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Psychopathology or Possession: How Ghanaian Pentecostal and Charismatic Christians Understand Mental Illnesses and how Perceived Understandings Vary Depending on if they are Current Students or not

Jamila L. Taffe
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**Psychopathology or Possession: How Ghanaian Pentecostal and Charismatic Christians
Understand Mental Illnesses and how Perceived Understandings Vary Depending on if
they are Current Students or not**

By

Jamila L. Taffe

Advised by Kobina Graham

An Independent Study Project

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Abstract

This research investigates the perceptions held by Ghanaian Christians from Pentecostal/Charismatic churches about mental illnesses. The data collected was done through a qualitative method of acquiring information. Interviews were conducted alongside intensive research of existing scholarship that addressed religion and mental health within Ghanaian culture. A total of 5 in depth interviews were carried out with participants ranging from the ages of 20-35. Three participants were current university students at the University of Ghana while the other two were non-students but held degrees. The objective was to make comparisons between the student and non-student groups about their knowledge about mental illnesses within Ghana. However, all participants shared similar ideas regarding mental health perceptions.

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Introduction

Religion comes to impact the ways in which individuals interpret and respond to certain social, political and medical issues. Within the context of mental health, in many cultures, religion is used as a guideline and a form of governance to simultaneously highlight and erase the presence of mental illnesses and disorders. In Ghana, the majority of the population self-identify as Christian. As a result, Christianity inadvertently became a tool that influenced major aspects of Ghanaian life. There are a number of studies that have looked at the connections between particular religious groups and their perspectives on mental disorders. More specifically, there has been research conducted in order to understand the relationship between Ghanaian Christians and mental illnesses. However, within contemporary times, things become muddled as Ghanaian Christians find themselves within educational spaces and become more knowledgeable about mental disorders. This grants them an entirely new frame of reference which is oftentimes outside the scope of knowledge that they were afforded by the church. There remains a gap within research that fails to account for contemporary Ghanaian students (at the university level that self-identify as christian) and their approach to mental illnesses in comparison to non-students. This research aims to investigate this matter and analyze if there are polarities present between the two categories.

Background

Christianity has been an integral factor within Ghanaian culture since its first introduction to the country during the fifteenth century by the Portuguese. Approximately 71.2 percent of the Ghanaian population practices Christianity (Ghana Statistical Service 2023). Consequently, seeing as that the vast majority of Ghanians have strong ties to the Christian faith, it can be

inferred that the foundations of Ghanaian life, culture, values and ideologies are strongly influenced by the religion itself. Taking this into account, the trajectory of mental health literacy is largely defined by the strong Christian influence that has made its mark within Ghanaian culture. This literacy comes to include the discourse (or lack thereof) regarding mental illness, and the ways in which it is defined and simultaneously treated and untreated.

According to the World Health Organization (WHO), 13 percent of the Ghanaian population suffers from a mental disorder. It is important to note that diagnosis in this case is not always attainable. Therefore this percentage does not entail the many Ghanians who are undiagnosed and are navigating life while experiencing these disorders. The World Health Organization also found approximately 39 psychiatrists are tasked with supporting the entire population of Ghana. Based on the most recent census conducted within the country, Ghana is home to 30.8 million people. Therefore, the ratio of psychiatrists to Ghanaian citizens is 0.13 per every 100,000 residents (World Health Organization (WHO)). This is a drastic difference. With these numbers in mind, it is understandable as to why accessibility to mental health care is so hard to come by. Church and religious healing serves as a solution to this issue and as the primary treatment for mental disorders (Ae-Ngibise et al., 2010).

There is an assumption that mental illnesses are a direct result from spiritual attacks and evil forces. As a result, particular churches are tasked with enacting spiritual warfare against malevolent forces at play in the context of mental illnesses. The Charismatic and Pentecostal churches within Ghana are notable for their healing services. Both churches place an emphasis in the power of the Holy spirit, speaking in tongues, healing, prophecy and exorcism. The basis of these Christian denominations assert that healing is done from the Holy spirit working from within. Their credence is in the premise that illnesses and misfortunes are from malevolent spirits

and that the solution is found within prayers, exorcizing evil entities and performing elaborate rituals that consist of the pouring of oil and holy water. According to Statista, the majority of Ghanaian Christians have Charismatic/ Pentecostal affiliations. This means that approximately 31.6 percent of Ghanaian Christians belong to Charismatic/Pentecostal churches.

Purpose of Study

Mental disorders are very prevalent within society seeing as that around 970 million of the world's population suffer from it (World Health Organization 2022). It is debilitating to people's livelihoods and drastically impacts their ability to both keep and maintain jobs, stable relationships and healthy lifestyles. The purpose of this study is to: 1) understand the ways in which mental illnesses are identified and treated within the context of Ghanaian Charismatic and Pentecostal churches, 2) identify if there are any differences in knowledge about mental health between Ghanaian Christians that are current students and non-students, and 3) analyze the perceived effectiveness of Pentecostal and Charismatic churches on mental illnesses.

Justifications

Seeing that Charismatic and Pentecostal churches are known for their divination work and religious healing, I decided to focus specifically on these churches. Additionally, I also decided to do a comparison between Christian students and non-students. This was intentional because my goal is to do a comparative analysis of how current university students approach mental illnesses in contrast to non-students. Furthermore, there is an assumption that once you belong to the Christian faith you are a monolith, rarely are there any considerations for the differences in age or education. This contributes to why I think it is important to include a comparison.

My reason for including students from the University of Ghana in comparison to any other University, is because many Ghanaian youth from all over the country chose that institution as their place of study. It is the largest University in Ghana which means the odds of finding willing participants are higher. Proximity also played a role in my decision to choose the University of Ghana as an area to conduct my research. It will be quite easy for me to travel back and forth whilst conducting interviews over the course of multiple days. It also provides another level of convenience since I have made connections with students who currently attend there, and who may have the ability to get me in contact with other students, who would not only fit the criteria for my research, but who also would be willing to participate.

Accra was chosen as the area for conducting my study because of my familiarity. It will be easier for me to navigate the city through the use of transportation as I have developed a level of comfortability during my three months of being here thus far. Accra is also the location in which the University of Ghana is situated and that is where a portion of my study will take place.

Significance

The importance of this research is to understand the ways in which mental illnesses and disorders are addressed in a society that is so heavily influenced by Christianity and to understand the mechanics of the Pentecostal and Charismatic churches relation to mental illnesses. More specifically it is imperative to acknowledge whether or not Ghanaian christian perceptions of psychological disorders differ depending on if they are current university students or not. This is to avoid projecting monolithic assumptions that have been casted on Ghanaian Christians. Additionally, this research is important in understanding how detrimental it is to deviate from a state of mind that is considered the norm.

Limitations

Considering the time frame in which this research will be conducted, time presents itself as a limitation. The possibility of acquiring the depth that is desired for this research topic is very slim when only being granted a month to produce good quality work. In an attempt to mitigate this, I will input efforts in place to interview a feasible number of participants in order to ensure both accuracy and a consciousness for time. My goal is to interview 5 people and to focus on these interviews in great detail and depth. This will allow me to place an emphasis on the qualitative in my research instead of focusing on having a myriad of participants.

Literature Review

Religion, more specifically Christianity, is a very prominent factor within Ghanaian culture. Christianity within Ghana has had the power to influence the ways in which lifestyles, ideologies and cultures are both constructed and carried out. Approximately 71.2 percent of Ghanaians practice the Christian faith, and under that, roughly 28.3 percent are found within Pentecostal/Charismatic denominations (Ghana Statistical Service 2023). This means that, majority of Ghanaians that are Christians are a part of Pentecostal/Charismatic churches, making it the most widespread Christian denomination in the country. Considering that the country is very Christian centered and focused, it is natural for Christian beliefs to be upheld within particular institutions such as schools, healthcare facilities, universities, businesses and government organizations. Christianity from this perspective, has embedded its roots within multiple aspects of Ghanaian life.

Christianity in Ghana has also found its way in creating perceptions regarding mental illnesses. An estimated 13 percent of Ghana's population are suffering from mental illnesses/disorders (WHO 2022). This 13 percent does not account for the many Ghanaians who do not have access to the resources in order to obtain a diagnosis. Even so, the mental health services within Ghana are very limited, considering that the ratio for psychiatrists is 1 to every 800,000 Ghanaians. Many Ghanians, whether due to personal beliefs or limited access, usually seek out mental health services through the church and their community. With this in mind, church/Christianity comes to create narratives surrounding mental health and serves as a potential solution to the issue.

While it is evident that Christianity has influenced shared ideas regarding mental illnesses within Ghana, things become even more interconnected when considering the literacy and educational growth that has developed in the country over the years. Knowledge concerning mental illnesses becomes more diversified as people begin to learn about it outside of the Christian influenced sociocultural bubble that has been afforded to them. With this in mind, this research aims to address the prominence of Christianity and its influence in the context of mental health within Ghana. More specifically, the intent of this research is to investigate the ways in which Christianity has shaped Ghanians' understandings of mental illnesses by exploring the question, how do Ghanaian Pentecostal and Charismatic Christians understand mental illnesses and how do their understandings differ depending on if they are current university students or not?

This research question is important in understanding how education in conversation with religion can impact a culture's response to crises such as mental illnesses. This literature review uses the words Pentecostal and Charismatic interchangeably while also using the phrases mental

health, mental illnesses and mental disorders correspondingly. It is then organized by first contextualizing the foundations of Pentecostalism in Ghana, addressing mental health perceptions in Ghana, and lastly, analyzing Pentecostal/Charismatic churches in conversation with mental illnesses.

The Pentecostal/Charismatic movement in Ghana

Pentecostal/Charismatic churches are identified as churches that emphasize the presence of the Holy Spirit, the power of speaking in tongues and faith healing through God. These churches are known for their speciality in deliverance and providing solutions to believers dealing with unfortunate circumstances. Moses Asamoah's study titled *Leveraging the Deliverance Phenomenon: Penteco/Charismatic Vista*, investigates the foundations and theologies of Pentecostalism and their philosophies regarding deliverance. Asamoah's study consisted of in depth interviews of 15 clergy members (1 female and 14 males) belonging to Pentecostal/Charismatic denominations. The study also interviewed 3 additional participants from Pentecostal/Charismatic churches that experienced the deliverance services that these churches offer. Asamoah's study concluded that people suffering from unfavorable circumstances such as unemployment, mental/ physical illnesses, etc., can find solutions through undergoing deliverance services provided by Pentecostal/Charismatic churches. These deliverance services usually consist of pleading the blood of Jesus in order to cast out any evil or misfortunes that have clouded the suffering individual's life (Asamoah 2016). Understanding the foundations of Pentecostal/Charismatic churches allows for understanding the appeals of the denomination and why it is so wide spread within Ghana.

In beginning to understand the effects of Christianity (specifically Pentecostal/Charismatic churches) on perceived mental illnesses, it is imperative to acknowledge its origins and how it became so widespread throughout Ghana. Kwabena Amanor's article *Pentecostal and Charismatic Churches in Ghana and the African Culture: Confrontation or Compromise?* does just this. This article acknowledges how the Pentecostal/Charismatic denominations became so prominent within the country. The study found that Pentecostalism became very integrated within African culture due to its similarities to traditional African spirituality. These similarities came to include speaking in tongues and loud elaborate drummings during church services which can be translated to chantings and dance/ music rituals found within African traditional religion. Pentecostal/Charismatic churches transformed their Christianity into one that accounted for their Africanness and African worldviews, which contributed to their expansion, specifically within Ghana. However, the demonization of African traditional religion which was a direct result of colonization which influenced these churches to deny their African roots and condemn it as evil. Overall, this source will help to expand the conversation into why Pentecostal and Charismatic churches are so prominent in Ghana today.

Mental health perceptions in Ghana

Mental health literacy within a particular nation/country is highly dependent on the sociopolitical culture that is present within said nation/country. *Cross-National Analysis of Beliefs and Attitude Toward Mental Illness Among Medical Professionals From Five Countries*, by Elina Stefanovics, et al., addresses how mental illnesses are regarded and how that impacts how people suffering from these psychological disorders are cared for. This study sampled health professionals from 5 different countries, the U.S., Brazil, Nigeria, Ghana and China. A survey

questionnaire was administered to 902 participants in total which aimed to “explore attitudes and beliefs towards mental illness” (Elina Stefanovics, et al., 2015). The study found that participants from Ghana and Nigeria were most likely to believe that mental illnesses were a result of witchcraft or evil spirits, whereas countries such as the U.S., were more inclined to believe that mental illnesses are impacted by bio-psycho-social factors. The authors concluded that cultural values seep into perceptions regarding mental illnesses regardless of similar training that these health professionals may share (Elina Stefanovics, et al., 2015). This article will contribute to the research by highlighting the ways in which African countries, specifically Ghana, think about mental health issues and what they believe the dominant causal factors for these issues entail.

Another article that expands on this is *Mental illness has multiple causes: beliefs on causes of mental illness by congregants of selected neo-prophetic churches in Ghana* by Joana Salifu Yendork et al. A study was conducted between 86 participants that reflected on where they believed mental illnesses are believed to have come from and how this impacts treatment procedures for people suffering with mental illnesses. The authors found that while many Ghanaians believe that environment and social influences are factors that contribute to the development of mental illnesses, spiritual factors were also present and impacted proposed treatments. It is imperative to acknowledge all perceived causal factors of mental illnesses which will be addressed within the research.

More specifically, Ghanaian beliefs on mental illnesses typically stem from what they have been conditioned through their own culture, which as stated earlier, is very much influenced by Christian beliefs. *Mental Health Reportage in Ghanaian Newspapers between 2000 and 2015: A Qualitative Analysis*, by Vivian Dzokoto et al., talks about this by conveying the idea that since religion is often the foundation for addressing all aspects of Ghanaian life, it directly

contributes to Ghanaian perceptions of mental health. The article *Mental health literacy in Ghana: Implications for religiosity, education and stigmatization*, by Peter Adu, et al., also touches on this idea by discussing the factors that influence people's perceptions of mental illnesses, how they identify it, and how they treat people affected by it. For this study, 409 participants between the ages of 18-61 were tasked with reading vignettes that depicted someone showing signs of mental illness. A questionnaire was then administered to the participants where they were asked to identify if there was anything wrong with the individual and what that might be. The study found that while some participants had ideas of mental illnesses being caused by factors that encompassed social, biological and cultural components, more often than not, religiosity played a significant role in regards to their knowledge about mental illnesses.

Seeing that Christianity is a big factor that affects Ghanaian's ideas about mental illnesses, Mensah Adinkra's *Crash-Landings of Flying Witches in Ghana: Grand Mystical Feats Or Diagnosable Psychiatric Illnesses*, was included to address this. Adinkra's article highlights Ghanaian Christianity in conversation with mental disorders and how debilitating things become when mentally ill people are labeled as evil by the church. Adinkra provided an analysis of the crash landing phenomena that has been a part of Ghanaian culture. He describes this as occurrences where an individual (usually a woman) is found within the middle of the night looking distressed. These women are quickly deemed witches and usually face public harassment by the people who found them. More often than not, these "witches" who crash landed are older women suffering from a psychological illness. This source is especially important when considering the relationship between religion and mental health and the types of treatment that arise from this relationship. This source will be used to expand on the connection between the two.

Pentecostal/Charismatic churches in conversation with mental illnesses

Considering the heavy influence of Christianity on Ghanaian culture, it comes as no surprise that Christian beliefs have found its way in the makings and understandings of mental illnesses in Ghana. As stated earlier Pentecostal/Charismatic churches are notorious for their faith based healing practices. Naturally, these churches become a resource in the context of mental illnesses when it comes to both recognition and treatment. Lily Kpobi and Leslie Swartz's *The threads in His Mind have Torn': Conceptualization and Treatment of Mental Disorders by Neo-Prophetic Christian Healers in Accra, Ghana*, analyzes the ways in which mental disorders are regarded and treated through the lens of Pentecostal/Charismatic churches. The study included 10 pastors from 8 different churches. Each participated in what was organized as semi-structured interviews. The study concluded that many of the participants believed that these disorders derived from evil spiritual attacks. The solution to this resided in the use of prayers, the anointing of oil, holy water and spiritual counseling (Lily Kpobi and Leslie Swartz 2018). Given the reality that these churches deem mental illnesses as forms of spiritual attacks, and while that has negatively impacted the people who possess these disorders, the church in their own way believe their approach is beneficial. This source puts into perspective how these institutions are at the same time systems of support and destruction.

On the other hand, authors Sedem Amedome & Innocent Bedi in their article titled *The Effects of Religion and Locus of Control on Perception of Mental Illness*, provides background into how the church was one of the first institutions to extend their services to aid people with poor mental health and act as support. Francis Benyah's *Pentecostal/Charismatic Churches and the Provision of Social Services in Ghana*, also mentions how churches, specifically Pentecostal and Charismatics, kind of moved away from these services and placed more an emphasis on

evangelism and deliverance instead of tangible assistance. However, Benyah makes the argument that Pentecostal and Charismatic churches are now making more of an effort to return to their roots and serve the community by providing assistance for mental illnesses, health and other community based issues. Both Benyah's and Amedome/Bedi's sources reflect on these churches as not only being capable of constructing dominant narratives regarding mental health, but they also have the ability to shift their approach and provide more holistic and non-stereotypical treatments for these issues.

(Lit Review) Conclusion

Religion and mental illnesses oftentimes go hand in hand and presents itself as a broad topic. However, with the existing scholarly materials included within this literature review, it aids in the understanding of how Christianity influences Ghanaian perceptions of mental health/illnesses. While there are a few limitations in the sources (the lack of taking into account educational factors alongside with religiosity) the sources included in this literature review still prove to be beneficial in addressing the research question, "how do Ghanaian Pentecostal and Charismatic Christians understand mental illnesses and how do their understandings differ depending on if they are current university students or not? as they address many of the information that will help contextualize the gravity of religion and how it impacts mental health literacy in Ghana.

Pentecostalism in Ghana

The emergence of Ghanaian Pentecostal/Charismatic churches began in the early 1950s. During that time, especially leading up to the 1970s, the Pentecostal/Charismatic movement eventually became widespread throughout the entirety of Ghana, making it one of the largest and most prominent Christian denominations in the country today. These churches are built on philosophies that emphasize powers that reside within the Holy Ghost, the blood of Jesus and deliverance. This is reflected by author Moses Kumi Asamoah in *Leveraging the Deliverance Phenomenon: Penteco/Charismatic Vista*, which states, “Penteco/Charismatic theology is built on the biblical teachings and experience of the Holy Spirit (Asamoah-Gyadu 2004), and as primal spirituality offering a profound connectedness in the midst of alienation and disenchantment.” Pentecostalism stresses the belief that all people can be liberated (delivered) from their troubles with the help of the Holy spirit. More specifically, these churches consist of “practices such as divine healing, water baptism, baptism in the Holy Spirit, speaking in tongues, strong emphasis on personal prayers” (Asamoah 2016), which are believed to have the capabilities to act as solutions for suppressing issues caused by the devil and other evil entities.

The rapid spread of Pentecostal/Charismatic churches is attributed to the similarities they share with traditional African religion. According to Kwabena Darkwa Amanor’s *Pentecostal and Charismatic Churches in Ghana and the African Culture: Confrontation Or Compromise?* “African Pentecostalism has flourished and expanded on the continent due to the inclusion of features in its liturgical forms which are also predominantly African cultural features.” Pentecostal/Charismatic churches adopted aspects from traditional African religions in order to create a Christianity that included an African perspective, which contributed to its popularity in

Ghana today. Many of these similarities shows up in their ways of worship as further argued by Amanor as he writes, “African traditional religion, a major attraction for Pentecostalism has been its emphasis on healing by the religious specialist or ‘person of God’ who is deemed to have power to heal the sick and ward off evil spirits and sorcery which are blamed for the observable organic diseased conditions.” Pentecostal/Charismatic churches at their core are an African rendition of Christianity with many of their practices deriving from African traditional religions, despite their often opposition and disapproval of African spirituality.

Ghanaian perceptions of mental health

Mental illness is an issue currently affecting 13 percent of Ghana’s population (WHO). This percentage, however, fails to include the many Ghanaians who are unable to obtain reliable and affordable diagnosis. When it comes to mental health perceptions in Ghana, it is inherently constructed by the sociopolitical culture that is present. This is emphasized in the article, *Cross-National Analysis of Beliefs and Attitude Toward Mental Illness among Medical Professionals from Five Countries*, that states “local cultural values seems to influence beliefs and attitudes towards people with mental illness” (Elina Stefanovics, et al., 2015). Mental health perceptions go hand in hand with culture, this not only influences shared ideas regarding mental illnesses, but also becomes a big factor when it comes to seeking treatment and how proposed treatments are carried out.

As stated previously, Christianity is used as a guiding framework for thinking about particular institutions in Ghana. Within the context of Pentecostalism, the movement has “been noted to influence several aspects of Ghana’s development including politics, socio-economic, socialisation and health care system” (Joana Salifu Yendork et al., 2018). Therefore, ideas

regarding mental health/illnesses are reflected through the Christian tradition since “the Ghanaian reality [is] that religion is often a default resource for dealing with lifestyle disruptions” (Vivian Dzokoto et al., 2018). Because of this, religion, more specifically Christianity, becomes a tool in which levels of mental health literacy are constructed. These perceptions and ways of thinking about mentally ill people from a religious perspective also contribute to the stigmas that target these people. This then comes to impact the ways mental illnesses are treated and cared for in the region. Authors Peter Adu, Tomas Jurcik, and Dmitry Grigoryev attest to this in their study titled, *Mental Health Literacy in Ghana: Implications for Religiosity, Education and Stigmatization*. The authors found that “caretakers of mentally ill patients at a prayer camp in Ghana chain and beat patients. The reasons these religious caretakers gave for such treatments were that they believed the patients to be possessed by spirits, and as such, the spirits needed to be beaten out from these patients” (Peter Adu et al., 2021). This poor knowledge contributes to the constant harms inflicted onto individuals who find themselves suffering from poor mental health.

Considering that Ghana is a very Christian heavy nation, it is expected that the prominence of the religion has impacted the nation’s shared ideas in regard to mental health/illnesses. These Christian ideologies seep into perceptions regarding mental illnesses, and end up reinforcing ideas that deem these illnesses as inherently evil. This therefore sets the foundations for labeling people who suffer from mental illnesses as witches, warlocks, demons and other evil entities. Mensah Adinkra’s *Crash-Landings of Flying Witches in Ghana: Grand Mystical Feats Or Diagnosable Psychiatric Illnesses*, speaks to the harms of this by analyzing the crash-landing phenomena which more often than not, include people suffering from various mental disorders. Adinkra defined these crash landing as “inadvertently aborted flights of

maleficent witches en route to secret nocturnal witches' assemblies or to carry out diabolical deeds." Adinkra also goes on to make the analysis that, "those liable to be accused of being crash-landed witches were socially marginalized women manifesting mental or neurological impairments who were discovered alone in an unfamiliar place either late at night or at dawn. We conclude that many of these alleged witches are persons needing psychiatric care for grave psychological disturbances" (Mensah Adinkra 2019). Crash landings and the labeling of mentally ill people as witches comes to have a gendered angle. This is due to the fact that these accusations usually target women who are typically older and suffer from mental illnesses such as dementia/alzheimers and other various psychological illnesses that become present throughout the aging process. Consequently, this makes the situation even more challenging for older women as they are already considered a vulnerable population.

Pentecostal/Charismatic churches impact on mental illness in Ghana

Pentecostal/Charismatic in their beginning stages were known for the services they would extend to the community. These services went beyond what they typically provided in the church as "history shows that religious organizations were often the first to offer compassionate care to the vulnerable groups, including the medically ill, the elderly and the disabled" (Sedem Amedome & Innocent Bedi 2019). Eventually, these churches moved away from providing social services and placed an emphasis on evangelism and deliverance, while neglecting the everyday issues that were present amongst the people within surrounding communities. According to Francis Benyah's *Pentecostal/Charismatic Churches and the Provision of Social Services in Ghana*, "the Pentecostal movement had been accused of and/or castigated for being otherworldly, focusing more on personal salvation to the neglect of transforming the communities within their reach,

especially with the provision of social initiatives that will help transform the lives of their constituents holistically.” While there is some truth present in Benyah’s claims, today, Pentecostal/Charismatic churches have made efforts to integrate social services within their movement in order to foster more community engagement and create more of a relationship with individuals beyond the church. Benyah also attests to the efforts being made by Pentecostal and Charismatic churches by going on to write that, “in the past two decades, Pentecostal/Charismatic churches, while maintaining an emphasis on evangelism, are “rebranding themselves as social and political campaigners contributing to the betterment of their communities (Burgess, 2012: 29)” (Francis Benyah 2020). By taking on social service aspects, these churches come to serve the community in ways that are beneficial and provide solutions to issues such as mental illnesses and other health disparities.

Seeing that Pentecostalism is one of the largest Christian denominations in Ghana, it is hardly shocking that it is the most prominent movement that comes up when thinking about Christianity in relation to mental illnesses within the country. As mentioned by Joana Salifu Yendork et al., in *Mental Illness has Multiple Causes: Beliefs on Causes of Mental Illness by Congregants of Selected Neo-Prophetic Churches in Ghana*, “Ghanaians ascribe to multiple causes [of mental illnesses] including problems of living, biological factors, spiritual and substance use. Despite the belief in multiple causal factors, the unique contribution of supernatural elements is also highly acknowledged in the African context.”

Pentecostal/Charismatic churches then act as solutions for this as they are respected for their supposed powers of healing the sick and delivering their believers through “using prayer, prayer aids such as oils and holy water, as well as spiritual counselling for patients and their caregivers” (Lily Kpobi and Leslie Swartz 2018). Pentecostal/Charismatic churches, while contributing to

ideas of mentally ill people being “otherworldly,” also serve as institutions of support by using deliverance methods and practices.

Methodologies

For my research, I used a qualitative method of data collection which I found to be very effective during the research process. My research consisted of 5 participants, ages 20-35. The first group included 3 participants that were both students at the University of Ghana and members of various Pentecostal and Charismatic churches. The second group included members of Pentecostal/Charismatic churches and were not current students at the time of the research. I conducted a series of one on one interviews amongst all 5 participants. My interview was semi structured therefore my interview questions were mostly open ended with the exception of the included demographic questions. Each interview lasted between 15-30 minutes. All interviews were audio recorded with the consent of the participant. The audio recordings were then transcribed manually over the course of one week. Field notes were also incorporated during the research process as I began to immerse myself within Pentecostal and Charismatic identifying churches.

Field Observation

It was a fairly bright and sunny day in the Ogbojo region of Accra, Ghana. It was around mid morning on a particular Sunday when I set out to immerse myself in the Makarios church, a Pentecostal church situated in a quiet neighborhood within Ogbojo. I was greeted by both the pastor and an usher who informed me that I had just made it in time for the second service. I was then ushered to my seat inside the church. Upon my entrance, I was met with the powerful voice

of a woman speaking in glossolalia (better known as tongues) which is often practiced by Pentecostal and Charismatic Christians. The woman, after breaking what I assumed to be a trance, broke out into song, one that I was unfamiliar with due to the language barrier. The people of the congregation raised from their seats in order to accompany the woman on stage, to which I too began to stand. During this time of singing and worshiping, there were bursts of shouting that dispersed from various people within the congregation alongside several hand and leg movements. I decided to stay an hour for the church service. During this hour I was delighted to see a dance performance executed by the young members of the church, a skit depicting the biblical story of the "Prodigal Son," and testimonies announced by a young woman of the congregation. The young woman spoke of attending an event hosted by the church called the "prophetic clinic" in which they would have intense prayers that caused her to be healed from a foot injury and delivered from financial burdens. The people of the congregation held on to every word as this young woman was testifying on stage. Whenever she spoke of the miracles the prophetic clinic and God had granted her, she was greeted with praises and shouts of encouragement from the church. I was highly moved by the communal aspect and the encouragement that the young lady garnered during her sharing of testimony. After the hour concluded, I exited the church even though the service was not yet over. However, I made sure to say my goodbyes to the pastor in particular and exchanged contacts with him in order to follow up for an interview.

Interviews

For the second and third week of my research, I conducted a total of five interviews. These interviews consisted of participants from Pentecostal/Charismatic churches with three being students from the University of Ghana, Legon, and two being non-students. The interviews consisted of in depth questions that inquired about participant's perceptions of mental illnesses in Ghana and how their identity of belonging to Pentecostal/Charismatic churches may or may not have influenced their ideas. My interview questions ranged from questions such as "what do you know about mental illnesses?" to "what do you think is the best approach to treating mental illnesses (as a member of the Pentecostal/Charismatic church)?" Overlapping themes were significant in participants' responses with very few differences in ideas

Emergent Themes and Analysis

Church as community

Church being considered as a community was probably the most distinct theme out of all the others, as it was the most recurring topic that came from the interviews. This being the most distinct theme was unsurprising considering that many Christians generate friendships and various relations with others from their shared congregation. Though it is important to note that the interviewees may not have used the words "church" or "community" explicitly while communicating their perspectives and experiences. The language they used can be attributed to what church being a community means to them and the benefits they receive from that in the context of mental health. Overall, it is one of, if not the most important aspects of why they are so integrated within the church.

A question that I included within the interview process inquired into how and if the church possessed abilities to aid people suffering from mental illnesses. Many of the responses placed an emphasis on the community building and interconnectedness of the congregation as a solution to help with mental health issues. One interviewee shared their perspective by stating that “with the fellowship and connectedness that church provides, there are always people to talk to seeing that there are so many “lonely” people” (Interview #2 student) where another interviewee was quoted saying “church can help with mental illnesses because it is a family that you can confide in” (Interview #3 student). All of the interviewees relayed similar information that through the communal aspect of church, they believe that it can improve poor mental health.

Mental health

Many participants reflected on their own ideas regarding mental illnesses and how their Christian identity plays a part in that. What mainly came up were interviewees’ knowledge about mental illnesses. More often than not, participants insisted that mental illnesses did not affect just one type of individual and that anyone can be susceptible to the issue. Many of them communicated this by expanding the idea that mental illnesses are not limited to one type of person considering that bio-psycho-social elements are all factors that contribute to poor mental health. When asked about where they thought mental illnesses come from many of the participants' responses included environmental and social factors. According to Interviewee #3 (non-student), “I think it comes from the environment. The environment you grow up in sorts of contributes to that in various ways. How we’re taught in schools, how we’re raised by our parents contributes to that.” Another interviewee claimed that “sometimes it comes from the people around us and the social life. It’s dependent on that person’s family” (Interviewee #1 student). I noticed that all of the

responses about where mental illnesses came from failed to include spiritual aspects that research has found to be present within Ghanaian Christian perceptions of mental illnesses. The main Christian influence that participants addressed was how they were expected to interact with people suffering from mental illnesses. One participant in particular stated that “we believe all God’s creatures are made like him. You don’t have to treat the person different. In that moment that person might need your help. Provide some emotional love/ affection” (Interviewee #5 student). Therefore their faith provided them guidelines for how to treat and show compassion for mentally ill individuals.

Mental illness and spirituality

While many of the participants in my research explained that they themselves do not believe that mental illnesses are caused by evil spiritual entities, they recognize that the churches in which they are involved sometimes reinforce these stereotypes. Participants were able to appreciate resources offered outside of their church that were focused on helping people with mental health issues. There were a few who explained that they wished their churches were open to these resources instead of criticizing them. One participant stated that “the church needs to understand that seeing a doctor is not wrong. Seeing a psychiatrist or seeing a therapist is not wrong. But they also need to understand that pastors in and of themselves are not therapists, psychologists or psychiatrists” (Interviewee #3 non-student). Another interviewee claimed that “my parents’ church thought that mental illnesses was witchcraft and it was one of the main reasons why I stopped [going there] and went to a church that was different. They try to perform deliverance on people that are cursed but it’s clear this person has an illness and needs a doctor” (Interview #4 non-student). While participants showed that they were very much integrated

within their faith, they were able to identify certain values within the church that they personally did not agree with.

Analysis

The three most identifiable and present themes were the church being a place to find community, community being beneficial for mental health and wishing for the church to be more open towards mental health resources beyond what they can offer. Many of the participants had very similar responses during the interview process. However, the two interviewees who were non-students happened to find that one of the downsides of the Pentecostal/Charismatic church was their doctrines of mentally ill people being witches or their conditions being the result of witchcraft. The three interviewees that are current university students briefly mentioned some spiritual aspects but did not elaborate extensively despite the probing questions that I had incorporated. However, all participants seemingly agreed that while the church has the capabilities of providing aid for people with mental illnesses (whether that is through community, prayers, etc.), they should make more of an effort in emphasizing the use of therapists, psychologists and other mental health professionals to help with these issues.

Conclusion and Suggestions for future research

My research delved into the shared perceptions of mental illnesses from members of Pentecostal/Charismatic churches. One of my goals was to compare these perceptions between current university students and non-students. There were no significant differences or varying perceptions between the two groups. However the non-student group recounted their sentiments of how they believed that Pentecostal/Charismatic movements should not classify people suffering with mental illnesses as evil witches or demonic entities. On the other hand, the group that identified as current students did not speak about these sentiments as in depth as the non-students. However, it is important to note that all participants involved in this research had varying levels of college education, with the two participants who weren't current students having degrees beyond the undergraduate level.

Considering that all participants had some form of college education, this might have had an impact on their responses and knowledge about what they knew about mental health beyond what they were taught in their respective churches. Many of them were able to identify the potential dangers that come from the church labeling people with mental disorders as evil. With this in mind, I propose expanding my research further to include participants who are not college educated and are possibly from low income backgrounds. I believe that including people from these demographics would provide more diverse responses and not have my research be limited to only “educated” individuals. I also propose incorporating participants with wider age ranges. My participants were all between the age of 20-35 which I believe may have impacted their ideas in regards to mental health beyond their faith. Overall, incorporating a more diverse participant pool would make the research more reflective of the Ghanaian population.

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