



Mental Health and African Pentecostalism: Unpacking the Two Sides of the Coin

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ABSTRACT

There is a gap in understanding how beliefs in demonic forces affect perceptions and therapeutic methodologies. This study, therefore, examined the tensions that exist in dealing with mental health matters in African Pentecostal churches. This paper used social constructionism as a theoretical framework. Data for this study were collected through qualitative desktop analysis. The research revealed a prevalent tendency among African Pentecostal pastors to attribute mental disorders primarily to supernatural influences, including demonic possession and spiritual attacks. This perspective significantly influences mental health care approaches within these churches, often leading to excessive reliance on spiritual practices such as prayer, anointing with oil, and exorcisms. The key findings suggest that excessive spiritualization may lead to the stigmatisation of individuals with mental illness and could obstruct access to professional mental health services. This paper concludes that there is tension between neurophysiological interpretations and Pentecostal faith-based perspectives on mental health concerns. The paper recommends collaboration between the spiritual support provided by Pentecostal churches and mental health practitioners to deliver more comprehensive and culturally sensitive mental health care practices in African communities. The paper enhances scholarship by elucidating evolving African Pentecostal perspectives on mental health, underscoring the necessity for collaboration between clergy and professionals to create culturally attuned, comprehensive mental health therapies.

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INTRODUCTION

The study of mental health is increasingly receiving attention across various fields. Mental health issues are prevalent in various ethnicities, faiths, genders, and social backgrounds. According to the WHO, one in four individuals is impacted by mental health issues. Individuals with mental health disorders face social discrimination.¹ Individuals with mental health disorders face obstacles in community integration. This research argues that religions, particularly African Pentecostalism, contribute significantly to the perpetuating prejudice against those with mental health concerns. Pentecostalism is a charismatic branch of Christianity that emphasises the Holy Spirit, spiritual gifts,

¹ Silke Bachmann, "Epidemiology of Suicide and the Psychiatric Perspective," *International Journal of Environmental Research and Public Health* 15, no. 7 (July 6, 2018): 1425, <https://doi.org/10.3390/ijerph15071425>.

and direct personal experiences with God.² In various African societies, indigenous beliefs often integrate with Christian concepts, especially about supernatural entities. This researcher intentionally uses the term African Pentecostalism in this research to "convey traits of Pentecostalism in the African context".³ The relationship between mental health and religion in Africa requires a thorough understanding of the interaction of religious beliefs, cultural practices, and mental health treatment systems. African societies often stigmatise mental health disorders.⁴ Stigma prevents individuals from seeking medical aid, causing them to rely solely on religious therapies. The integration of traditional therapy practices with religious beliefs in Africa is essential for understanding and resolving mental health challenges on the continent. The overarching question that will be answered in this paper is: "What tensions exist in dealing with mental health matters in African Pentecostal churches?" The paper starts by discussing the literature review that focuses on religion, mental health, and African Pentecostalism. The second section explores social constructionism as a theoretical framework for this study. The third section presents findings and discussions simultaneously. This is followed by explaining the recommendation for theory and practice. Finally, we have the conclusion.

LITERATURE REVIEW

The influence of religion on the formulation of mental health policies is examined. Ultimately, the discourse on social determinants of mental health and the influence of religion. Mental health issues are significant subjects in scholarly discussion. Sodi examines the interaction between traditional healing, religious practices, and modern psychiatry, emphasising the need for integrated approaches in mental health care.⁵ The integration of religious practices with modern mental health care poses a challenge, as many traditional healers may not possess the clinical expertise necessary to treat psychiatric problems. Many African nations have an underdeveloped mental health care system, marked by limited access to qualified professionals. This challenge is intensified by reliance on religious institutions for support. Gureje et al. highlight the scarcity of mental health professionals across Africa, prompting many individuals to turn to religious leaders for support.⁶ Religious leaders often provide counselling and spiritual assistance; nevertheless, these services may lack the necessary clinical expertise to handle substantial mental health issues.

Religion can have positive and negative impacts on mental health outcomes. Religious beliefs can provide comfort, hope, and a sense of community, acting as protective factors against psychological distress. Nonetheless, specific religious concepts may cultivate feelings of guilt or self-blame, particularly with mental illness. Sundararajan underscores the influence of religious beliefs on coping mechanisms, especially when individuals view mental health challenges as signs of personal deficiency or spiritual failure.⁷ Religion often influences national health policies, especially in countries where religious institutions possess significant social and political power. Mbuwayesango analyses the impact of religious beliefs and institutions on the development of mental health policy in African countries, emphasising that religious organisations may advocate for spiritual approaches to mental illness, which could conflict with medical interventions.⁸ Such disputes can hinder the development of comprehensive, evidence-based mental health frameworks.

Religion profoundly impacts beliefs about essential socioeconomic determinants of mental health, such as poverty, gender, and familial ties. Mwaura underscores the influence of religious

² Nomatter Sande, "African Diaspora Pentecostals Deliverance Practices and the Lived Reality in the United Kingdom," *E-Journal of Humanities, Arts and Social Sciences* 5, no. 16 (December 24, 2024): 3057–66, <https://doi.org/10.38159/ehass.202451630>.

³ Sande, "African Diaspora Pentecostals Deliverance Practices and the Lived Reality in the United Kingdom." 128

⁴ F. E. Okonofua, "Religion and the Health of African Women: The Place of Spirituality in the Care of Women in Africa," *African Journal of Reproductive Health* 17, no. 1 (2013): 13–24.

⁵ T. Sodi and S. Ngubane, "Mental Health Care in the African Context: Bridging the Gap between Traditional and Modern Health Care Systems," *International Journal of Social Psychiatry* 62, no. 5 (2016): 428–35.

⁶ O. Gureje et al., "Mental Health Policy Development in Africa: The Nigerian Experience," *International Journal of Social Psychiatry* 61, no. 3 (2015): 215–23.

⁷ V. Sundararajan, "Mental Health and Culture: The Historical Context of the Medical Model of Mental Illness," *International Journal of Social Psychiatry* 57, no. 1 (2011): 48–54.

⁸ M. Mbuwayesango, "The Role of Religion in Shaping Health Policies: Mental Health Perspectives in Africa," *Journal of Religion and Health* 57, no. 3 (2018): 874–90.

beliefs about gender roles, family structures, and cultural standards on mental health, especially for women and marginalised groups.⁹ Religious communities may provide a support system or perpetuate cultural norms that negatively affect mental health. Addressing the intersection of mental health and religion in Africa requires a nuanced understanding of cultural, religious, and social dimensions. Bong emphasises the imperative of a collaborative approach among religious institutions, traditional healers, and mental health professionals to deliver comprehensive care for individuals with mental health challenges.¹⁰ Incorporating spiritual support with modern psychiatric treatment is essential to improve mental health results in African communities. This approach recognises the interplay of culture, religion and mental health care, diminishing the stigma associated with mental illness and improving treatment accessibility for afflicted individuals.

THEORETICAL FRAMEWORK

Social Constructionism

This study employed social constructionism as a theoretical framework to examine the excessive spiritualization of mental health issues within African Pentecostal churches. Berger and Luckman, recognised as contemporary social constructivists, assert that reality is shaped by human elements.¹¹ In this research, the term social constructivist was used to elucidate that mental health disorders and viewpoints are influenced by cultural, societal, and religious beliefs. Social constructionism illustrates how Pentecostals perceive mental illness as a spiritual concern rather than a psychological or medical disorder. Thus, reality is the outcome of constructive processes.¹² The advantage of utilising social constructionism in this study is its focus on phenomenology and a philosophical viewpoint of reality as influenced by social constructs. Social construction is an amalgam of culture, legislation, norms, and experiences. Burr posits that reality is shaped by language, history, culture, cognitive processes, and biological factors.¹³ This study posits that the views of mental health challenges are shaped by environmental factors, particularly religious beliefs. The beliefs and religious activities of followers are important topics of investigation. The major issues in religious leadership include human components and processes, with external influences such as spiritual dynamics and the impacts of denomination and environment, including political and economic factors.

Some social constructionists contend that objective truth is non-existent; instead, an ever-evolving narrative of reality dominates.¹⁴ Individuals employ symbols, including language, regulations, and roles, to ascribe meaning and comprehend the world. DeLamater, Myers, and Collett elucidate that meanings are conveyed to others through language.¹⁵ Individuals interact with one another and society, attributing significance and symbols to these encounters and relationships. In social constructivism, mental representations evolve through experience, social guidance, and the assimilation of new knowledge. Consequently, social constructivism functions as a self-regulating mechanism for the development of beliefs and ideas regarding individual abilities and competencies, together with the framework and strategic application required to achieve goals.¹⁶

This study used social constructivism to examine the impact of church language, sermons, and pastoral therapy on congregants' perceptions of mental health. Social constructivism offers valuable perspectives for understanding and addressing mental health challenges. Social constructivism views mental health as deeply connected to social and cultural contexts rather than solely as an individual

⁹ P. Mwaura, "Religion and Social Determinants of Mental Health in Africa: Gender, Poverty, and Family Dynamics," *Journal of African Studies* 11 (2016): 45–62.

¹⁰ G. Bong, "Mental Health, Culture, and Religion in Africa: An Integrated Approach," *African Journal of Psychiatry* 20, no. 2 (2017): 112–18.

¹¹ P. L. Berger and T. Luckmann, *The Social Construction of Reality* (Harmondsworth: Penguin, 1966).

¹² B. Chilisa and B. B. Kawulich, "Selecting a Research Approach: Paradigm, Methodology and Methods," in *Doing Social Research: A Global Context*, ed. C. Wagner, B. Kawulich, and M. Garner (New York: McGraw-Hill, 2012).

¹³ Vivien Burr, *Social Constructionism* (Routledge, 2015), <https://doi.org/10.4324/9781315715421>.

¹⁴ A. Galbin, "An Introduction to Social Constructionism," *Social Research Reports* 26 (2014): 82–92.

¹⁵ J. D. DeLamater, D. J. Myers, and J. L. Collett, *Social Psychology*, 8th ed. (New York: Imprint Routledge, 2015).

¹⁶ Dale H. Schunk and Barry J. Zimmerman, "Self-Regulation and Learning," in *Handbook of Psychology* (Wiley, 2003), 59–78, <https://doi.org/10.1002/0471264385.wei0704>.

biological phenomenon.¹⁷ Social interactions and relationships are crucial for mental health and growth. Understanding mental health is developed through collective experiences and discussions. A social constructivist approach to mental health therapy advocates collaboration between therapists and clients as equal participants in the transformation process. Social constructivism aligns effectively with contemporary recovery-oriented methodologies in mental health by emphasising the subjective experiences and interpretations individuals ascribe to their mental health difficulties. The social constructivist perspective advocates for a critical analysis of mental health diagnoses, acknowledging that diagnostic and treatment processes may be shaped by power dynamics and societal control. The diagnostic and therapeutic processes may be influenced by power dynamics and social control. By incorporating these social constructivist concepts, mental health practitioners can develop more holistic, culturally sensitive, and effective treatment and rehabilitation approaches.

METHODOLOGY

This study used a qualitative desktop research methodology that involved the analysis of available data sources, including academic articles, reports, and social media posts.¹⁸ This methodology is appropriate, especially for this research, as it facilitated the analysis of an extensive corpus of pre-existing data without necessitating direct interaction with subjects. This method facilitated the collection of diverse resources for African Pentecostals throughout Africa. The study concentrated on various theoretical and empirical research conducted by diverse researchers. This substantially assisted the research in circumventing the generality of mental health illnesses among African Pentecostalism. African Pentecostalism is proliferating, and it is crucial to refrain from addressing it in abstract terms. The researcher requested exact statements instead of generalisations and provided concrete examples, including unique rituals or recorded case studies by scholars. The researcher chose literature that investigated African Pentecostals in countries with a notable prevalence of the movement without conforming to a specific format. The aim was to ensure that the samples represent various regions in Africa to demonstrate the diverse viewpoints of the continent. The nations are Nigeria, Ghana, Kenya, Zambia, Zimbabwe, South Africa, Cameroon, Uganda, and Ethiopia. The data was identified by searching for keywords such as mental health and African Pentecostalism.

The data sources were selected for their relevance as well as their credibility and dependability to the study. Current papers were sought that elucidate shifts in African Pentecostal perspectives on mental health issues.¹⁹ Additionally, to ascertain whether any of the aforementioned researchers have observed changes in their subsequent work or if there are scholars who challenge the exclusively spiritual interpretations. A scholar may investigate the integration of counselling services by competent professionals into specific Pentecostal congregations in metropolitan environments. A case study wherein a religious leader advocates for the concurrent use of antidepressants and prayer. African Pentecostal theologians may be emphasising the importance of addressing mental health by integrating religion and reason, so rejecting the separation between the spiritual and the physiological. Another instance may involve churches organising mental health awareness month activities and inviting psychiatrists to address the congregation, thus normalising the quest for medical assistance.

Countries with advanced healthcare infrastructure or elevated education levels may exhibit greater integration of medical and spiritual methodologies. For example, South Africa may have superior resources and, as a result, more collaboration than rural areas in other countries. Moreover, considering the ramifications of the COVID-19 epidemic, which may have intensified mental health problems and necessitated a more pragmatic approach from churches, it is likely that there is a greater openness to medical solutions. Ultimately, there is the possibility of internal critiques within

¹⁷ M. J., Mahoney and D. K. Granvold, "Constructivism and Psychotherapy.," *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 4, no. 2 (2005): 74–77.

¹⁸ Uwe Flick, "An Introduction to Qualitative Research," 2022.

¹⁹ Jenny Bloom et al., "Child, Adolescent, and Caregiver Mental Health Difficulties and Associated Risk Factors Early in the COVID-19 Pandemic in South Africa," *Child and Adolescent Psychiatry and Mental Health* 16, no. 1 (August 11, 2022): 65, <https://doi.org/10.1186/s13034-022-00499-2>.

Pentecostalism, where certain members or leaders question the effectiveness of deliverance alone and promote a more evidence-based approach to mental health.

Thematic technique was used to analyse the data. The study involved identifying themes, patterns, and connections within the data. This study does not include direct participant interaction and, thus, does not require the same level of ethical review as research involving human beings. Nevertheless, it will continue to be guided by ethical principles, encompassing respect for data sources and their originators, with a commitment to honesty and accuracy in data analysis and interpretation. Therefore, qualitative desktop research was suitable for this study, as it allows the examination of vast available data without the need for direct engagement with individuals. The study will provide an in-depth understanding of the intricacies of mental health issues in African Pentecostalism. It will facilitate the formulation of more inclusive and equitable policies and practices.

PRESENTATION OF FINDINGS AND DISCUSSIONS

The salient motifs in this study represent dual aspects of a singular concept. The initial emerging theme is the excessive spiritualization of mental health. This faction of African Pentecostalism eschews medical therapies for mental health issues, instead adhering to spiritual remedies. They exhibit a widespread cynicism towards psychiatry. The second emergent subject is the divergent perspectives on mental health within African Pentecostalism. This subject illustrates the understanding that mental health is not a singular idea within African Pentecostalism.

Over-Spiritualisation of Mental Health

African Pentecostalism often views mental health through a spiritual lens, influenced by Christian theology and indigenous African traditions. Syncretism is a commonly studied topic in African Pentecostalism. African Pentecostalism often reinterprets indigenous African spiritual beliefs within a context of Christianised demonology.²⁰ In Pentecostal congregations, healing is often sought through prayer, the imposition of hands, exorcism, or deliverance ministries. Individuals experiencing mental illness may initially turn to prayer to receive deliverance from demonic forces rather than seeking medical intervention. This may lead to the stigmatisation of mental health issues when the individual is deemed responsible for a supposed deficit in faith or moral failure, hence allowing for demonic influence.

The roles of pastors or spiritual leaders are crucial in influencing perceptions of mental health. African Pentecostals generally endorse the active presence of the Holy Spirit and the reality of demonic forces. In many African Pentecostal communities, pastors are the principal providers of assistance for a range of issues, including mental health challenges. They may conduct deliverance sessions that entail exorcising demons. Mental health disorders are sometimes ascribed to demonic possession or oppression. Hallucinations, depression, or erratic behaviour may be interpreted as manifestations of malevolent spirits. Naar M'fundisi-Holloway from the University of Zambia, whose research centres on mental health within Zambian Pentecostal churches, indicates that pastors ascribe diseases such as schizophrenia or depression to ancestral curses or unresolved issues with deceased relatives.²¹ This contrasts with seeking help from psychiatrists or therapists. Clerics characterise mental distress as a spiritual struggle that requires exorcism instead of therapeutic treatment.²² Mental illnesses may be viewed as demonic attacks or manifestations of spiritual turmoil. An individual who shows abnormal behaviour may be seen as demonically possessed rather than experiencing a psychological condition.

The stigma associated with mental health is widespread in many societies. Mental health illnesses are often shrouded in secrecy or stigma.²³ Viewing mental illness as demonic may lead to

²⁰ A. Anderson, *An Introduction to Pentecostalism: Global Charismatic Christianity* (Cambridge University Press: Cambridge, 2004); C.J. Kaunda, *Pentecostalism and Witchcraft in Southern Africa: Spiritual Conflict and Socio-Cultural Narratives* (Leiden: Brill, 2018).

²¹ N. M'fundisi-Holloway, *Mental Health and Spiritual Warfare in Zambian Pentecostalism* (Lusaka: University of Zambia Press, 2020).

²² M'fundisi-Holloway, *Mental Health and Spiritual Warfare in Zambian Pentecostalism*.

²³ D. Parsitau, *Pentecostalism, Gender, and Trauma in Kenya* (Nairobi: Strathmore University Press, 2017); M.A. Ojo, *The End-Time Army: Charismatic Movements in Modern Nigeria* (Trenton: Africa World Press, 2006).

individuals being ostracised or subjected to harsh exorcism procedures, which can be harmful. The delay in receiving suitable treatment can worsen the condition. Moreover, the accounts of salvation may reinforce the belief in spiritual beginnings. Any enhancement after an exorcism is regarded as evidence, irrespective of the possible placebo effect or spontaneous remission. Success narratives of deliverance, especially those influenced by placebo effects, bolster spiritual interpretations while eclipsing biological explanations. Religions play a crucial role in existence, even within diasporic situations. Afe Adogame, who examined the transnational networks of African diasporic Pentecostalism, delineates how Nigerian Pentecostal pastors in South Africa, such as those from TB Joshua's Synagogue Church, ascribe mental illness to migrant trauma reconceptualised as demonic assaults.²⁴ Mental health in the diaspora is often spiritualised to elucidate the existential problems associated with diaspora existence.²⁵

The notion of the African Pentecostal spiritual battle influences perceptions of mental health. African Pentecostals' ongoing struggle against benevolent and malevolent spirits. Mental health challenges may be perceived as an aspect of this fight, necessitating spiritual tools such as prayer, fasting, and glossolalia. These rituals are used as spiritual safeguards. The research by Cephas Omenyo at the University of Ghana examined Ghanaian Pentecostal and Charismatic churches, documenting instances where church-operated prayer camps, such as Mount Horeb Prayer Camp in Accra, seclude individuals experiencing mental health crises, characterising their conditions as demonic oppression.²⁶ Medical intervention is dissuaded in favour of fasting and exorcism; prayer camps serve as the initial recourse for several families, even when mental services are accessible.²⁷

The notion of generational curses posits that mental illness may be attributed to the transgressions of ancestors, necessitating a spiritual intervention to break the curse. Generational curses or ancestral sins are believed to invoke demonic afflictions, including mental disorders. Certain African Pentecostals demonstrate a tendency to incorporate practices from African Traditional Religions.²⁸ Allan Anderson, a prolific author on global Pentecostalism, especially in Southern Africa, noted that followers of the Zion Christian Church (ZCC) in South Africa view mental illness as a manifestation of ancestral dissatisfaction, merging traditional African beliefs with Pentecostal exorcism rituals. Anderson clarifies that healing rituals include Christian prayer with African traditional symbolism.²⁹ African traditional religions sometimes attribute misfortune or illness to ancestors, curses, or witchcraft. Pentecostalism may adopt certain viewpoints while situating them within a Christian context. Therefore, it may be a demon sent by Satan rather than a witch's curse. Mental health issues may be viewed as manifestations of demonic influence or curses that require spiritual intervention. Deliverance ministries focus on abolishing these curses through rituals and actions of contrition. Traditional African beliefs regarding witchcraft or ancestral dissatisfaction are often reinterpreted within a Christian framework, assigning culpability to demonic forces rather than native spirits. Chammah J. Kaunda examined Pentecostalism and witchcraft in Southern Africa, specifically within Zambian congregations, where psychosis is associated with witchcraft-induced demonic possession.³⁰ Clergy employ spiritual discernment to identify witches within families, hence intensifying stigma. Kaunda asserts that mental health is conflated with a cosmology of malevolent spirits and sorcery.³¹ Gender substantially impacts mental health. Jane Soothill's research in Ghana, which examines gender and Pentecostalism, indicated that unmarried women suffering from anxiety

²⁴ A. Adogame, *The African Christian Diaspora: New Currents and Emerging Trends in World Christianity* (London: Bloomsbury, 2013).

²⁵ Adogame, *The African Christian Diaspora: New Currents and Emerging Trends in World Christianity*.

²⁶ Cephas N. Omenyo, "The Pulpit and Power: Pentecostalism, Society and Discourse in Africa," *Studies in World Christianity* 22, no. 1 (2016): 53–68.

²⁷ Omenyo, "The Pulpit and Power: Pentecostalism, Society and Discourse in Africa."

²⁸ Nomatter Sande, "The Impact of the Coalition of Pentecostalism and African Traditional Religion (ATR) Religious Artifacts in Zimbabwe: The Case of United Family International (UFI)," *Utambuzi: Journal for the Study of the Religions of Africa and Its Diaspora* 3, no. 1 (2017): 46–59.

²⁹ Anderson, *An Introduction to Pentecostalism: Global Charismatic Christianity*.

³⁰ Chammah J. Kaunda, *Pentecostalism and Witchcraft in Southern Africa: Spiritual Conflict and Socio-Cultural Narratives* (Leiden: Brill, 2018).

³¹ Kaunda, *Pentecostalism and Witchcraft in Southern Africa: Spiritual Conflict and Socio-Cultural Narratives*.

or depression are classified as spirit wives, afflicted by demonic spouses.³² Congregations like Perez Chapel International perform rituals to terminate these spiritual relationships. Mental suffering is gendered and associated with a cosmology of unseen forces.³³

The notion of divine suffering, trials, and chastisement is prominent in African Pentecostalism. Certain individuals perceive mental health issues as trials of faith or as divine retribution for human transgressions. This may lead to stigma when individuals are held accountable for insufficient faith or moral shortcomings. Faith functions as a fundamental component in diverse circumstances. Stigmatisation arises when mental illness is associated with spiritual weakness or malevolence, leading to social marginalisation or dishonour. The study conducted in Kenya by Damaris Parsitau, which investigated Kenyan Pentecostalism and gender, highlighted that women suffering from postpartum depression are often held accountable for spiritual weakness or witchcraft.³⁴ Churches like Jesus Is Alive Ministries (Nairobi) conduct deliverance rituals to expel demons that cause mental anguish. Mental illness is sometimes interpreted as a manifestation of spiritual weakness or a symptom of satanic assault, particularly among women who challenge patriarchal conventions.³⁵

Moreover, healing constitutes a notable characteristic of African Pentecostalism. Healing methods are given greater priority. Clerics conduct ceremonies to exorcise demons, occasionally involving vigorous physical or emotional sessions. Healing sessions, the laying on of hands, and anointing with oil are prevalent, highlighting miraculous healing through the Holy Spirit. A scholarly investigation by Matthews A. Ojo in Nigeria examined Nigerian Pentecostal deliverance ministries, specifically the Redeemed Christian Church of God (RCCG), concluding that mental illness is regarded as a spiritual affliction.³⁶ He explains that participants partake in deliverance rituals marked by shouting, collapsing, or vomiting to expel devils. Ojo asserts that deliverance is regarded as a remedy, overshadowing biomedical views.³⁷

Alternative Perspectives on Mental Health within African Pentecostalism

This thought emerged as a rebuttal to the dominant belief that African Pentecostals dismiss a medical perspective on mental health issues. Not all African Protestants dismiss medical assistance; others amalgamate spiritual and clinical methodologies. Certain Christian traditions in Africa recognise both the spiritual and physical origins of disease. Similar dynamics currently manifest in African Pentecostalism. There is currently a synthesis of spiritual and medical methodologies. Collaboration with healthcare practitioners is present. The RCCG in Lagos has partnered with psychologists to offer therapy services alongside deliverance sessions, recognising the interplay between spiritual and biological factors.³⁸ Nigerian theologian Nimi Wariboko promotes a dualistic approach that harmonises faith with medicine. He references biblical instances of Jesus healing through touch and prayer, encouraging churches to eschew false dichotomies.³⁹ In Zimbabwe, the Zimbabwe Assemblies of God Forward in Faith (ZAOGA) established a hospital named Ambuya Dorcas to serve the medical needs of its members and the community.

African theologians and Pentecostal scholars who critique the over-spiritualization of mental health argue that ascribing mental health issues solely to demonic forces overlooks biological, psychological, and social factors. Ghanaian scholar Esther Acolatse categorically rejects the overemphasis on spirituality in mental health.⁴⁰ She initially confronts the stigmatisation of mental illness, emphasising that not all suffering represents a spiritual struggle. Furthermore, she reinterprets Psalm 34:18 to underscore God's proximity to those undergoing psychological turmoil, promoting

³² J. Soothill, *Gender, Social Change, and Spiritual Power: Charismatic Christianity in Ghana* (Leiden: Brill, 2015).

³³ Soothill, *Gender, Social Change, and Spiritual Power: Charismatic Christianity in Ghana*.

³⁴ Damaris Parsitau, *Pentecostalism, Gender, and Trauma in Kenya* (Nairobi: Strathmore University Press, 2017).

³⁵ Parsitau, *Pentecostalism, Gender, and Trauma in Kenya*.

³⁶ Ojo, *The End-Time Army: Charismatic Movements in Modern Nigeria*.

³⁷ Ojo, *The End-Time Army: Charismatic Movements in Modern Nigeria*.

³⁸ Samuel O Adeboye, "Media, Worship, and the Risk of Consumer Christianity," *African Journal of Pentecostal Studies* 4, no. 2 (2022): 77–92.

³⁹ N. Wariboko, *The Split God: Pentecostalism and Critical Theory* (New York: SUNY Press, 2020).

⁴⁰ E. Acolatse, *Power in the Name: Reimagining Mental Health in African Pentecostalism* (Accra: Sub-Saharan Publishers, 2019).

pastoral care that emphasises empathy over exorcism.⁴¹ Similarly, South African Pentecostal theologian Vhumani Magezi promotes a public theology of mental health, positioning psychiatric care as an aspect of God's common mercy.⁴² This may contribute to a larger initiative aimed at merging faith with science or improving mental health awareness in religious communities.

A generational shift is underway as younger Pentecostals demonstrate increased openness to medical explanations and interventions for mental health issues while still upholding certain theological convictions. The participation of youth in African Pentecostalism is becoming increasingly significant. Youth advocacy influences mental health issues. In Kampala, Uganda, Pentecostal youth organisations such as the Watoto Church Living Hope campaign publicly address depression and anxiety, using social media to destigmatise therapy. Moreover, factors such as urbanisation and education are driving these transformations. Certain African Pentecostal communities are partnering with healthcare professionals or churches are doing mental health workshops in conjunction with prayer sessions. Clergy refer congregants to psychiatrists' post-deliverance, recognising the need for both spiritual and psychological assistance. A 2023 study reveals that Ugandan Pentecostals regard mental health as a medical issue requiring professional intervention.⁴³ Zimbabwe is witnessing an increase in theological education among Pentecostal congregations. Sande contends that the emergence and expansion of African Pentecostals in Zimbabwe initially prioritised the anointing of the Holy Spirit over extensive theological scholarship and instruction.⁴⁴ Historically, academic intelligence or its deficiency has not hindered individuals from realising their divine purpose.

Presently, some Pentecostal organisations are hastily founding universities or forming affiliations with questionable local and international institutions. Similarly, the seminaries and training programs at South Africa's Pan-African Christian University now integrate mental health courses into pastoral education, teaching students to recognise symptoms of disorders such as PTSD and schizophrenia.⁴⁵ Consequently, perceptions of mental health are evolving. Spiritual explanations are not as prevalent as once believed, or they coexist with alternative interpretations. A person may perceive their concern as both a physical disorder and a spiritual assault, thereby seeking assistance from a physician and a clergyman.

The diversity of Africa is essential to consider in the examination of mental health. Africa exhibits extensive cultural and regional diversity that should not be considered homogeneous. The attitude toward mental health in Nigerian Pentecostalism may vary from that in Kenyan or South African Pentecostal communities. Some countries or denominations may place less emphasis on spiritual perspectives. Zambia's New Frontiers Church openly dissuades the association of mental illness with demonic influence, advocating instead for pastoral treatment and referrals to specialists. Their position is shaped by global evangelical networks such as the Lausanne Movement.⁴⁶ A 2023 study in Addis Ababa revealed that 65% of polled Pentecostals endorsed the use of antidepressants, in contrast to rural areas where spiritual explanations prevail.⁴⁷ The deliverance practices employed by African Pentecostals for individuals with mental health disorders are criticised by the African diaspora because of the absence of scientific interpretations and diagnoses.⁴⁸

Theology is dynamic rather than static. The likelihood of new theological reinterpretations occurring is significant. Certain African Pentecostal theologians may be reassessing texts to advocate for a more holistic perspective on mental health, highlighting that God operates through both medicine and physicians in addition to miracles. Partnerships with healthcare systems are influencing conceptions of mental health. African Pentecostals are progressively establishing prayer camps and

⁴¹ Acolatse, *Power in the Name: Reimagining Mental Health in African Pentecostalism*.

⁴² Vhumani Magezi, *African Publics and the Role of Christianity in Fostering Human-Hood: A Public Pastoral Care Proposition Within African Pluralistic Contexts: Inaugural Lecture Paper: 15 June 2022* (North-West University, Vaal Triangle Campus, 2022).

⁴³ Emmanuel Mandebo, "Dynamic Duo Tackling Uganda's Looming Mental Health Crisis," Vice Versa Global, July 14, 2022, <https://www.viceversaaglobal.com/dynamic-duo-tackling-ugandas-looming-mental-health-crisis/>.

⁴⁴ Sande, "African Diaspora Pentecostals Deliverance Practices and the Lived Reality in the United Kingdom."

⁴⁵ M. Baloyi, *Pastoral Care and Mental Health in African Pentecostalism* (Pretoria: Unisa Press, 2023).

⁴⁶ I. Phiri, *Global Evangelicalism and African Pentecostalism: Networks of Influence* (Lusaka: UNZA Press, 2021).

⁴⁷ M. Tadesse, *Urban-Rural Divides in Mental Health Perceptions: A Case Study of Addis Ababa* (Addis Ababa: Addis Ababa University Press, 2023).

⁴⁸ Sande, "African Diaspora Pentecostals Deliverance Practices and the Lived Reality in the United Kingdom."

clinics. Mount Horeb Prayer Camp in Accra, Ghana, now accommodates regular visits by psychiatrists, a development recorded by scholar Gyimah et al.⁴⁹ Although exorcism is crucial, leaders recognise the constraints of spiritual treatments for disorders such as bipolar illness.

External organisations, such as NGOs operating within Pentecostal communities in Africa, tend to improve mental health literacy, affecting traditional perspectives. These organisations may collaborate with churches to inform leaders and congregants about the significance of medical treatment. Furthermore, given the influence of globalisation and information accessibility, an increasing number of African Pentecostals may encounter global discourses on mental health, resulting in a transformation of viewpoints. Social media, internet counselling, and worldwide collaborations may contribute to this matter. Organisations such as Basic Needs Ghana collaborate with Pentecostal churches to educate pastors in mental health first aid, thereby diminishing stigma and enhancing referral systems.⁵⁰

Some African Pentecostal congregations may be adopting a more progressive position, motivated by worldwide Christian groups that prioritise holistic health. The biblical notion of shalom, representing comprehensive well-being inclusive of mental health, may be gaining prominence. Kenyan theologian Zachariah Wabomba associates mental health with the biblical notion of shalom (holistic well-being). His efforts motivate churches such as Nairobi Chapel to provide mental health workshops in conjunction with healing services.⁵¹ Another consideration is the potential impact of African Christian universities or seminaries that incorporate mental health education into their curricula, equipping future pastors to identify when to direct congregants to medical specialists.

Although the spiritual/demonic paradigm remains dominant, alternative voices and practices are emerging that present differing viewpoints. It is essential to depict these options as coexisting with, rather than entirely supplanting, traditional perspectives. The advent of post-pandemic pragmatism is undeniable. The COVID-19 pandemic prompted South African Pentecostal leaders to tackle bereavement and anxiety with hybrid approaches, including virtual therapy sessions supported by the Rhema Bible Church.⁵² Internal critiques and activism are gradually transforming perceptions of mental health. Nigerian pastor Tunde Bakare publicly condemned deliverance-only methodologies following his daughter's pursuit of treatment for depression. His sermons now underscore that faith does not undermine clinical care.⁵³ Moreover, scholarly advocacy is beneficial. Miriam Ngong, a Cameroonian researcher, opposes the gendered stigma of designating women as witches due to mental illness, advocating for churches to implement trauma-informed care.⁵⁴

RECOMMENDATIONS FOR THEORY AND PRACTICE

Initially, it is crucial to recognise the divergent approaches to mental health issues between the West and Africa. In Western societies, mental health is frequently perceived from a medical or psychological perspective. In some African societies, there exists a more holistic perspective wherein the spiritual and physical realms are interrelated. Health in Africa is primarily understood via religious and traditional cultural lenses. Consequently, the amalgamation of Pentecostal beliefs with traditional African spirituality may result in the perception of mental health concerns as spiritual dilemmas. The difficulty lies in distinguishing between mental illness and demonic possession. Symptoms may be construed as indicators of demonic activity, although the medical model offers alternative explanations. Consequently, the amalgamation of traditional African spirituality with Pentecostal doctrines fortifies spiritual interpretations. This may postpone or substitute psychiatric treatment, worsening problems. These perspectives influence help-seeking behaviours, frequently guiding

⁴⁹ L. Gyimah et al., "Seeking Healing for a Mental Illness: Understanding the Care Experiences of Service Users at a Prayer Camp in Ghana," *Journal of Religion and Health* 62, no. 3 (June 2023): 1853–71, <https://doi.org/10.1007/s10943-022-01643-0>.

⁵⁰ O. Awenabisa, *Collaborative Mental Health Interventions in Ghana* (Kumasi: Kwame Nkrumah University Press, 2022).

⁵¹ Z. Wabomba, *Shalom and Holistic Well-Being in Kenyan Pentecostalism* (Nairobi: Acton Publishers, 2021).

⁵² Bekithemba Dube and Jacob Segalo, "Post-COVID Teaching and Learning of Religious Education in the Context of School Violence in South Africa," *E-Journal of Humanities, Arts and Social Sciences* 3, no. 11 (October 26, 2022): 6–18, <https://doi.org/10.38159/ehass.2022SP3112>.

⁵³ T. Bakare, *Faith and Clinical Care: A Nigerian Pentecostal Perspective* (Lagos: CSS Press, 2023).

⁵⁴ M. Ngong, *Gendered Stigma and Trauma-Informed Care in Cameroonian Churches* (Yaoundé: Éditions CLE, 2023).

individuals towards churches instead of healthcare services. Although offering social support, risks overlooking effective therapy, underscoring the need for culturally sensitive interdisciplinary teamwork.

This study advocates for culturally attuned collaboration between religious healers and mental health practitioners to bridge gaps in care. Furthermore, integration models normalise help-seeking behaviours, thereby diminishing the stigma associated with mental health issues. Governments in additional African countries should progressively involve churches in national mental health initiatives, acknowledging their grassroots impact. There is an urgent need for theological advancement among African Pentecostals on mental health. The plasticity of Pentecostalism facilitates reinterpretations that correspond to modern scientific insights. Addressing mental health concerns in Africa requires enhancing access to mental health services and involving religious institutions in a way that honours traditional values while advocating evidence-based mental health care. An integrated strategy that merges spiritual assistance with contemporary psychiatric interventions is essential to improve mental health outcomes in Africa.

CONCLUSION

African Pentecostals often interpret mental health difficulties spiritually, ascribe them to demons, curses, sin, or spiritual battle, resulting in a preference for treatments such as prayer, exorcism, and deliverance over medical intervention. This viewpoint can influence how people pursue assistance and the stigma they encounter. The study suggests that although Pentecostal churches offer spiritual assistance, their primarily supernatural interpretations of mental illness may obstruct access to professional mental health services. Although spiritual and demonic concepts exert significant influence, African Pentecostalism is not uniform. An increasing focus on holistic care, education, and collaboration indicates a significant transition towards harmonising faith and medicine, especially within urban, educated, and youthful populations. These options signify wider tendencies in global Christianity and the changing socio-cultural milieu of Africa. This study emphasises the necessity for enhanced collaboration between mental health practitioners and Pentecostal clergy to establish culturally attuned strategies for mental health care in African communities.

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