual view of mental illness. The pastors' notions of mental illness were mainly dominated by spiritual causes although they acknowledged other sources. The study also found that the pastors' notions of mental illness were limited to psychosis or psychotic disorders, which they referred to as "*bogaswi*" in Sepedi language. Mental illnesses without psychotic features were less known to Black Pentecostal pastors. Furthermore, the pastors' notions of mental illness were influenced by their theological (Pentecostal) and cultural upbringing (Black Africans). The study has several implications for future research, and additionally for clinical psychology practice and training. Findings of this study are discussed broadly within the Bio-Psycho-Social-Spiritual model of mental illness.



Keywords: Black Pentecostal pastors, Bio-Psycho-Social-Spiritual, mental illness, bogaswi, wellbeing.

Introduction

Mental illnesses contribute to a high number of the global burden of disease. Recent data projected by the World Health Organisation (WHO, 2022) indicates that nearly one billion people suffer from some form of mental disorder. According to WHO (2022), nearly 1 billion people including 14% of the world's adolescents were living with a mental disorder. In South Africa, studies predicted that nearly one in three South Africans might suffer from a mental disorder in their lifetime (Jack et al., 2014). Indeed, in 2019 Meyer and colleagues observed that South Africa carried a huge burden of mental illnesses with the most prevalent being anxiety disorders, substance abuse disorders, mood disorders and depression. The South African College of Applied Psychology ([SACAP, 2018) also noted that one in six South Africans suffered from anxiety, depression, or a substance use disorder. Moreover, SACAP (2018) revealed that 40% of South Africans living with HIV has a comorbid mental disorder, 41% of pregnant women are depressed and about 60% of South Africans could be suffering from post-traumatic stress. Despite the high prevalence of mental disorders in South Africa (Burns, 2014), a large treatment gap also exists (Burns & Tomilta, 2015). This lack of health resources, including personal beliefs about mental illness, tends to propel many people to consult with their church leaders (pastors) (Kruger, 2012).

The most sought-after pastors to heal mental illnesses especially in Africa are from a Christian movement called Pentecostals. Thus, this study specifically examined Pentecostal pastors, separating them from other Christian sects. The beliefs that the Pentecostal pastors hold towards mental illness somehow cause them to influence their congregants to underutilise mental health services (Uwannah, 2015) and affect their attitudes towards seeking professional psychological help (Gaffaney, 2016). As such, the interpretations of illness by the pastors within health systems is crucial for the appropriate interventions to be made for people with mental illness (Leavey, 2010). Although Pentecostal pastors are often the primary and only source of support for those who consult with them, most possess little or no training on mental health issues, especially severe psychopathology (Jackson, 2017). More often, pastors have been found to apply their own methods such as discernment, prayer and fasting; and deliverance/casting out demons, and seldom refer to Mental Healthcare Practitioners (MHPs) or not at all (Jackson, 2017). While acknowledging on an extremely limited basis the insights that psychology and psychiatry may provide, the Biblical counselling model held by pastors posits a spiritual/religious basis for most mental disorders (Stanford & Phillport, 2011).

In general, while MHPs rely on scientific evidence and psychological theories to understand and interpret human behaviour and challenges, pastors seem to base their understanding of mental health problems on their theological and/or cultural beliefs (Kamanga et al., 2019). This has led to an obnoxious relationship between MHPs and pastors generally or overall the disciplines of psychology and theology. For instance, psychologists have held ambivalent positions concerning the role of religion and spirituality in psychotherapy, while patients themselves, have had concerns about the theories, beliefs, and methods of psychologists (Wentworth, 2013). On the one hand, some pastors have viewed the use of biomedical methods or psychotropic drugs as lack of faith or a spiritual weakness (Stanford & Phillport, 2011). Given the above complexities, through this paper it is sought to explore and better understand the notions of mental illnesses which are held by Black Pentecostal pastors in Polokwane, Limpopo Province.

According to Masola et al (2019) pastors generally serve as resources to address the mental health needs of their congregants where they feel misunderstood, being misdiagnosed, and falsely labelled. Kpobi and Swartz (2018a) also add that pastors form



a significant portion of the mental health workforce in LMICs partly due to the limited number of biomedical professionals. Indeed, pastors are more appealing to individuals experiencing mental illness because of the cultural perceptions of mental disorders, the psychosocial support they afford as well as their availability, accessibility and affordability (Ae-Ngibise et al., 2010). In the South African context specifically, a study carried out by Sorsdhal and colleagues in 2009 revealed that generally, alternative practitioners, including traditional healers and spiritual/religious advisors (pastors) appear to play an important role in the delivery of mental health care. Specifically, religion/spirituality is considered as an integral part of the mental health system due to lack of human resources and religious/spiritual beliefs. Thus, in Low and Medium Countries (LMICs), individuals with mental illness and their caregivers frequently consult the clergy (pastors), especially Charismatic/Pentecostal pastors when mental symptoms cause them or family members distress (James, Igbinomwanhia & Omoaregba 2014; Kpobi & Swartz, 2018a).

The Pentecostal Movement

Pentecostalism, is a Christian movement which has become an increasingly prominent feature of Africa's religion/spirituality and political landscape (Brown, 2011). It is the fastest growing Christian movement today (Ishaya, 2011). The popularity of this Christian sect in African cultures like in Nigeria is based on the fact that it apparently affirms the reality of God and other supernatural entities (Brown, 2011). Thus, although it emphasises the belief in the God of the Bible, the focus and attention is more on the Holy Spirit (*moya*) and the events of the Day of Pentecost as mentioned in Acts 1 (Mashau, 2013). Globally, the Pentecostal message is popular because it is spiritual, emphasizes the role of divine healing, particularly exorcism, and the receiving of the power of the Holy Spirit, which seem to offer help to all of life's problems and not just the spiritual ones. Thus, amongst the Pentecostal churches, the key focus is on the working of the Holy Spirit as a powerful force among believer (Centre for Disease Enterprise,[CDE], 2008).

Pentecostal pastors' theological beliefs

Many studies have been concluded indicating that pastors' theological beliefs significantly affect their attitudes towards seeking professional psychological help or their perception about mental illness. For example, Almanza (2017) observed that some Christian pastors felt that intervention from mental health professionals (MHPs) competes with interventions that are spiritually based. In another study, Bjorck and Trice (2006) found that Pentecostals were taught to exercise faith for miraculous healing and to desist seeking help from a secular source during times of ill-health. In 2008, Leavey established that Pentecostal pastors believe that while mental illness could have genuine natural causes, psychiatrists were unable to detect the presence of demonic influences. Later, Leavey and his colleagues, in 2016, observed that Pentecostal pastors contended that mental illness is a method by which demonic (negative/evil) spirits can possess an individual because of living a sinful life characterised by alcohol or drugs. Essentially, in these previous studies, mental illness was understood to be demon or spirit possession. Based on these spiritual beliefs they have of what mental illness is, Pentecostal pastors and their congregants tend to hold beliefs that cause them to underutilise mental health services (Uwannah, 2015). In most of the above previous studies, Pentecostal pastors were studied alongside pastors from other denominations and races. For a different context, this study looked at Black Pentecostal pastors.

Pentecostal pastors' knowledge and attitudes about mental illness

Literature reveals that Pentecostal pastors somehow have limited knowledge of mental illness per se. In Ghana for example, Kpobi and Swartz (2018a) found that Pentecostal



pastors perceive mental illness to be madness. Thus, the Pentecostal pastors' conceptualisation of mental illness was limited only to psychotic disorders. In the study by Kpobi and Swartz (2018a), the participants used the term 'madness' to describe what they considered as mental illness. Thus, other forms of mental illness such as depression and anxiety were not regarded as mental illnesses by Pentecostal pastors, although participants acknowledged that they had the potential to become mental illness if not managed (Kpobi & Swart, 2018b). Generally, Pentecostal pastors hold a worldview which is based on their theology and is spiritual in nature (Mabitsela, 2003; Hardwick, 2013). The spiritual worldview that the Pentecostal pastors hold, may obviously influence their perception and understanding of mental illness.

Pentecostal pastors' beliefs on the causes of mental illness

Many studies show that Pentecostal pastors attribute mental illnesses to different sources. For example, Payne and Hays (2016) found in their study that Pentecostal pastors hold diverse opinions regarding the etiologic essence of mental illness and available response options to those suffering from diverse mental problems. For example, participants who took part in Harris' (2018) study posited a holistic understanding of mental health and illness by describing the combination of emotional, spiritual, mental, and physical health as influencing one's mental state. Similarly, a study conducted by Yendork et al (2019) in Ghana amongst Neo-Prophetic (Pentecostal) churches, the perceived causes of mental illness were related to lifestyle issues, spiritual factors, trauma, biological factors, and multiples causes. Thus, there was no single factor which was perceived as the sole cause of mental illness. Mental illness was viewed as emanating from a plethora of sources. In the study by Yendork et al (2019) one of the major themes that emerged from participants' account was the belief that mental illness is caused by a combination of many factors. Thus, generally across Christian denominations, pastors hold different opinions regarding the causes of mental illness (Leavey, 2008:2010). The differences in the explanation and understanding of the causes of mental illness are influenced by the pastors' theological beliefs, cultural background, socio-economic status, political context, or geographic location can influence their perceptions of the etiological factors of mental illness (Bartlett, 2017). Generally, Pentecostal pastors tend to believe that mental illness is a method by which demonic spirits can possess the individual, and the gate is often opened by a sinful lifestyle involving alcohol or drug) (Leavey et al., 2016).

From the current existing literature related to Pentecostal pastors and their views of mental illness, it is becoming more and more evident that, the practise of Pentecostalism as a Christian movement is somehow influenced by African cultural beliefs (E.g., Kamanga et al., 2019). Thus, besides Pentecostal pastors' theological beliefs which are biblically rooted, as Africans, the African cosmology, epistemology, and context they exist in has an impact on how Pentecostal pastors in Africa understand mental illness. Although there is adequate empirical evidence promoting the collaboration between spiritual leaders (pastors) and psychologists, the resistance to, or lack of collaboration between pastors and MHPs as indicated earlier, is largely based on the differing Explanatory Models (EMs) both have of mental health problems.

Although there is limited research regarding Pentecostal pastors' beliefs regarding causes of mental illnesses, few emerging studies around Pentecostals and mental illness in Africa have elicited that Pentecostal pastors hold a religious/spiritual worldview which greatly contributes to their understanding of mental illness (Kamanga et al., 2019). Moreover, Pentecostal Christians arguably emphasise the importance of spiritual influences on causal factors and treatment (healing) of both mental and physical issues (Uwannah, 2015). Thus, the Pentecostal pastors' beliefs about causation are predominantly supernatural in nature although they also acknowledge that there are natural causes which can cause mental illness (Murambidzi, 2016). Asamoah et al (2014) also observed that



Pentecostal pastors tend to lean more towards a diabolical (negative/evil spiritual) model of mental health and illness than a biomedical perspective. Asamoah et al (2014) conducted their study in Ghana. In that study, though Pentecostal pastors acknowledged other factors as sources of mental illness, the dominant ones were attributed to supernatural explanations such as being of satanic, sorcery, and demonic origins.

It is evident from the literature that when pastors rely on spiritual explanations as causes of mental illness, they also rely solely on religious/spiritual solutions for healing (Asamoah et al., 2014). Asamoah et al further indicate that the determination of the cause of the problem defined the role the clergy (pastors) can play in the healing process. Thus, if the problem was diagnosed to be non-spiritual, the case might be referred to other secular-based treatments or for professional attention (Asamoah et al., 2014). Similarly, in South Africa Mabitsela (2003)'s study established that Pentecostal pastors use a more religious/spiritual framework which incorporates spiritual and transcendent beliefs as an important component of their worldview.

Taking into perspective the fact that Pentecostal pastors are very influential and role models to their congregants, how they perceive mental illness is very significant to psychology and psychiatry respectively. How they perceive mental illness determines the route they will seek or prescribe for their congregants. Through this paper, the researchers hoped that it could provide insight into attitudes that some Black Pentecostal pastors hold about mental illness and the influence such views may have on their congregants who consult with psychologists. While most studies that have provided insight into Pentecostal pastors' perception of mental illness, were carried out in the United Kingdom (UK) and the United States of America (USA), only a few studies were carried out in Africa and especially in Ghana as aforementioned. Notwithstanding such previous findings, there is a paucity of research and little is known regarding Black Pentecostal pastors' notions of mental illness, specifically what it is and what is understood to cause it.

Methods

This study was undertaken under a qualitative research methodological 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). This research was also undertaken under an explorative research design. An explorative research design is often used to generate new ideas and to increase the researcher's knowledge and to enable the researcher to familiarise himself with the problem or concept to be studied (Manerikaar & Manerikaar, 2014). The exploratory research design was thus found appropriate since the researcher in the present study sought to explore and describe how Black Pentecostal pastors conceptualise mental illness. The study followed the interpretivist/constructivist paradigm. Participants for the present study were selected through purposive sampling based on the researcher's arrangement with the leaders of the Limpopo Pastors' Fraternal body and the Polokwane United Pastors.

The participants were selected regardless of years of experience, size of congregation, educational qualification, gender, or socio-economic status of the church to ensure that there was variety with respect to the key factors in this study. Pentecostal churches are led by noticeably young pastors as compared to their counterparts in the mainline churches (Orthodox, Catholics, Anglicans, Lutherans). Data were gathered using semi-structured in-depth interviews. The interviews were conducted in English and Sepedi. A total of nineteen (19) participants were interviewed. Thirteen of the participants were interviewed in English as their preferred language while six were interviewed in Sepedi, the dominant local language in Polokwane. Amongst the 19 participants, Sixteen (16) of the participants were male, while only 3 were females. Each interview took approximately 45-60 minutes. Face-to-face interviews were conducted in a non-directive style and a



semi-structured Interview Guide was compiled consisting of open-ended questions which was used to elicit the participant's beliefs, perceptions, and experiences about mental illnesses.

Data derived through the semi-structured individual interviews were analysed through Thematic Analysis (TA). TA is a method for identifying, analysing, and reporting patterns (themes) within 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 six Sepedi interviews were first transcribed in vernacular language by research assistants and were then translated to English by an experienced language translator and senior lecturer. Subsequently, the interviews were analysed through TA which is a method for identifying, analysing, and reporting patterns (themes) within data. In the process, the researcher adopted the following steps of inductive data analysis as adopted from Braun and Clark (2006).

This method enabled us to: familiarise ourselves with our data, generate initial codes, searching for themes, review them and define and name them. The last stage was for the researchers to summarise the principal themes, analytic narrative, and data extracts and produce a report.

Findings

Overall data obtained from this study indicated that Black Pentecostal pastors hold multifactorial or multi-dimensional notions of mental illness which are dominated by theological beliefs and their culture. This view can be referred to as the Bio-Psycho-Social-Spiritual view of mental illness. Furthermore, based on their theological beliefs and cultural orientation, the participants explained and described mental illness as a spiritual problem. Most of the participants referenced the Biblical text in the gospels of Mark (5:1-20) and Luke (8:26-39), where a man known as Legion was viewed as representing someone with mental illness, which was at times referred to as madness. From the findings, it appeared that language was used to delineate between madness (*bogaswi*) (psychosis or mania) and mental illness (depressive and anxiety disorders) by the participants. Moreover, just like in the DSM-5, mental illness was viewed as varying in degrees of severity.

Participants' notions of mental illness

Mental illness is a spiritual problem

Mental Illness is understood to be a spiritual problem that cannot be cured by natural means. The following extracts demonstrate these views: *"So, as spiritual people we do say, hey, this is a curse, a spiritual thing, it is witchcraft, it can be like that."* **Participant 5, 31, Male**

Another participant mentioned that:

"According to our understanding, since that is a spiritual problem, when someone is mad, we can bring them to you medical professionals and give the person medication and inject the person, and just find that they are not helping. You may even examine and find that you cannot detect anything, because the issue will not be in the physical, but in the spiritual. And spiritual things cannot be treated by an injection. It needs to be fixed in its own spiritual way." **Participant 17, 49, Male**



Mental illness is madness/craziness

From the findings, it appeared that language was used to delineate between madness (*bogaswi*) (psychosis) and mental illness (depressive and anxiety disorders) by some of the participants. Moreover, just like in the DSM-5, mental illness was viewed as varying in degrees of severity. Thus, some participants indicated that it would start as simple stress, then depression and eventually graduate to psychosis (*bogaswi*) if not treated. Essentially, the knowledge of mental illness amongst Pentecostal pastors was limited to psychosis. This view of mental illness is illustrated by the following extracts:

“Initially, what comes to my mind when I hear about mental illness (pauses a bit) is... a person that is being crazy. From the school of thought that I come from, we identify mental illness as a person that is crazy. In a Black community or Black society, if they say anyone is affected mentally, we automatically or we grew up knowing that, if something has to do with your mental or psychology, you are mad.”
Participant 4, 39 Male

Mental illness is a psychological problem

Participants in this study also understood mental illness to be a psychological problem. This understanding of mental illness is illustrated by the extracts below:

“I know mental illness to be a psychological problem that sometimes needs psychological intervention and that might be temporary. It is not something that will be there forever if well treated and well understood. That’s what I understand that even the causes may differ.” **Participant 10, 52, Female**

“A human being is a “triune being”. It is a spirit, living in a body and has a soul. So, when we speak of the soul, we speak of the mind, the emotions, we speak of the feelings. And many times, when a person gets attacked, he or she may be attacked in or more of those areas, the mind, the emotions, or the feelings.”
Participant 11, 47, Male

The above extracts, seem to suggest that besides being perceived as a spiritual problem, mental illness is also regarded as a psychological problem affecting all people and is considered not to be permanent.

Mental illness is understood to be abnormal behaviour

Participants in this study, also perceived mental illness to be abnormal behaviour. As some of the participants put it:

“To us, it is an irrational behaviour where people behave not according to the way they are supposed to behave. It is abnormal.” **Participant 7, 51, Male**

“Mental illness is when someone is not normal or functioning well or properly in the mind.” **Participant 18, 54, Male**

Mental illness is akin to demon possession

It has also emerged from this study that the participants also regard mental illness to be some form of demon possession. The following extracts illustrate this understanding of mental illness: *“But it’s unfortunate because I think generally, the church has looked at it as demon possession and what we do is to cast out the devil.”*

(Participant 2, 43, Male)



“When Jesus went to the Gadarenes and he found a man which the Bible says used to live in the tombs, he was possessed with demons called legion. They tried to tame him, but they could not. At some stage they would tie him with chains and some ropes. He would break them and...people were afraid of him. So, if you look at that, when Jesus found the man, he realised that the man was possessed with demons. But probably when people looked at him, not from a spiritual perspective they would say, “He is mentally ill.” (Participant 3,32, Female)

Causes of mental illness

With regards to the notion of what causes mental illness, participants in this study also held different views which can be referred to as Bio-Psycho-Social-Spiritual causes of mental illness. However, in their explanation of the cause of mental illness, religious/spiritual attributions of mental illness were emphasised. The participants realized that there could be multiple causes, depending on the issue and the individual, and most of the time there was more than one contributing factor to mental illness. This is reflected by the statement below:

“I think for various people, there different causes. I have met different cases as a person. I have met people that were raped. I have met people who lost their family members, in one accident, where the mother, father and siblings die and they are left alone. I have met people where the child realises later that the family there are staying with, are not their biological parents.” Participant 14, 31, Female

Mental illness is caused by evil spirits and witchcraft

All the participants in this study perceived mental illness to be a direct result of witchcraft or evil spirits. They indicated that people would be bewitched for various reasons like stopping them from progressing in various aspects of life or obtaining their inheritance. This understanding is reflected in the following statements:

“Like I said in the beginning...It might be.... Witchcraft. I would say its witchcraft. Mostly it is witchcraft. I can even give a testimony.” So, when we discovered the cause, we realised that it was a spiritual problem that some other family members wanted this young man to be crazy so that he does not get his inheritance.” Participant 4, 39, Male

“Some of them are bewitched. Some of them you find that now really, they are bewitched, which we get the story from family members. That is how they brought them. They said this one has been bewitched.” Participant 7, 51, Male

Mental illness results from generational curses

Other participants in this study perceived mental illness as a generational or family curse. Specifically, the participants were of the view that mental illness was a curse running within the family brought about by various reasons. This is highlighted by the following statements:

“With medical science, if you just know that one person in the family once had this, you become cool that I am not starting with this, in this family. It is a family thing. But with us as Pentecostals, we do not have that thing that, “It’s a family thing”. It is a generational curse. We need to uproot it from the roots completely....” Participant 4, 39, Male

“Every person who is born was born to be a normal person. We were not born to be ill or have any Chronic, any kind of chronic. But God wants us to have good



health. So, what I understand about mental illness that this thing is a curse that is running from generations to generations.” **Participant 5, 29, Male**

Mental illness is caused by demon possession and demonic attacks

Participants in this study also held the notion that mental illness is as a result of demonic possession and/or demonic attacks which they described as the entrance of a demon in the life of someone to cause emotional or spiritual distress, failure, sickness and etc. This is reflected by the following statements:

“When Jesus went to the Gadarenes and found a man which the Bible says a used to live in the tombs. He was possessed with demons called legion. And they tried to tame him but they could not. At some stage they will take him with chains and some ropes. He would break them and...people were afraid of him. Uhm. So, if you look at that, when Jesus found the man, he realised that the man was possessed with demons. But probably when people looked at him, not from a spiritually perspective they would say, “He is mentally ill.” **Participant 3, 32, Male**

“Well, if it is a spiritual matter, we hear of demon possession, that one is possessed with spirits. Yeah, that is what we hear.” **Participant 12, 53, Male**

Mental illness is a result of sin or living a sinful Life

Other participants in the present study have attributed the presence of mental illness/health problems to sin, and to be specific, ‘unconfessed sin’. This is illustrated by the following statement:

“Mental illness can also be caused by like I said for example, if you do something wrong and that you discover that, the thing I have done is wrong and you meditate upon it, it ends up damaging your mind” Especially like if you kill somebody that is a sin. If you do something bad pastor, you can meditate upon it that. This thing I have done, I have done an extra mile which is bad. That thing recurs in your mind.” **Participant 8, 46, Female**

“Sometimes when a person had done something, not wanting to confess, that thing will oppresses him, eating him up. Sometimes because of the status or position of being afraid that if I confess my sin, people will perceive me somehow. As a result, the person will remain with that secret deep within and it troubles him. That is why sometimes you will just hear a person saying, “I have killed someone, I have killed someone, talking to self” Eventually; the person may be affected mentally.” **Participant 16, 38, Male**

Mental illness is caused by biological factors

Besides the spiritual factors which the participants noted as causal factors of mental illnesses, participants also attributed mental health problems to biological factors such as substance abuse, Traumatic Brain Injuries and heredity. This is reflected in the statement below:

“Sometimes, a mental illness can result because someone has been diagnosed with a brain tumour for example.” **Participant 12, 53, Male**

“Of course, some mental illnesses can be caused by abuse of substances, an overdose of nyaope or marijuana or whatever, all those kinds of things that people are smoking. Usually, they can also affect the brain.” **Participant 13, 29, Male**

Psycho-social factors

Other causal factors such as psychological past life experiences, stress, divorce, loss, poverty, trauma, depression) and other life/environmental circumstances, relational problems and family conflicts as causal factors of mental illness emerged



from the participants in this study. However, it is important to indicate that, though these factors were recognised as natural, other participants regarded them as being spiritually orchestrated. Here is what the participants said to indicate the above:

“From my perspective as a pastor, I should think that, there a lot of things. Others they go through abuse in families. And others have seen horrible things in their lives which leaves them affected mentally.” **Participant 1, 35, Male**

“I think you know, family issues, depression can come and can also affect the lives of people. You know they say people end up having depression and say, “I want to commit suicide”. Those things can damage even your mind. There are a lot of things in life that happens that even people start losing their minds.” **Participant 5, 31, Male**

Discussion

Overall data obtained from this study indicate that participants hold differing notions of what mental illness is and what causes it. However, even though participants acknowledge other factors such as biomedical and psychosocial, the predominant explanation of mental illness from the participants was supernatural causes. Moreover, spiritual factors are also perceived to be responsible for the existence of psychological and psychosocial problems. The perception of mental illness held by the participants in this study seems to have been mostly influenced by their spiritual beliefs, personal experience and socio-cultural context (Black Africans). This finding is in keeping with the highlighted significance of spiritual and cultural explanations for mental illness by Monteiro (2015) who asserted that to contextualise mental health services in Africa, the Bio-Psycho-Social (BPS) model should include a focus on socio-cultural-spiritual dimensions of conceptualising and treating mental illness to represent the unique cultural Explanatory Model (EM) to understand mental illness in Africa. Similarly, Waldron (2010) stated that conceptualisations of illness, disease, symptom presentation and treatment 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. Thus, the BPSS was the most relevant model to utilise in this study.

Secondly, this study also highlights the predominance of spritual factors in the explanation and description of what mental illness is and what causes it especially amongst Black Pentecostal pastors in Africa. Thus, findings of this study are consistent with previous findings that explored pastors' EMs of mental illness in Africa (Asamoah et al., 2014, Kamanga et al., 2019; Kpobi & Swartz, 2018a; Mabitsela, 2003; Murambidzi, 2016; and Yonderk et al., 2019), indicating that Pentecostal pastors uphold a spiritual worldview of mental illness. This spiritual view acknowledges cultural and spiritual beliefs. As such, it was consistent with indigenous and African traditional beliefs which recognise the special ability bestowed upon pastors and traditional healers to heal mental illness (Ae-Ngibise et al., 2010; Sorsdhal et al., 2009; Kamanga et al., 2019).

Thirdly, findings of this study show that there is no universal definition of what mental illness is. Thus, there are various explanations and descriptions of what mental illness is. The description and definition of mental illness is relative and contextual. For example, in this study, the dominant description of mental illness was that it was a spiritual illness specifically-madness/craziness and spirit possession. The results could have been different elsewhere. This finding is in keeping with what other previous researchers found in African and non-African countries. For example, Parks (2020, p.19) mentions that:

“Mental illness is a condition and not the result of demonic possession; however, some symptoms of mental illness may mirror acts of demonic



possession. Because demons use people and influence them, some individuals believe people with personality disorders to be under demonic possession”.

Overall, this study's findings seem to confirm the fact that mental illness is complex and multifaceted in nature. There is a plethora of factors that influence the perception of mental illness. These factors could either be internal or external. This was demonstrated by their notions of what mental health/illness was by describing it as a combination of emotional, spiritual, mental, and physical health as influencing one's mental state. This perception of mental illness by Pentecostal pastors, could easily allow them to pursue a collaborative/integrative approach, consisting of MHPs to manage and care for their congregants. Besides the psychological factors highlighted by the participants in this study as causes of mental illness, participants also perceived mental illnesses to be resulting from social and environmental factors.

One interesting findings which emerged from this study is that participants recognise and acknowledge the different degrees or levels of severity for mental illness, again as described and categorised in the DSM-5. Although mental illness was mostly perceived as psychosis, other forms of mental illnesses such as anxiety, depression and adjustment disorder were also recognised as mental illnesses, though of less severity. This view was supported by participants who took part in Kpobi and Swartz's (2018a) study wherein the participants' explanations for what constituted mental illness pertained to descriptions of psychotic behaviour and other forms of mental disorders (such as depression, anxiety, etc., were not the same as madness but could lead to that if not checked. This concurs with what Uwanah (2015) discovered in her study. The participants taking part in Uwanah's (2015) study viewed mental health conditions as a spectrum of disorders ranging from less severe conditions such as depression to more severe conditions such as schizophrenia. Thus, schizophrenia (a psychotic disorder) was viewed more as stigmatising than bipolar disorder both in society and amongst the participants. In support, Parks (2020) mentions that depression, for example, is a group of mood disorders with differences in symptoms and degrees of severity.

From the findings of this study, it has also emerged that there is both normal and abnormal depression. Many depressive recurrences are typical because they are caused by everyday existential problems and people take these symptoms in stride, with most individuals not becoming overwhelmed because the symptoms do not last (Parks, 2020). Thus, if people view depression as not a mental illness from the onset by the participants, it may escalate to Major Depressive Disorder (MDD) and cause more harm to the affected as compared to when it is early detected and treated. Eventually, it may transform to MDD with psychotic features which are likely to be viewed as demon possession by the participants. This finding was replicated by Kpobi and Swartz (2018b) who found that there was a consensus among the participants that someone presenting with symptoms suggestive of PTSD was not mentally ill. As noted by Kpobi and Swartz (2018b), such symptoms were considered socially appropriate reactions given their exposure to some traumatic experience, signifying that they had an appreciation for the potential psychological effects of stressors and other social factors. Specifically, participants in Kpobi and Swartz's (2018b) study indicated that a person was having a mental illness when their behaviour was bizarre, aggressive, or disruptive. Likewise, in this study, depression was described not necessarily as a mental illness but was perceived as a precursor to actual madness (mental illness).

Because of lack of proper terminology, knowledge of and methods to diagnose mental illness, Pentecostal pastors eventually view most mental illnesses as a religious/spiritual problem. People with mental illness/mental health problems in church, are not aware that they have mental health problems. As a result, mental illness may be ignored, hidden, or misdiagnosed as demon or spirit possession. This finding was echoed by Wilkins (2019) and Smith (2016) who found that Mental illness is a topic that is often neglected and



shunned in the Black American community. Similarly, participants who took part in White's (2016) study shared how the African American clergy (pastors) either ignored the issue of mental illness or identified it as a demon or trick of the 'enemy'.

Likewise, in Harare, Zimbabwe Murambidzi's (2016) study highlighted that there was a general lack of information among the clergy (pastors) and the public which related to the prevailing myths and misconceptions, stigma and discrimination, limited referrals and collaboration with formal mental health system, and the underutilisation of formal mental health services. However, Jackson (2017) and Parks (2020) noticed that although pastors lacked knowledge, pastors would say that the issues were not even psychological but spiritual, and they would not even think of seeing a psychologist.

Besides viewing mental illness solely as a religious/spiritual problem, findings of this study reveal that participants agreed that mental illness can also manifest as a bio-psycho-social problem. This finding by the participants replicates other previous studies carried out in Africa and outside Africa.

In South Africa, Mabitsela (2003) discovered that Pentecostal pastors indicated that a human being is believed to function as a system with interconnected religious/spiritual, physical, and psychological subsystems. Specifically, the participants in Mabitsela's (2003) study described psychological distress (mental illness) as a negative experience affecting the whole being, including religious/spiritual; physical and psychological areas are impairing a person's ability to function effectively. Similarly, in 2012, Kruger investigated Afrikaans speaking pastors in Polokwane. Her study's findings revealed that the participants held a holistic view of a human being and what they explained to be mental illness. To be specific, the participants perceived mental illness as a complex and vastly occurring phenomenon affecting a person's whole being, not only the religious/spiritual (Kruger, 2012).

Likewise, in the USA Harris (2018) also established that Black Pentecostal pastors held a holistic understanding of mental health and illness by describing the combination of emotional, religious/spiritual, mental, and physical health as influencing one's mental state. This finding is worth taking note of since previously pastors seemed to mostly have a single factor view of mental illness. There seem to be a paradigm shift and more openness to other EMs of mental illness (Kruger, 2012). Thus, there is now recognition of biological, psychological, and social worlds as affecting a person's wellbeing (Jackson, 2017). This multidimensional or factorial understanding of mental illness alludes to a combination of healing approaches to treat mental illness.

Consistent with other previous finding, this study established all the participants in this study, attributed mental illness to multiple causes. However, spiritual attributions of mental illness were emphasised as the main causes. Important to note though is that, although other factors were considered, they were believed to be spiritually influenced. All the participants acknowledged other causes to the mental health disorders, including biological components, social components, and psychological factors. The participants realized that there could be multiple causes, depending on the issue and the individual, and most of the time there was more than one contributing factor to mental illness. This finding was echoed by Murambidzi (2016) who discovered that participants from Protestant and Pentecostal churches tended to attribute mental illness to multiple factors, including spiritual and bio-psycho-social factors, as compared to those who were African Independent Churches (AICs). Thus, it was significant for this study to separate Pentecostal pastors from AICs and those from Classical and Neo-Pentecostal churches.

This view of mental illness by the participants could be influenced by the differences in doctrine and theology of the Pentecostals. Those who subscribed to this explanation of



mental illness believed that it was not permanent and could be cured by both spiritual and medical (psychological interventions). This finding is in keeping with what Harris (2018) found in her study. In Harris's (2018) study, most participants posited a holistic understanding of mental health and illness by describing the combination of emotional, spiritual, mental, and physical health as influencing one's mental state. Similarly, results of Yendork et al (2019)'s study discovered that amongst Neo-Prophetic (Pentecostal) churches in Ghana, the perceived causes of mental illness were related to lifestyle issues, spiritual factors, trauma, biological factors and multiples causes. Thus, there was no single factor which was perceived as the sole cause of mental illness. Mental illness was viewed as emanating from a plethora of sources.

Summary and Conclusions

The aim of this study was to explore the notions of mental illness held by Black Pentecostal pastors. This study's findings have provided insight to both psychology and the Black Pentecostal community regarding mental illness. From the emerging themes and subthemes, it has appeared that Black Pentecostal pastors hold a Bio-Psycho-Social-Spiritual view of mental illness. Moreover, Black Pentecostal pastors' notions of mental illness are Biblically (theologically) and culturally inclined. There also appeared to be similarities regarding the categorisation of mental illness between Black Pentecostal pastors and Western-trained MHCPs although they differ in their worldviews. However, their terminology of mental illness was limited mainly to psychosis or psychotic disorders and mania, which they referred to in this study as madness/craziness. Thus, stress and trauma related disorders and other DSM-5 disorders were regarded as less severe forms of, or not mental illness at all.

The recommendations proposed herein could contribute toward the provision of better health care for religious/spiritual mental health care users in the South African context:

- It is recommended that theologically, an extensive module on mental health be included in the curriculum of training spiritual leaders/advisors in South Africa.
- Universities and other training institutions in line with recent research on religion/spiritual and psychotherapy include religion/spirituality and culture in their curricular to enhance the cultural competence of their students as required by WHO and other organisations.
- This will also be a response to calls from Afrocentric inclined psychotherapists to have African based psychotherapies acknowledging the diverse spiritualities of Black Africans.
- Moreover, this will improve the overlapping relationship between theology and psychology which many are times has been characterised by antagonism and scepticism.
- The government through relevant departments and institutions be involved to monitor, supporting and enhance collaborative intervention programmes between MHPs (psychologists) and Pentecostal pastors in South Africa

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