

Is Contemporary Christianity Promoting or Hindering Mental Health in Africa? An Exploration of the Impact of Charismatic Church Activities and Doctrines on the Mental Well-Being of Selected Ghanaian Congregants

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Abstract

Contemporary Christianity in Africa has seen an increase in Pentecostalism/Charismatism, whose activities include performing miracles, prophecies and exorcism. Although it is acknowledged that the charismatic movement has its roots in Pentecostalism, clear differences can be identified between Pentecostalism and Charismatism. Given this distinction, this study focused on exploring the effects of the activities of charismatic churches on the mental health of their church members. Eighty-six respondents from six charismatic churches in Accra and Kumasi participated in the study through individual, in-depth, semi-structured interviews, focus group discussions, and observations of church activities. Our results show that church practices such as prophecies and miracles, as well as other activities such as prayer meetings and fellowship groups, had both positive and negative impacts on mental well-being. Church doctrines and teachings similarly had both positive and negative impacts on participant well-being. Positive impacts included building of resilience, comfort and hope in difficult times, developing self-efficacy and positive self-regard, as well as positive behavioural and lifestyle changes. Negative impacts included fostering feelings of guilt, shame and fear, increased paranoia and suspicion, as well as potential exclusion and the resultant despair from flouting church rules or expectations. These impacts are discussed with emphasis on their implications for mental well-being and interventions.

KEY WORDS: Contemporary Christianity, Church Activities, Mental Well-Being, Congregants, Ghana

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Introduction

Contemporary Christianity in Africa has seen an increase in Pentecostalism/Charismatism, whose bases include miracles, prophecies and exorcism. Larbi (2001) argues that one of the reasons for the remarkable success of such churches is the strong similarity which exists with traditional religious cosmology and concepts of salvation. He acknowledges a distinction between churches considered Pentecostal (with a focus on the work of the Holy Spirit) and those with a charismatic/spiritual emphasis (whose beliefs centre on the spiritual beliefs and activities of the leader). Although it is acknowledged that the charismatic movement has its roots in Pentecostalism (Larbi, 2001), clear differences can be identified between Pentecostalism and Charismatism. Given this distinction, together with recent media reports about some of the activities of Charismatic churches in Ghana (e.g., Ghana web, July 2015), this study focused on exploring the effects of these activities on the mental health of their church members.

The activities of Charismatic churches tend to influence the beliefs of the people who adhere to these faiths because there is identification with the tenets of achieving a cosmological balance (Asamoah-Gyadu 2013; Larbi 2001). Consequently, these beliefs influence their behaviour. Religion therefore plays a significant role in the lives of its adherents (Asamoah-Gyadu 2013). Although Christianity is expected to highlight concepts of peace, love, forgiveness and strength, the recent activities of African Charismatism have showcased a focus on blame, curses, and misfortune (Larbi 2001).

Previous research into the role that religion plays in mental health has suggested that religion has a generally positive impact on health outcomes (e.g. Williams and Sternthal 2007). Ellison (1991) and Sipsma, et al., (2013) all point to the fact that religiosity/spirituality is linked to a wide range of favourable mental health outcomes such as better psychological well-being (Ellison et al. 2001), fewer symptoms of depression (Brown, Ndubuisi, and Gary 2010), and lower risk of substance use disorders (Koenig et al. 1998). These outcomes have been found across social, demographic and cultural settings (Gartner, Larson, and Allen 1991).

The precise means through which religion influences mental health is not completely understood (Hadzic 2011); however, possible mechanisms have been proposed. The mechanisms include the reduction of stress, regulation of lifestyle and health behaviours, provision of positive coping resources, provision of positive self-perceptions, generation of positive emotions, promoting healthy beliefs, and the provision of meaning and purpose in the midst of suffering and trials (e.g., Koenig 2010; Pargament, Koenig, and Perez 2000).

On the other hand, some attention has also been given to the potential for negative outcomes of religion with regards to mental health (Chatters 2000). Ano and Vasconcelles (2005) have found that when individuals use negative religious coping such as spiritual discontentment, anger towards God, passive religious deferral, re-appraisal of God's powers and perceived punishment from God, there is the potential for negative emotional adjustment and could result in psychopathology, lack of integration of the individual's personality and lack of reflective insight (Beit-Hallahmi 2001).

Despite these studies, very little information has been documented on the unique dynamics that exist in African churches with regards to mental well-being. The African religious experience is unique in its incorporation of the physical with an interesting intrinsic interplay of the spiritual, emotional and the unseen (Pobee 1979). This multi-

layered interaction can have both positive and negative impacts on mental health and wellbeing: individuals could either become more faithful and grow spiritually, or they may have increased anxiety and paranoia which may manifest in various mental disorders including panic attacks, generalized anxiety disorder, depression, increased substance use among others. All of these may result from the proliferation of ominous prophecies and predictions.

Omenyo (2006) observed that a conscious effort is made by Pentecostal/Charismatic churches to address the perceived socio-economic needs of their adherents. These efforts are seen in the practices and activities which form the core of charismatic services in Ghana. Anderson (2004) however argued that the motivations of Pentecostal/Charismatic churches to meet the physical, emotional and spiritual needs of their congregants by offering insights into the sources or roots of the problems is a distinctly African practice. He noted that these practices may be rooted in a history of culture, marginalization and oppression (Anderson, 2004). Indeed, Asamoah-Gyadu (2013) observes that the Ghanaian Pentecostal/Charismatic churches incorporate the indigenous beliefs and practices of its members, including beliefs about the causes of ill-health and misfortune, some of which include hostile ancestral spirits, possession by spirits and demons, sorcery/witchcraft and hostile social relations.

Conspicuously missing from the discourse on these practices is the long-term effect of repeated prophecies and deliverances. For the Ghanaian Pentecostal/Charismatic Christian, the belief in and receipt of frequent prophecies and repeated deliverance from various ailments could have some effect on their mental, physical and spiritual well-being. These effects can be either positive or negative. There however appears to be a gap in available literature regarding such impacts, hence the relevance of the present study. Such information is valuable for mental health practitioners and leaders of these congregations and addresses two of the key questions of the grant; namely, 'What impact does religious innovation and competition have on African society?' and 'What roles do religious innovation and competition play in building or hindering resilience and entrepreneurship in Africa?'

The present article forms part of a broader study that explored the impact of activities of Charismatic churches on the mental well-being of Ghanaian congregants. In this article, we focused on how activities such as prophecies, miracles, other church activities as well as church teachings and doctrine influenced the mental well-being of congregants of selected churches. Here, we discuss first the ways in which these activities facilitated positive mental health outcomes. Secondly, we highlight the potential negative consequences that we identified. Based on these discoveries, we suggest some implications for individual wellness and potential interventions.

Methodology

Research design

Qualitative research methods were used for the project. Specifically, the phenomenological qualitative design was used to guide the study due to the focus on individuals' shared experiences of charismatism as a phenomenon (Creswell 1998). In-depth semi-structured interviews, focus group interviews and observations of church activities were the primary tools used for data gathering.

Research settings

Six churches, three in Kumasi and three in Accra, were recruited using snowball, convenient and purposive sampling techniques. Accra and Kumasi were of interest because they are highly cosmopolitan areas and the most populated with Pentecostal/Charismatic churches in Ghana. Only churches whose base of operation included miracles, healing, deliverance, prophecies and revelation activities were considered for the present study. The final samples of participating churches have been given the following pseudonyms to provide anonymity and confidentiality: Favour, Charity, Godliness, Holiness, Endurance and Purity.

Sample

In total, 86 individuals participated in the study. Of the 86 participants, 13 (15.12%) were recruited from Favour, 15 (17.44%) from Charity, 28 (32.56%) from Godliness, 6 (6.98%) from Holiness, 14 (16.28%) from Endurance and 10 (11.62%) were from Purity. Fourteen were church leaders, made up of pastors, prophetess, deaconesses and deacons with the remaining 72 being church members. 38 were males and 48 were females, aged between 13 and 64 years.

Procedure

Ethics approval was obtained from the University of Ghana Ethics Committee for the Humanities. Further permission was obtained from the leadership of each participating church. A week-long observation and participation in church activities was conducted at all the research settings, during which participant recruitment for the study began. Individual informed consent was obtained from each participant. Following consent, in-depth semi-structured interviews and focus group discussions aimed at exploring participants' experience of Neo-prophetic church activities were conducted. All interviews took place at the church premises after or before church activities. Interviews lasted between 9 and 96 minutes and observations lasted between 1 hour 30 minutes and 6 hours.

Data Analyses

All interviews and observations were audio-taped and transcribed and coded manually. Interpretative Phenomenological Analysis (IPA) was used to identify the patterns of lived experiences of participants with regards to their encounter with the activities of Neo-Prophetic churches, and the meaningful interpretations they ascribed to these experiences (Smith 1996). The use of IPA aided in the exploration of participants' perception of the activities and their impacts on their well-being based on their subjective interpretations of these experiences. IPA also aided the researchers in the explanation and interpreting of the meaning of participants' accounts of their experiences (Smith and Osborn 2003).

Results: How Religious Activities Promote Mental Well-Being

This section focuses on ways in which religious activities fostered mental well-being of congregants.

Prophecy

One of the activities that facilitated mental well-being in participants was the receipt of positive or favourable prophecies. Many of our participants reported that they felt more optimistic about the future when they received a positive prophecy. This experience was particularly the case for participants who were facing challenges or anticipated some desired goal. Hence, when prophecies were given that predicted good tidings for the future, many participants were optimistic about its fulfilment: ‘...I was excited and I was expectant...as in, I was always looking around to see where that [prophecy] will manifest in my life...yes. And then, I was confident because I knew that God is at work for me...’ (P.21, female, 20 years). These participants all looked forward to receiving the positive outcome that had been predicted. As such, they lived in anticipation, and could cope with life’s situations because of the expectation of good things to come. Such optimism tended to engender a positive outlook and relative mental wellbeing.

A further factor that came up was an increased sense of purpose and faith in God after receiving prophecy. For many of our participants, the prophecies they had received related to future careers/prospects. As a result, many reported a reorganizing or shifting of their focus to fulfil the prophecy: ‘...it made me feel good and also made me feel [like] a necessity was laid upon me because I understood that prophecies [are] not just mere sayings...but then you have to work towards it cause if you don’t work towards it, it won’t come into fruition...’ (P.24, male, 19 years).

When prophecies were fulfilled, participants’ faith in God and His plan for their lives was increased, making them more spiritually conscious and instilling a desire for greater religious involvement. As a result of such increased faith and sense of purpose, recipients reported a closer relationship with God, which facilitated peace of mind: ‘...it made us to realize that we have a God that we are serving. And when it gets to times like that, He will come into our lives to turn things around, for us...’ (P.80, male).

Our findings also suggest that prophecies can result in individuals changing their behaviours for the better. This is particularly so when prophecies about impending danger are received. For example: ‘...I was engaging in a lot of sinful and unworthy acts...it was based on the prophecy given to me that I will become a pastor someday, that encouraged me to sit down and think that I have to give my life to God...and stop behaving that way’ (P.73, male, 23 years).

However, many participants did acknowledge that although prophecies pointed the way to a future event, the recipients needed to work at making them come true. This presented a further change in behaviour towards achieving that prophecy: ‘...But when they prophesy into your life that doesn’t mean it will happen at once. You have to work...you have to work to get it... when a man of God tells you I prophesy in your life that you will start mining gold or you will be a rich man you just don’t go and fold your arms and sit down... you have to work at it [to make it come true]...’ (P.22, female, 20 years).

Therefore, receipt of prophecies, particularly regarding future endeavours or impending danger, served as a catalyst for conversion or repentance and subsequent modification of behaviours that were considered inappropriate or detrimental. New behaviours included lifestyle changes such as reducing or eliminating risky behaviours,

increased religious involvement, increased drive and focus, among others. Further, such behaviours tended to build resilience, improve spirituality and renew faith.

Miracles

Another church activity that fostered mental well-being among our participants was witnessing or receiving miracles. The general perception was that miracles had the potential to change lives and improve well-being. Participants recounted instances when they had seen church leaders perform miracles that had led to healing or had facilitated changes in people's circumstances. For some, such miracles were evidence of God's power at work: 'It has made me realize that God has the power to fix anything that has gone wrong. So it has made me believe strongly that God can rectify any situation in my life' (P.58, female, 49 years).

Others were awed by the perceived power of the 'man of God' when they saw miracles being performed and this made them thankful: '...I more often watch [the pastor] on TV ... So when I heard that [he] was coming to Ghana... I believe this man of God carries an anointing that when he gets to places you see there is a release and there is a kind of transformation ...' (P.23, male, 23years). Such acts served to strengthen their faith and provided comfort in troubling times, thus serving as a coping mechanism. This is because there was the expectation that God and/or the prophets would be able to solve their problems for them, and as a result, they worried less about those problems.

In addition, miracles sometimes led people to change their behaviours either in awe or in appreciation of what they had witnessed or experienced. For instance, one woman stated: '...I was doing all the worldly things with the worldly people...So the miracle in my life was that I came to Christ and stopped all the bad things I used to do... Even those who knew me before are surprised at my change of behaviour ...' (P.61, female, 64 years). Thus, miracles had diverse impacts on our participants' well-being. Witnessing or experiencing miracles served as a source of hope and relief from distress. Miracles also served as a catalyst for people to change faulty or maladaptive behaviours. Overall, seeing a miracle occur made them happy and fostered a positive outlook on life.

Other Church Activities

Information on other activities practiced in the participating churches and their potential impact on congregants' well-being was gathered. Other church activities included preaching of sermons, praises and worship services, testimony times, evangelism, deliverance/exorcism, Bible studies and quizzes, fasting and prayers, counselling, spiritual directions, healing and singing. They also have certain specialized groups such as the Youth Fellowship, Women Fellowship, 'Prayer Towers' among others in the church that meet to engage in activities such as personal and intercessory prayers, teaching and training to enhance their Christian and social life. All of these form part of the church's core activities and are usually held during the week: '...on Tuesdays we do counselling over here. On Wednesday evenings, members of the tower, gather here to pray. On Thursday the women fellowship meet here, and on Friday there is normal church service, and on Saturday evenings, women fellowship meet here... Early morning when we come, we first of all do Bible studies ...' (P.70, female, 29 years).

Other participants also mentioned that their churches periodically organise programmes such as revivals, music and drama festivals, sports activities, distribution of

religious books, conventions, training programs, ‘harvest’, excursions, giving social support and camping. Most participants reported engaging in these activities because they are required of every Christian: ‘I think it’s very good and very helpful because... as believers we have to share God’s word, we have to spread the Gospel and we have to get people to be born again [in order to get] to heaven...’ (P.14, female, 22 years).

The order of service and other activities of the church may be planned or directed by the Holy Spirit through revelations to the church leader:

No, since I came here, we don’t have specific days for specific things... we do what the Holy Spirit leads us to do... At times, the day that we’ll go for communion, the communion will be after the service, but at times, when we come, right in the morning, when people have not come, the prophetess says the Holy Spirit says that we should have communion, also, sometimes after the service, there can be an anointing service, per the direction of the Holy Spirit ... (P.2, male, 28 years).

When asked about the impact of these church activities, most participants mentioned the positive impacts they have on different aspects of their lives. According to the participants, these activities (e.g. intercessory prayers) provided social and emotional support especially when they are faced with difficulties. They also provided spiritual support, spiritual fortitude and a sense of relief from their difficulties:

...we in the women’s fellowship, do intercede for each other, such that when we come together, and there is something disturbing a fellow member, she speaks about the issue and we pray together... Also, when we come for prayers, I raise up my difficulties, and my fellow friends help by praying together with me. But through prayer, God moves on his Grace, and takes everything away from my life ... (P.71, female, 35 years).

Aside from the above, some of the churches organize training sessions where congregants are trained on how to build Christian virtues, and how to develop good social relations: ‘besides prophecies and miracles... they train us to be somebody to be able to stand on our own... they tell us how to behave and how to relate to other people; it’s not just about being a Christian ... I know that I am where I am today because of what I have learnt from my ministry’ (P.16, 19 years).

Youth fellowships also provide a means to educate the youth on issues of life and to help groom them to be better citizens in the future: ‘... teachings also help the youths to know how to go about issues. The Bible says that, teach a child the way he should go, so that when he grows he would not depart from it. So if you don’t teach them how they should go, then they would surely depart from it. So that is why we focus on the youths’ (P.79, female).

Other activities such as prayers were believed to build one’s faith and facilitate spiritual growth which in turn can lead to success and blessings in one’s life: ‘...Spiritual work is also done in the church. Some people don’t pray at home, but when they find themselves in church they try to pray. That also helps in spiritual growth. ... When you involve yourself in the work of God, your life moves forward ...’ (P.64, female, 22 years).

Counselling provides guidance on how to overcome life difficulties: ‘... the counselling is good for anyone who has problems. So during the counselling, the pastor will guide you

and pray with you. You must take active part; the pastor will not do everything for you' (P.58, female, 28 years).

Some participants believed that giving testimonies can lead to further blessings because of the public declaration of what God had done for the person. They also believed that interceding for someone could result in God Himself interceding for you. Finally, some participants believed that paying tithes provided divine cover and escape from misfortune: '... to me I think when God does something for you and I say it He'll do more, that's what I believe. I do believe that when you intercede for a friend, God will intercede for you. That's what I believe, and the paying of tithe, it will just make God take away wrong things that will come to your path' (P.40, female, 13 years).

These church activities help to gain social recognition, prevent misuse of time, and equip congregants for greater encounter with miracles and prophecies: '... well with these activities it has helped me in such a way that like, ... I don't use my time on unnecessary things' (P.17, male, 25 years).

Teachings that speak to the negative lifestyle of congregants lead to an awareness of bad deeds and potential change in lifestyle: 'I think that it's [sermons] very good because it changes the bad people and then sometimes it goes to the extent of people repenting from their bad deeds to good deeds' (P.31, female, 14 years)

Church Teachings and Doctrines

Information on the doctrines and teachings of the churches and the impact of such doctrines on congregants' well-being was gathered. Results revealed a focus on means of attaining salvation and eternal life; building faith; prescription of dress codes aimed to promote decency; instilling virtues (e.g., love, forgiveness, obedience to God, morality, honesty, endurance, humility, responsibility, academically oriented, leadership skills); identifying signs and preparations for the end time/ second coming of Jesus; building fortitude against the work of the devil; giving and its benefits; and soul winning into God's Kingdom. A focus on the pleasures but not the suffering of Christianity, teaching identity and true purpose of Christianity aimed to build enduring outlook also emerged. These teachings were thought to lead to behaviour change and instilled virtues as well as build stronger faith in God.

Church Teachings Promote Virtues

Virtue-related teachings were given in diverse forms. Some of the teachings were reported to focus on promoting upright living by encouraging participants to desist from negative life styles and focus on living a life that pleases the Supreme Being:

... when we read 1Corinthians 3:16, it says, 'do we not know that our bodies are the temple of God, and that whoever destroys the temple of God, He will also destroy'. So in view of that, we are taught not to destroy our bodies and to keep it holy. The main thing being taught here is to live a life that pleases Christ; we must obey what God says and stay away from the things that don't please God (P.11, female, 30 years).

Some doctrines focused on instilling forgiveness and tolerance among congregants. To some participants, the content of the teaching is the driving force for their conversion into

the current church. Such teachings promote favourable relationship among congregants and have the potential to promote positive community bonds:

... In my church, honestly, it was the preaching that drew us into the church. Because when you listen to the preaching... there are a lot of things you can learn from the preaching. For example, if someone steps on your foot, just remove your leg and tell that person sorry. If someone slaps you, turn the other cheek... they teach us a lot of things that help to change us ... (P.49, female, 35 years)

Additionally, some teachings focus on promoting love for one another: '... they teach us how ... to love your neighbour and go according to the word of God and the commandments' (P.34, female, 14years). Other teachings also focus on the need to be benevolent towards the needy: '... we learnt last year that if we think we have the means to, we should help our brothers in need ...' (P.66, female, 23 years).

The qualities have benefits to both the individual and the community. For the individual, practicing these virtues could promote inner peace which in turn could promote physical, spiritual and mental well-being. On the societal level, they could promote strong community bonds and harmonious living among people.

Church Teachings Instil Life Skills

Besides promoting virtues, accounts of participants also revealed that some teachings focus on coaching congregants on qualities needed for successful leadership:

Yes, how to become an overseer, a leader in your church. To become an overseer, you're to go through certain stages, you're to be humble, to be able to take care of your family because if you're not able to take care of your family, how will you be able to take care of other people, and if also, you're not well educated in how to help people, how will you go and help people when you've not helped yourself? (P.30, male, 16years).

Some teachings focus on equipping congregants with skills that are needed for positive interpersonal relationship with one's spouse as well as qualities needed for thriving marriages. Such teachings have the potential to promote successful marriages and reduce marital distress which in turn can promote mental health in couples. In a society like Ghana where psychological services are scarce, the church appears to be filling the gap by providing counselling services to congregants in need:

... I have learnt a lot from them ... we learnt about how to handle your husband in marriage or things you shouldn't do when you get married, and things you are to do to your husband to make him be pleased with you... and that about dating, if you are married ... he [the pastor] said married people should not have extramarital affairs (P.66, female, 23 years).

Teachings Build Personal Resilience in Challenging Times

Another significant teaching pertains to doctrine of the love of God and the associated benefits of identifying with Christianity. Such teaching provided some reprieve during trying times. During challenges, the knowledge of God's love and His availability to help the individual through the tribulations provided comfort and promoted resilience in the mist of the challenges:

... I'll love to share ... the love of God. The Bible has said in the book of John 3:16 that 'For God so loved the world that He gave us His only begotten son, that whosoever believes in Him should not perish', and then that word has assured us that anytime we believe in Christ, we would not perish no matter what happens to us, we may pass through tribulations and a lot of things but we should stand firm because the Lord is always at our side because He loves us and He's not going to allow us to pass through things that we'll not be able to pass through... (P.37, male, 15 years).

The provision of biblical evidence of other Christians who have been helped by God during challenging times further solidify the individual's beliefs in their capacity as Christians to sail through the challenges when they identify with Christianity. In this sense, resilience is built through fostering self-efficacy beliefs in the individual: 'Teachings on Christianity, like ... the story of Joseph for example, we were taught that Joseph went through a whole lot but in the end God raised Him up because it was depending on his work towards the word of God and how God loved him ...' (P.40, female, 13 years).

Teachings on faith further engender endurance and resilience during challenges. Congregants are taught to have faith and persevere through challenges as the trials are testing periods in Christianity. Additionally, congregants are equipped with means through which they could resist the source of and effects of their problems. This reduces worry and uneasiness: 'They preach Christianity and about faith... Satan can come and test your faith ... if you don't have faith, Satan can [take you away] from Christianity [but] If you have faith Satan cannot do anything to you. [they also teach you what] you can do to help yourself, if you're going to sleep, you pray ... angels can come and protect you ...' (P.44, female, 15 years).

Results: How Religious Activities May Hinder Mental Well-Being

This section focuses on ways in which religious activities hindered mental well-being of congregants.

Prophecy

Despite the recounted positive impacts of receiving prophecies, our participants did acknowledge that there was the potential for negative consequences of such practices. One of the foremost factors that came up repeatedly was the ability of negative or threatening prophecies to induce sadness and/or despair. Some participants recounted instances when they had become despondent upon receiving an ominous prophecy: '...they told me that my little child would die, and at once, I became tensed up. As I was going home, I was very sad...' (P.76, female, 22 years).

In addition to feelings of sadness, there were also instances when dire prophecies induced fear, worry and anxiety in recipients. The participant below had received a prophecy that she was 'going to become mad', and therefore found herself worried about occurrences that may trigger the prophecy's fulfilment: '...there are days that, immediately something happens it clicks to me [and I wonder], is this what is going to happen that I am going to go mad? ...It really worried me. For a whole week, I wasn't myself and even till now I'm not myself... I feel what if it didn't come yesterday, it didn't come today and it might come tomorrow? So it worries me...' (P.28, female, 23 years).

Such anxiety or fear can have further psychological consequences for the individual including feelings of helplessness, hopelessness, associated depression and even suicidal tendencies. Apart from these, this fear and anxiety may also result in a self-fulfilling prophecy, which a few of our respondents also reported: ‘... [If] it’s not a prophecy that would bring happiness to your soul, you can be thinking about it... [And] the thinking can lead to its fulfilment...’ (P.78, female, 27 years).

Some respondents also recounted becoming paranoid and/or hyper-vigilant when they received negative prophecies. This was particularly the case when the prophecies regarded someone being the cause of some bad experience or problem, or when a prophecy remains unfulfilled. The respondent below had received a prophecy about a neighbour being the cause of some hardship in her life through some spiritual machinations, and as a result, she had become suspicious of the woman’s activities: ‘...it made me to be vigilant in my behaviour [around her]...there are some things that I have seen about her that, I have realized that, I have to take caution about...’ (P.72, female, 35 years). Such suspicions resulted in avoiding people, places and activities that were related to the prophecy in some way, denial of the predictions’ existence or efficacy, as well as some behaviours targeted at refuting the prediction.

In addition to feelings of paranoia, unfulfilled prophecies also resulted in frustration and despair for some recipients: ‘...if I say it I’ll cry... As for the prophecy, if I say it I’ll cry. Hmm, as for me, I don’t know. I feel that, I believe that I’m yet to experience the true thing. But how to get there, that’s the issue’ (P.5, female, 42 years).

Receiving prophecies also potentially resulted in some compulsion on the part of the recipients as a show of blind faith. In response to receiving some positive prophecy, or seeing a prediction come true, some recipients believed that the prophet needed to be ‘obeyed’ in order to keep receiving such good will or in order to prevent some dire occurrence: ‘...if he prophesies that you are about to die...you should also follow him, and whatever he would tell you, you have to do. If he says sleep here, you have to sleep there, and if he says you should sit, you should sit. If you follow him with your heart, everything would go on well for you’ (P.74, female, 28 years).

The last respondent describes a situation that was cited by a number of participants. Due to the faith the recipients had in their prophet, their word was taken as fact and resulted in broken relationships/families. Many of them believed serving the prophet and obeying his instructions would avert misfortune and/or produce blessings. This affects their agency as individuals and may be the precursor to disillusion and potentially a crisis of faith when the prophet is unable to meet all their perceived needs.

Finally, some respondents talked about the method of disclosing prophecies as potentially causing negative outcomes. Many of them believed that prophecies needed to be disclosed with tact, and in private:

...it’s not every prophecy that you must [disclose]...they have to be very careful. They should not just get up and give out any prophecy, they must look at the appearance of the person...if you tell a person who looks like he has a hot temper that his mother is a witch, it can make him go home and even stab his mother (P.69, female, 27 years).

Such public disclosure has the potential of inducing fear, shame and guilt in people, all of which are potential triggers for anxiety disorders, depression, helplessness and even suicidal ideation. When the content of the prophecy is worrying, it may produce panic because of the public awareness.

These potential negative outcomes of receiving ominous prophecies, can result in loss of faith or faith crises, and subsequent de-conversion. The individual may also lose the associated social and emotional support that they have from belonging to the church or group. Again, these are trigger points for psychological disorders.

Miracles

Although there were many described positive benefits of witnessing or experiencing miracles, few of our participants had specific negative impacts to relate. What did come up was an acknowledgement of the potential ‘god complex’ that may result between the prophet and the members of the congregation. Some participants were aware of the fact that focus and adulation may shift from God to the prophet when miracles were performed. The consequence of such adulation is the possibility of being taken advantage of: ‘...Now, there are a lot of pastors who are taking advantage of [people] and they are asking people to bring all sorts of things in order to give them their miracles, I’ve been a victim to that, that’s why I no longer believe in those things. So many pastors have said a lot of different things...’ (P.11, female, 29 years). This participant has clearly become disillusioned with this practice. The potential for faith crisis or apostasy is high in such cases. These kinds of examples dominated the participants’ perceived negative impacts of miracles.

Other Church Activities

Again, despite the many positive factors arising from various church activities, there are also some negative consequences such as preventing medication adherence. In some instances, when prayers/desires of the individual were not fulfilled within a specific time, frustrations set in and attenuate one’s faith and possibly cause the cessation of prayers. Too many church activities that span through the week may cause stress, loss of jobs and family problems. This is particularly so if one doesn’t take a break from some of these activities, and especially for those individuals who are unable to assess the benefit and detriments of the activities on their well-being: ‘...one thing I know is that, in our church everybody is supposed to be very active, whether you are in the choir department, ushering department, [sometimes] the pastor would call you, [and] wherever you are you have to find yourself at [the main church] ...’ (P.19, Male, 23 years).

The demands from the church to engage in these week-long activities may cause stress which may lead to other psychological conditions:

...Monday we have to go for church service and other rehearsals and then Tuesday teaching service and Wednesday also teaching service. Thursday we have rehearsals, Friday youth prayer service and sometimes all-night, Saturday rehearsals, so you see, sometimes maybe if you are not strong psychologically it can affect you especially when you are working and you need some rest. Stress might come in... sometimes you have to miss (P.48, Male, 27 years).

Church Teachings and Doctrines

Besides the positive role of church teachings, participants' accounts also revealed ways in which some of the teachings could potentially hinder mental health. Some churches prescribe dress codes and restrict women from wearing 'men's clothing' (trousers). These restrictions could prevent church attendance and the associated benefits, especially for congregants who are unable to afford acceptable attire:

A teaching like a male shouldn't wear a female's clothing and vice versa, we don't have any teaching like that. God doesn't look at your dressing, He looks at the heart... some people are children spiritually, so if the person wears a dress and the pastor shouts you don't have to wear this to the church... Maybe that is what the person is used to wearing... The person wouldn't come again, you have sacked the person (P.65, male, 17 years).

Teachings on the second coming of Christ and the possibility of people not making it to Heaven also induced fear in some congregants. The problem is with the uncertainty about whether an individual will make it to heaven and spend eternity in delight or to hell in eternal damnation:

They always teach that Jesus is coming. Those who are doing evil, those who wear skinny [a type of trousers], and those who wear trousers. I had a lot of fear running through me. Those who don't respect their husbands. All these made me to fear a lot. So I sat down to think about it ... the Man is coming, and when He comes what would I tell him. So when I imagined that, when Jesus asks me of what work I have done in his church, what would I say... (P.73, female, 28 years).

A similar thought was shared by another participant who was concerned about whether or not she will make it to Heaven. Besides inducing fear, it also induced sadness: 'when the preaching comes, I become sad, because if God should come now, I don't know where I would stand' (P.76, female, 26 years).

While teachings on faith have the potential to instil resilience, the caveat is that, it could also promote blind faith and faith crisis. For example, congregants are encouraged to have strong faith that could make the impossible possible. However, in situations where such faith does not yield the desired results, the individual could experience faith crisis: 'They teach us that everything that you do ... you should have faith ... because when you have faith, you can tell this machine to move without electricity' (P.42, female, 13 years).

Another way in which church teachings could hinder mental well-being is through the church's emphasis on the content of the Bible. Many participants reported that the doctrine of the church is the content of the Bible. Some of the churches professed to follow all the content of the Bible and congregants are made to believe that what is taught in the church comes directly from the Bible. The problem with this method is that although the quotations may support the intended message the leaders are trying to convey to the congregants, the interpretation of the quotations may be misleading and some quotations may be taken out of context. Congregants may blindly follow the leaders due to their perceived authority and their trust in them, without discerning the quotations for themselves. Congregants may also become dependent on the leaders and may not learn to problem-solve for themselves: 'It is the word of God. That is first, we use bible, everything that we say is based on the word of God. We give them the assurance that what we are

telling them and teaching is from God, not from us but from God. So we have to do it ... for their own good. ... We believe if you obey [and] if you believe you will be great, not only on this earth but even after' (P.54, male, 38 years).

Discussion and Implications for Well-Being

The results of the study revealed significant findings that have implications for the mental well-being of the congregants. These are discussed below in line with the three broad thematic areas, namely, prophecies and miracles, other church activities and church doctrines.

Prophecies and Miracles

Our results suggest that prophecies and miracles as practiced in charismatic/neo-prophetic churches in Ghana can have both positive and negative consequences. This is similar to what has been reported in the literature (e.g. Koenig 2009; Smith, McCullough, and Poll 2003). The general perception of our participants is that prophecies and miracles in themselves are beneficial. However, the content, the mode of disclosure, and the motive behind the practice can negatively affect the mental well-being of recipients or participants.

Although prophecies and miracles may foster optimism, hope and growth, it can also lead to an unhealthy dependence on prophets for solutions to life's struggles. This is also similar to what other studies have reported (e.g. Shreve-Neiger and Edelstein 2004). As such, the individual as an agent is lost in the mix, and he/she develops a blind faith in the prophet's abilities. The dependency may also result in complacency and unrealistic expectations of success.

Further, although belonging to church groups can provide social, emotional or financial support, when members receive ominous prophecies about family members, or have unmet expectations of miracles, such bonds and familial support may break or may become burdensome. Unmet expectations for miracles may also result in cognitive dissonance in the individual when it appears that the expectation is unfulfilled due to some personal failing.

The end result of these processes is not only eventual apostasy and/or faith crises, but also potential psychological disorders such as anxiety disorders, mood disorders, intense feelings of shame and guilt (similar to what was reported by Koenig, King, and Carson 2012), and even suicide (Dein and Littlewood, 2005).

Other Church Activities

The results above also indicate that most participants found that engaging in religious activities improved their spiritual, emotional and social wellbeing. Other studies have found that regular participation in religious activities improve life satisfaction, happiness, emotional health and psychological well-being of their participants (e.g. Connor 2010; Levin, Markides, and Ray 1996). Most participants alluded to the fact that their involvement in religious activities was beneficial as they received social and emotional support which helped them when they encountered misfortune and difficulties. This in turn increased their emotional and psychological health given the enhancing effects of social support on psychological well-being (Petersen and Govender 2010).

The findings also indicated a change in behaviour of some participants due to the teachings and sermons they received when they attended some of the religious activities. This finding is consistent with other studies that were conducted to ascertain the influence of engaging in religious activities on behaviour change among adolescents (Jessor, Turbin, and Costa 1998; Wallace and Forman 1998). In addition, Agbiji and Swart (2015) also reported that being affiliated to religious group fosters the development of good personal values as described by participants in this study.

Although engaging in religious activities seemed beneficial, other participants also reported feeling stressed due to the demands of the churches' activities. This finding is consistent with previous studies (e.g. Strawbridge et al. 1998; Ellison et al. 2001) that highlight the association between demands of religious activities and exacerbation of stress in congregants. These negative experiences could lead to psychological disorders such as depression and anxiety.

Church Doctrines

The results further shed light on the association between church doctrine and the psychological well-being of the congregants. On the positive side, church teachings promoted mental well-being through four main pathways. First, church doctrines promoted virtues including humility, love, forgiveness, tolerance and benevolence. Additionally, church doctrines taught life skills, promoted personal resilience and focused congregants' attention on the rewards for salvation and eternity. These findings are consistent with previous studies that found religious teachings to reduce deviant behaviours (Johnson, DeLi, Larson, and McCullough 2000) and encourage the practice of virtues (Hill and Pargament 2003).

Another previous study found that spirituality promoted positive worldviews that gave meaning to personal experiences (Salifu Yendork and Somhlaba 2017). This in turn enhances a sense of purpose, direction, and hopeful beliefs (Koenig and Larson 2001). Furthermore, comfort and hope in the midst of troubling times has been shown to improve health outcomes among others (Koenig et al. 2012). Increased faith and religious involvement can also result in a generally positive outlook in life, fostering better resilience, self-efficacy and overall mental well-being (Dein 2013; Koenig et al. 2012). The teaching of empowerment skills could also improve mental well-being through fostering self-efficacy beliefs and self-esteem (Hajizadehanari et al. 2013).

Despite the positive impacts, church doctrines could hinder mental health through unrealistic restrictions of congregants' dress code, inducing fear and sadness through teachings that focused on damnation, promoting blind faith and faith crisis, and indirectly encouraging dependency on church leaders. Restrictions on dress code could prevent congregants from attending church services which in turn could prevent them from benefiting from being a part of a church community. Research has shown that during trying times, religion (especially membership in a church) and spirituality present a wide range of social and emotional ties and an opportunity for a shared experience of grieving (Somhlaba and Wait 2008). Thus, preventing individuals from attending church because of strict dress code could prevent the benefits associated with being a part of a church. Additionally, the association between church teachings and fear that we found also aligns with previous research (Jong 2013). Furthermore, the potential for faith crisis has also been confirmed by previous research (Mwakabana 2002).

Limitations and Directions for Future Study

In spite of the many findings reported above, there were some limitations that are important to note. One such limitation was the number of churches. With the time constraints and the difficulties in obtaining consent to participate from many of the churches that were approached, sampling participants from more churches would have provided greater context and perspectives.

A further task which would have enhanced analysis of narratives is comparisons with congregants from non-charismatic churches. This would have allowed an exploration of deeper cultural meanings and understanding of the discussed practices and concepts.

Conclusions

In conclusion, church activities and doctrines were found to have both positive and negative effects on the mental well-being of the congregants. It is therefore important that church members and leaders are engaged in continued dialogue to identify potential risks and benefits associated with religious membership. Further, the need for psycho-education cannot be overstated. When both members and leaders are aware of these impacts, the risk can be reduced and the benefits can be increased. Their understanding of mental health and spirituality will also provide avenues for mitigating harm. Periodic workshops, seminars and/or talks will be beneficial. These could be done for members and leaders separately to provide a means of learning from the experiences of others. There is also the need for stricter regulation around religious practices. This is a tall order considering the varying methods, needs and beliefs that exist. However, periodic spot checks by governing bodies may help to reduce the instances of abuse. Stricter requirements for registering as a religious entity may be needed to enhance monitoring of their activities.

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REFERENCES

- Agbiji, O. M., & Swart, I. (2015). 'Christian Religious Leadership and the Challenge of Sustainable Transformational Development in Post Military Nigeria: Towards a Reappraisal'. *Bulletin for Christian Scholarship* 80: 1–13.
- Anderson, A. (2004). *An Introduction to Pentecostalism: Global Charismatic Christianity*. Cambridge: Cambridge University Press.
- Ano, G. G., & Vasconcelles, E. B. (2005). 'Religious Coping and Psychological Adjustment to Stress: A Meta-Analysis'. *Journal of Clinical Psychology* 61: 461–480.
- Asamoah-Gyadu, J. K. (2013). *Contemporary Pentecostal Christianity: Interpretations from an African Context*. Oxford: Regnum Books.
- Beit-Hallahmi, B. (2001). "'O Truant Muse": Collaborationism and Research Integrity'. In *Misunderstanding Cults*, pp. 35-70. Edited by B. Zablocki, and T. Robbins. Toronto: University of Toronto Press.
- Brown, D. R., Ndubuisi, S. C. and Gary, L. E. (2010). 'Religiosity and Psychological Distress among Blacks'. *Journal of Religion & Health* 29: 55 – 68.
- Chatters, L.M. (2000). 'Religion and Health: Public Health Research and Practice'. *Annual Review of Public Health* 21: 335–367.
- Connor, P. (2010). 'Balm for the Soul: Immigrant Religion and Emotional Well-Being'. *International Migration* 50: 130-157.
- Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks: Sage.
- Dein, S. and Littlewood, R. (2005). 'Apocalyptic Suicide: From a Pathological to an Eschatological Interpretation'. *International Journal of Social Psychiatry* 51: 198 – 210.
- Dein, S. L. (2013). 'Religion and Mental Health: The Contribution of Anthropology'. *World Psychiatry* 12: 34 – 35.
- Ellison, C. (1991). 'Religious Involvement and Subjective Well-Being'. *Journal of Health and Social Behaviour* 32: 80-99.
- Exline, J. J., Yali, A. M., and Sanderson, W. C. (2000). 'Guilt, Discord, and Alienation: The Role of Religious Strain in Depression and Suicidality'. *Journal of Clinical Psychology* 56: 1481–1496.
- Gartner, J., Larson, D. B., and Allen, G. D. (1991). 'Religious Commitment and Mental Health: A Review of the Empirical Literature'. *Journal of Psychology and Theology* 19: 6–25.
- 'Pastor Obinim Defends "Healing" Manhood Live on TV'. Ghana Web July, 2015. Retrieved from <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/Pastor-Obinim-defends-healing-manhood-live-on-TV-369476>.

- Gifford, P. (2004). *Ghana's New Christianity: Pentecostalism in a Globalizing African Economy*. Bloomington and Indianapolis: Indiana University Press.
- Hadzic, M. (2011). 'Spirituality and Mental Health: Current Research and Future Directions'. *Journal of Spirituality in Mental Health* 13: 223–235.
- Hill, P. C., and Pargament, K. I. (2003). 'Advances in the Conceptualization and Measurement of Religion and Spirituality'. *American Psychologist* 58: 64–74.
- Jessor, R., M., Turbin, M. and Costa, F. (1998). 'Risk and Protection in Successful Outcomes among Disadvantaged Adolescents'. *Applied Developmental Science* 2: 194–208.
- Johnson, B. R., DeLi, S., Larson, D. B., and McCullough, M. (2000). 'A Systematic Review of Religiosity and Delinquency Literature'. *Journal of Contemporary Criminal Justice* 16: 32–52.
- Jong, J. (2013). 'On Faith and the Fear of Fatality: A Review of Recent Research on Deities and Death. *Journal for the Cognitive Science of Religion* 12: 193–214.
- Koenig, H. G. (2009). 'Research on Religion, Spirituality and Mental Health: A Review'. *Canadian Journal of Psychiatry* 54: 283–291.
- Koenig, H. G. (2010). 'Spirituality and Mental Health'. *International Journal of Applied Psychoanalytic Studies* 7: 116–122.
- Koenig, H. G., and Larson, D. B. (2001). 'Religion and Mental Health: Evidence for an Association'. *International Review of Psychiatry* 13: 67–78.
- Koenig, H. G., King, D. E. and Carson, V. B. (2012). *Handbook of Religion and Health*. 2nd ed. New York: Oxford University Press.
- Koenig, H. G., George, L. K., and Peterson, B.I. (1998). 'Religiosity and Remission from Depression, in Medically Ill Older Patients'. *American Journal of Psychiatry*, 155, 536–542.
- Larbi, E. K. (2001). *Pentecostalism: The Eddies of Ghanaian Christianity*. Accra: Centre for Pentecostal and Charismatic Studies.
- Levin, J. S., Markides, K. S. and Ray, L. A. (1996). 'Religious Attendance and Psychological Well-Being in Mexican Americans: A Panel Analysis of Three-Generations Data'. *The Gerontologist* 36: 454–463.
- Omenyo, C. N. (2006). *Pentecost Outside Pentecostalism: A Study of the Development of Charismatic Renewal in the Mainline Churches in Ghana*. Zoetermeer: Boekencentrum.
- Pargament, K. I., Koenig, H. G., and Perez, L. M., (2000). 'The Many Methods of Religious Coping: Development and Initial Validation of the RCOPE'. *Journal of Clinical Psychology* 56: 519–543.
- Petersen, I., and Govender, K. (2010). 'Theoretical Considerations: From Understanding to Intervention'. In *Promoting Mental Health in Scarce-Resource Contexts: Emerging Evidence and Practice*, pp. 21–48. Edited by I. Petersen, A. Bhana, A. J. Flisher, L. Swartz, and L. Richter. Cape Town: Human Sciences Research Council.

Pobee, J.S. (1979). *Towards an African Theology*. Nashville: Abingdon.

Salifu Yendork, J., and Somhlaba, N. Z. (2017). “I am Happy Because of God”: Religion and Spirituality for Well-Being in Ghanaian Orphanage-Placed Children’. *Psychology of Religion and Spirituality* 9:Suppl. 1: S32-S39.

Shreve-Neiger, A. K. and Edelstein, B. A. (2004). ‘Religion and Anxiety: A Critical Review of the Literature’. *Clinical Psychology Review* 24: 379-97.

Sipsma, H., Ofori-Atta, A., Canavan, M., Osei-Akoto, I., Udry, C. and Bradley, E. (2013). ‘Mental Health in Ghana: Who Is At Risk?’ *BMC Public Health* 13: 288.

Smith, J. A. (1996). ‘Beyond the Divide between Cognition and Discourse: Using Interpretative Phenomenological Analysis in Health Psychology’. *Psychology and Health* 11: 261–271.

Smith, J. A., and Osborn, M. (2003). ‘Interpretative Phenomenological Analysis’. In *Qualitative Psychology: A Practical Guide to Research Methods*, pp. 51-80. Edited by J. A. Smith. London: Sage.

Smith, T. B., McCullough, M. E. and Poll, J. (2003). ‘Religiousness and Depression: Evidence for a Main Effect and the Moderating Influence of Stressful Life Events’. *Psychological Bulletin* 129: 614–636.

Somhlaba, N. Z., and Wait, J. W. (2008). ‘Psychological Adjustment to Conjugal Bereavement: Do Social Networks Aid Coping Following Spousal Death?’ *Omega: Journal of Death and Dying* 57: 341–366.

Strawbridge, W. J., Shema, S. J., Cohen, R. D., Roberts, R. E., and Kaplan, G. A. (1998). ‘Religiosity Buffers Effects of Some Stressors on Depression But Exacerbates Others’. *Journal of Gerontology: Social Sciences* 53B: S118–S126.

Wallace Jr., J. and Forman, T. (1998). ‘Religion's Role in Promoting Health and Reducing Risk among American Youth’. *Health Education and Behaviour* 25: 721–41.

Williams, D.R. and Sternthal, M.J. (2007). ‘Spirituality, Religion and Health: Evidence and Research Directions’. *Medical Journal of Australia* 186: 47–50.