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Mental illness has multiple causes: beliefs on causes of mental illness by congregants of selected neo-prophetic churches in Ghana

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ABSTRACT

The present study explored perceived causes of, and preferred treatment approach for, mental illness among congregants of six Neo-prophetic churches in Accra and Kumasi through in-depth interviews. Using thematic analysis, five themes emerged from participants' causal attributions of mental illness. These included lifestyles and environmental stressors, spiritual causes, interaction of multiple factors, trauma and biological causes. Additionally, participants discussed four main mechanisms through which stress leads to mental illness. These included persistent worrying over stressors, use of inappropriate coping strategies to cope with stress, refusal to talk about one's problems and individuals' appraisal of stress and available coping resources. These beliefs directly determined congregants' preferred treatment approach. Implications of the findings are discussed.

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Mental illness; spirituality; causal explanation; congregants; neo-prophetic churches

Introduction

In Ghana it is estimated that about 650, 000 people are suffering from severe mental disorder and 2,166,000 are suffering from moderate to mild mental disorder (WHO, 2007). Of this number, it is estimated that only about 2% seek biomedical treatment (Roberts, Mogan, & Asare, 2014). The vast majority resort to traditional and faith healers (Ae-Ngibise et al., 2010) and many of these people resort to prayer camps which are predominantly of the Christian faith and are run by pastors, prophets and apostles (Read, Adibokah, & Nyame, 2009). In order to understand the high patronage of traditional and faith healers, the exploration of beliefs on causal attributions of mental illness is relevant given that such attributions have been linked to help-seeking behaviours (Lynch & Medin, 2006).

The explanation framework or models of illness helps to explain how people formulate beliefs about illnesses. These models are sets of assumptions or beliefs about the episode of illness, causes, effect of illness and treatment options that are relevant to a particular phenomenon (Kleinman, 1980). Two broad hypotheses have been formulated about patients' beliefs on illness causation; namely, domain-specificity hypothesis and cross domain hypothesis (Kleinman, 1980; Lynch & Medin, 2006). The domain-specificity

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hypothesis proposes that individuals perceive illness to have either a psychosocial or a physical cause and that each domain plays a distinct role in a single explanation of illness. For those who hold physical attribution, they attribute illness to physical causes such as the disruption of bodily or physiological process. Those who hold psychosocial beliefs also attribute illnesses to psychosocial causes which are mostly influenced by prevailing social beliefs of the causes of illness. On the other hand, individuals who identify with the cross-domain hypothesis integrate physical and psychosocial causes in the explanation of illness. These individuals tend to perceive the psychosocial causes as alternative explanation to the physical causes.

Although the direct causes of mental illness to a large extent remain unknown, mental illness is believed to stem from a biopsychosocial point of view, with causal factors stemming from a combination of biological, psychological and socio-cultural factors (Kinderman, 2005). For the biological perspective, mental illness is believed to be caused by brain dysfunction affecting perception, thinking, mood and behaviour (Weir, 2012). Brain dysfunction results from neurotransmitter dysfunction, genetic anomalies, and defects in brain structure and function (Deacon, 2013). From the psychological angle, mental disorder results from disruption or dysfunction in cognitive psychological processes (Kinderman, 2005). Socio-cultural risk factors include substance use in pregnancy, insecure attachment in infancy, family violence in childhood, households living in poverty, chronic health conditions, belonging to a minority group and exposure to conflict (WHO, 2012).

Studies done in the African context have suggested several causal factors of mental illness. Kinyua and Njagi (2013) found that among native Kenyans and Kenyan immigrants living in Finland, mental illness was perceived to be caused by misuse of drugs, environmental stressors, curses, genetic deformities and poor lifestyle. Link, Phelan, Bresnahan, Stueve, and Pescosolido (1999) also found that participants reported multiple causal explanations including combination of stressful circumstances, biological and genetic factors as well as drug abuse. In Ghana, Opare-Henaku (2013) also found that Ghanaians ascribe to multiple causes including problems of living, biological factors, spiritual and substance use. Despite the belief in multiple causal factors, the unique contribution of supernatural elements is also highly acknowledged in the African context.

A dominant causal attribution of mental illness in the African context is the role of the supernatural in the onset of mental illness. For example, in Tanzania, Chikomo (2011) found that participants believe mental illnesses are not diseases but are equated to possession by evil spirits, witchcraft or curses and could also be caused by sin and intentionally breaking God's commandments. In Southern Ethiopia, Teferra and Shibre (2012) found that in addition to other causes, mental illness was perceived to be caused by possession by evil spirits, curses, bewitchment, "exposure to wind" and subsequent attack by evil spirit in postnatal women. Similar patterns have also been found in Ghana, where mental illness is attributed to witchcraft, evil spirit, curse from supernatural beings and consequence of divine punishment (Adeeku, 2015; Fiasorgbor & Aniah, 2015; Ofori-Attah et al., 2010; Opare-Henaku, 2013). Despite studies done on perceived causes of mental illness, many did not explain the mechanisms through which these factors are perceived to cause mental illness. This study therefore adds to the growing literature on the perceived causes of mental illness among the Ghanaian population and provides detailed accounts of participants' perception of ways in which mental illness is acquired. It also provides

information on help seeking behaviours that participants may adopt based on their perceptions on causes of mental disorders. We believe that the kind of treatment that will be sought by individuals will be dependent on their perceptions of what causes mental illness (Lynch & Medin, 2006; Patel, 1995).

As highlighted earlier, majority of the individuals experiencing mental illness patronise Christian faith healers. This is not surprising given that religion is believed to play a significant role in the lives of Africans (Mbiti, 1995). This may explain why Ghanaians have been found to be highly religious, with 90% of Ghanaians identifying with a religious group and 71.2% identifying with Christianity (Ghana Statistical Service, 2012). Although attempts have been made to explain the high patronage of faith healers (Ae-Ngibise et al., 2010), the unique role of religion in shaping people's causal attributions has not been explored adequately in the Ghanaian context.

Of the different existing church denominations, Ghana has seen an immense growth in a new breed of Pentecostal churches which emerged in the latter parts of 1980s and early 1990s (Gifford, 2004; Omenyo, 2011; Omenyo & Arthur, 2013). Omenyo and Atiemo (2006) described these churches as neo-prophetic churches. Neo-prophetic churches are a hybrid of African Independent Churches, the Classical Pentecostal Churches and Charismatic groups (Omenyo & Atiemo, 2006) and have firm beliefs that are grounded in African worldview of spirituality (Omenyo & Arthur, 2013). They arose as a way to incorporate the Ghanaian notions of the power of malevolent spirits and divinities that was abolished by the western missionary churches (Onyinah, 2002; Osafo, Agyapong, & Asamoah, 2015). Their major features include the use of prophetic ministrations, healing, deliverance and exorcism as well as their highly charismatic leaders who are usually the founders of these churches (Omenyo & Arthur, 2013). The leaders command very large following due to their prophetic proclamations and revelations. Omenyo (2011) gives examples of such leaders to include Prophet Elisha Salifu Amankwa, Prophet Owusu Bempa, Prophet Obinim, and Prophet Ebenezer Adakwa Yiadom among others. These churches are notable by their activities (e.g., crusades, conventions, prophecies, miracles, exorcisms and healing), doctrines (e.g., faith gospel of success, health and wealth), advertisement (e.g., large buildings and stickers), and the crucial role of the leader's personality in shaping affairs of the churches (Gifford, 1994).

Neo-pentecostalism has been noted to influence several aspects of Ghana's development including politics, socio-economic, socialisation and health care system (Gifford, 1994). Despite the extensive proliferation of these churches and their role in different domains in the Ghanaian context, there is relatively little research on their nature, growth, activities and subsequent impact on congregants' well-being (Gifford, 1994). To the knowledge of the authors, there are few studies on the influence of these churches on the mental well-being of their congregants. Against this background, studies are needed to explore the activities of these churches and their impact on congregants' mental well-being. The present paper forms part of a broader study aimed to explore the influence of the activities of Neo-Prophetic churches on the mental health of congregants in Ghana. Specifically, the present paper explored congregants' causal beliefs of mental illness and the impact of such beliefs on congregants' help-seeking behaviour.

The results of this study have implications for mental health promotion and stigma reduction. A study on individuals' causal attributions of mental illness will bring to light the different perspectives of neo-prophetic Christians. This information will aid in the

design of interventions aimed to reduce stigma and promote well-being. For example, Fiasorgbor and Aniah (2015) maintain that an awareness of mental illness makes it easier for community mental health workers to educate the population on the stigma of mental health. Given that the present paper focuses on congregants' causal attributions of mental illness, it will bring to light what is known by the congregants and the potential problematic views they might have about the causes of mental illness. Such information would be relevant in that it would serve as a guide and inform the development of interventions for mental health promotion and stigma reduction on what needs to be covered. The findings would also help explain why faith healers are preferred over biomedical treatment as remedy for mental illness as well as inform strategies to improve appropriate health-seeking behaviours and promote positive impact of these churches on congregants' wellbeing. It will also provide a basis for further plans on ways to devise interventions to correct misinformation, negative attitude and broaden knowledge on mental illness. The present paper sought to answer the following questions: What are the perceived causes of mental illness among congregants of neo-prophetic churches? What are the treatment choices of congregants of neo-prophetic when seeking help for mental illness? What is the nature of the link between congregants' causal attributions and their choice of treatment for mental illness?

Methodology

Research design

Qualitative research methods were used for the study given that it allows in-depth exploration of phenomenon that are not easily quantifiable (Nunn, 2009), allows for the emergence of findings that are not anticipated (Barker, Pistrang, & Elliott, 2002) and helps elicit rich narratives of a phenomenon from participants' perspectives as well as highlight the context in which the influence of a phenomenon is constructed. Precisely, phenomenological qualitative design was used to guide the study due to the aim of understanding individuals' causal attributions of mental illness (Creswell, 1998). In-depth semi-structured interviews were used to gather data from six neo-prophetic churches.

Research settings

Of the six churches used for the study, three were based in Kumasi and three in Accra. Accra and Kumasi were of interest because they are the most Cosmopolitan areas and most populated with Charismatic churches in Ghana. Initially, 12 churches were approached, six were based in Kumasi and the remaining six were based in Accra. The 12 churches were chosen purposefully on their base of operation which included miracles, healing, deliverance, prophecies and revelation activities. These activities were of interest given that they have been identified as the main activities that occur in neo-prophetic churches (Omenyo & Arthur, 2013). With these in mind, the 12 churches whose base of operation was identified as neo-prophetic were approached for potential participation in the study. Only six out of the 12 agreed to take part in the study. Those who refused gave reasons including being fully engaged with church activities during the time of data collection and hence could not accommodate the researchers approaching their

congregants. Others asked that we call their parent churches in countries outside of Ghana for permission but this was also unsuccessful as it soon became obvious that no permission would be granted. Similarly, others did not grant permission after repeated follow-up phone calls and visits. The participating churches are Favour, Charity, Godliness, Holiness, Endurance and Purity. The names of the churches are pseudonyms in order to protect the identity of the participating churches.

Participants

Overall, participants for the broader study included 86 individuals made up of 20 adolescents and 66 adults. Of this number, 13 (15.12%) were recruited from Favour, 15 (17.44%) from Charity, 28 (32.56%; 20 adolescents and 8 adults) 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, prophetesses, deaconesses and deacons with the remaining 72 being church members. Thirty-eight were males and 48 were females and they were aged between 13 and 64 years. Twenty-four had tertiary education, 8 had Senior High School education, 35 had Junior High School education, 6 had primary education and 10 did not report their educational background. More demographic information on participants can be found in Table 1.

Table 1. Demographic information on participants.

Sex	Male	38
	Female	48
Age	Youngest	13 years
	Oldest	64 years
Interview duration	Maximum	145 min
	Minimum	9 min
Settings	Favour	13 (15.12%)
	Charity	15 (17.44%)
	Godliness	28 (32.56%)
	Holiness	6 (6.98%)
	Endurance	14 (16.28%)
	Purity	10 (11.62%)
Occupation	Pastor	9
	Business consultant	1
	Student	35
	Charcoal seller	1
	Cleaner	1
	Contractor- mason	1
	Musician	2
	Hair dresser	3
	Mason	1
	Nurse	1
	Seamstress	4
	Store keeper	1
	Sonographer	1
	Taxi-driver	1
	Teacher	4
	Trader	7
	Unemployed	5
	other	5
Education	Tertiary-University	20
	Tertiary-other	4
	Senior High School	8
	Junior High School	35
	Primary	6
	Missing data	10

Although 86 individuals participated in individual interviews and focus group discussion of the study, the present paper reflects the views of 76 participants who took part in individual interviews. This is because, the focus group discussions focused specifically on exploring participants' experiences with regards to neo-prophetic church activities (miracles, revelation, prophecies and healing) and their perceptions of the impact of such activities on congregants' mental health. Hence, no questions on participants' causal attributions of mental illness were asked during the focus group discussions. In all, 10 participants participated in two focus group discussions that were conducted in Endurance. One was made up of five congregants while the other one was made up of five church leaders. The duration of the focus group discussions ranged from 102 min 42 s to 144 min 16 s.

Trustworthiness of the data

Several steps were taken to ensure trustworthiness of the research findings. Measures that were taken included the use of triangulation through gathering data from multiple informants (church members and leaders). In line with Maxwell's (2009) and Shenton's (2004) recommendations, we made interpretations based on participants' perspectives as they emerged from the data. We used quality tape recorders in order to record accurate accounts of participants' experiences and conducted detailed transcriptions of interviewed data. In order to understand participants' perspectives, we familiarised ourselves with the culture of research settings before data gathering by doing a week-long observation, and used member checks when collecting, transcribing and analysing the data. This enabled us to provide thick description of phenomenon under study. Additionally, the researchers independently coded and generated themes from the data and then compared generated codes to enhance credibility of the results. Disagreements were resolved through dialogue until an agreement was reached.

Ethical considerations

The Ethics Committee for Humanities of the University of Ghana gave ethical approval. The reference number for the ethics certificate is ECH 077/15-16. Also, informed consent from both church leaders and participants were obtained, voluntary participation, withdrawal from study, anonymity and confidentiality of the information shared were assured. Counselling services were made available and participants were given GHC 15 as a token of appreciation for their time and personal experiences shared towards the research.

Procedure

After clearance and consent from church leaders were obtained, a week long observation of church activities was conducted at all the research settings through which participants were recruited for the study. Observation was used for the broader study and entailed participation in the churches activities, which included regular Sunday-, mid-week- and all-night services in which Bible teachings, miracles, healing, prophecies and revelation activities occurred. Our focus was on the kind of activities that were being performed and congregants' reactions towards these activities. The observation was generally unstructured

and the aim was to confirm whether or not the activities of the church fit that of neo-prophetic churches. It was also used as an opportunity to build rapport and become accustomed with the churches' environment and congregants for subsequent participant recruitment for individual interviews and focus group discussions. Although observation was done as part of the broader study, data obtained fall outside the scope of the present paper and therefore was not included. Observations lasted between 1 h 30 min and 6 h.

After the week-long observation, congregants were approached either before or after church service, briefed about the research and subsequently invited for individual interviews or focused group discussions. Those who agreed to participate were included in the study. In-depth semi-structured interviews were aimed at exploring congregants' beliefs on the causes of mental illness and their preferred treatment approach. Interviews were conducted privately on a one-on-one basis and out of the hearing and reach of other congregants by the first and third authors and they took place at the church premises. Questions asked included: What do you think are the causes of mental illness? Do you think that mental illness is a spiritual matter? What kind of treatment would you suggest for mental illness? Why have you chosen this method? The duration of the in-depth interviews lasted between 9 and 96 min with an average length of interviews being 37 min 3 s. The short interviews were done with the adolescent sample and some of them were not forthcoming with information. Data was collected over a three month period from March to May 2016.

Data analyses

All interviews and audio-taped observations were transcribed (mostly by the second author) and coded manually using Microsoft Word and Excel. Data was analysed using thematic analytic procedure by Braun and Clarke (2006). The six steps include familiarisation with data, generation of codes, searching for themes, reviewing the themes, defining and naming themes and writing a report. Following transcription of audio-taped interviews, the first and third authors read through the entire transcribed audio-taped interviews. During this period, memos were written and reflections on the narratives reported by participants were done. During the familiarisation stage, attention was paid to aspect of the data in which participants reported on beliefs on causes of mental illness which was meant to guide the coding process. Coding was done by the first and third authors independently by identifying sections of participants' narratives where reference was made to their beliefs about causes, and preferred treatment approach for mental illness. The identified sections were then labelled. Codes were then compared across interviews for similarities and differences. Codes reflecting similar ideas or focus were grouped under a unified category and were then labelled as a theme and described in detail based on their relation to causal beliefs of mental illness. The process of peer checking was then introduced to enhance the credibility of the results. The fourth author compiled all the independently generated codes, quotes and themes as well as compared and contrasted the independently generated codes by the first and third authors. While compiling, comparing and contrasting the codes and themes identified, the fourth author identified areas of agreement and disagreement between the two coders and her personal position on all the codes and themes. Areas of disagreements were discussed among the authors until a

solution was reached. Themes were further reviewed and the final results were composed into a coherent narrative with authors' interpretations made in line with literature on causal attributions of mental illness.

Results and discussion

Following analysis of participants' views on the causes of mental illness, five broad themes emerged. The perceived causes were related to lifestyle issues, spiritual factors, trauma, biological factors and multiples causes. Additionally, mechanisms through which stress causes mental illness and the link between participants' belief and kind of treatment regimen they prescribed for mental illness also emerged. Some of the broad themes have related sub-themes which are organised in Table 2 below.

Lifestyle and environmental stressors

Several lifestyle factors were cited as causes of mental illness. These causes could broadly be categorised into factors related to drugs and factors relating to exposure and reactions to stressors.

Substance use

Of the lifestyle causes, substance use emerged strongly and was cited by 14 participants. Common substances perceived to cause mental illness included marijuana, alcohol and cocaine. This finding is consistent with a previous Ghanaian study (Opare-Henaku, 2013). The analysis of drug-related factors revealed two findings worth emphasising. First, it was strongly believed that a healthy person could instantly become mentally ill from ingesting recreational drugs. The rapid effect of drugs on the mental well-being was perceived to be caused by the incompatibility between the psychoactive substance in the drugs and the human blood, thus providing a cultural understanding of the mechanism through which drugs lead to mental illness:

Table 2. Themes and sub-themes obtained from participants' narratives.

	Themes	Sub-theme(s)
Causal attributions	Lifestyle and environmental stressors	1. Substance use 2. Experience and reaction to stressors
	Spiritual causes	1. Curses 2. Weak spirituality and spiritual machinations
	Multiple causes	1. Interaction of physical and spiritual factors 2. Interaction of lifestyle and spiritual factors
	Trauma	1. Rape 2. Severe head injuries
	Biological causes	
Stress-mental illness process	How stress leads to mental illness	1. Persistent worrying over stressors 2. Use of inappropriate coping strategies to cope with stress 3. Refusal to talk about problems 4. Appraisal of stress and available coping resources
Causal attributions and help-seeking link	Causal beliefs and help-seeking behaviours	

> for mental illness, some people take in 'weed' [*marijuana*], which leads to mental illness. I have a younger brother of about 16 years old, he smoked 'weed' [*marijuana*], and it made him mad, at once[*instantly*]. So 'weed' [*marijuana*] is a substance that, when smoked could lead to madness. (Participant 75, Endurance, female, 22 years)

> It is weed [*marijuana*] … In my family, there's no history of mental illness but I have an 18 year old male cousin who started smoking weed [*marijuana*] and it made him go crazy. So I think [*smoking*] *weed* [*marijuana*] causes mental illness. (Participant 10, Favour, female, 29 years)

Secondly, it was suggested that the motivation to use drugs among youths was perceived to be peer influence: this is in line with previous studies (Hendricks, 2015; Oetting, Edwards, Kelly, & Beauvais, 1997). Additionally, it would seem that participants were knowledgeable of the role of external influences but not individual personal characteristics that could contribute to substance use. Individual factors such as personality features (sensation seekers, depressiveness, impulsiveness), low academic achievement, gender and low self-concepts (e.g., self-esteem, self-worth, self-efficacy; Arnett, 2007; Vega, Zimmerman, Warheit, Apospori, & Gil, 1993) have been found to significantly influence drug initiation and use but were not cited by participants. There is therefore the need for psycho-education of congregants on the potential influence of personal and intrinsic factors that contribute to drug use initiation especially among the youth:

> … I was caring for a student from [*a particular secondary school*] who … lodged in our house … he was normal … initially … and nothing was wrong with him, but he became friends with some peers, and began to smoke marijuana, cigarette and also sniffs cocaine … His body system did not like it, and it made him to dance outside without music at the background … So he could not attend the school, for which he came to the town, and his peers also encouraged him that he would become intelligent when he smokes those things, and his mind would open, but because his body didn't adjust to the drugs, when he is there, then he is talking to himself. He sing songs, songs that are not necessary … (Participant 70, Endurance, female, 21 years)

> … I remember very well, when I was very young … I remember joining some group, we will go and gather this acheampong [*Chromolaena odorata (Asteraceae)*], dried one, put it in paper, light it and smoke. I was ignorant then and again, there was some particular tree, the roots, we will just go and uproot it and peel of the this thing and squeeze the water out of it and then pour it on our eyes, then your eyes will be red … as we go to town people … when you see us run otherwise we will hurt you. Seriously, so I don't know if I was mentally disabled … (Participant 50; Godliness, male, 35 years)

Experience and reaction to stressors

The accounts of 34 participants revealed an association between stressful life experiences and mental illness. Stressors cited were mainly regarding recurrent life challenges, including marital problems, severe and chronic illnesses, single parenting, broken relationships, economic hardship, insufficient/lack of sleep, inability to concentrate, poverty, tiredness, frustration, unexplained death in family, excessive learning and peer pressure. Some of the stressors were found in a previous Ghanaian study (Opare-Henaku, 2013). Stress from marital distress was cited by many participants. Most of the quotes surrounded stress associated with spousal loss due to death or divorce and marital distress:

> it can be caused when for instance a woman has lost her husband and she has to take care of their many children all by herself. So such a person can think so much to the extent that she starts talking just like that and that can cause mental illness. Also a person could have toiled

> with her husband but then the husband just decides to leave her just like that. That can make her lose her mind. Also when your husband cheats on you that too can cause mental illness … (Participant 68, Purity, female, 27 years)

> I had a very good friend, who stayed in London with her husband, and after helping him, he disappointed her and left her and up to date, she's been mentally ill, I hear she's even become worse. (Participant 4, Favour, female, 42 years)

Insufficient rest was also cited by many as causing mental illness:

> … when you are too tired and you don't rest or [*when there is a change in the amount of sleep one get*] … as a normal human being you can get mental illness. (Participant 39, Godliness, female, 14 years)

How stress leads to mental illness

From participants' account, four main mechanisms through which exposure to stressors lead to mental illness emerged. The first was cited by 12 participants and was perceived to manifest through persistent worrying over the stressors. Particularly, persistent worrying results from the inability to solve or control the situation. Hence, once the individual encounter severe stressors that are uncontrollable, one worry persistently over the problem and develop mental illness from continuous worrying. Persistent worrying is believed to be able to cause mental illness because it overwhelms the mind:

> … thinking of how to overcome some troubles or dangers … someone will be … sitting in the class but that person's mind is not in the class, that person may be thinking about her sick mother who is rather in the hospital or in the house, that also can lead to mental illness … So sometimes the thinking is a lot for the mind. (Participant 44, Godliness, female, 13 years)

> with mental health, there are a lot of things that lead to it. Taking the scenario of married couples where the man is misbehaving or treating the lady in an unfair manner, the woman may be involved in excessive thinking which could lead to mental illnesses … (Participant 81, Endurance, male, no age)

Secondly, it was perceived that exposure to stressors can cause mental illness by causing individuals to engage in risky behaviours such as using drugs to cope with the stressors. This finding is also consistent with previous research that links stress to risky behaviours and was cited by 10 participants (Kurspahić-Mujčić, Hadžagić-Ćatibušić, Sivić, & Hadžović, 2014):

> … Sometimes, for us females for example, a little broken heart can cause us to go mad. A normal broken can blast you and make you go crazy, sometimes, they take cocaine or cigarette, weed and others, they also cause mental illness. (Participant 64, Purity, female, 22 years)

Thirdly, exposure to stressors can cause mental illness when the affected individual fails to talk about the problem with other people. Sharing one's problem with others serves as a source of emotional and material support, and could also provide respite from the stress or solutions to the problem, which in turn reduces the chance of developing mental illness from a stressful encounter (Peterson & Govender, 2010). This theme was discussed by 6 participants:

> … it can be a broken heart … when someone cheats on you to some level … and you are not sharing it [*the problem*] for somebody to help you out … when … you feel like someone has

> cheated on you and you are not opened up to people for people to help you, you would … just start behaving anyhow … (Participant 14, Charity, female, 22 years)

Fourthly, it would also seem from the accounts of six participants that the individual's appraisal of the stressor and available coping mechanisms determined whether or not mental illness will result following a stressful encounter. From the quote below, although the participant believed that the stressor was enormous, the participant was not "worried" and used spirituality to cope with the stressor, hence her failure to developed mental illness from her experience. This pattern is consistent with Lazarus and Folkman's (1984) theory of stress and coping which suggests that whether or not stressful experiences would lead to mental illness would depend on appraisal of the situation and coping:

> when someone does something to you and it worries you, it can cause mental illnesses. Like even all the hardships that I went through, it could have made me lose my mind. Sometimes I can be sitting there and thinking a lot then my head would start to hurt. I had very long hair but when I was facing trouble in my marriage, I just cut it. It was only the grace of God that didn't make me lose my mind. So those kinds of things can cause mental illnesses … (Participant 59, Godliness, female, 24 years)

The analysis further revealed that stressors that were perceived to cause mental illness were those that were believed to be unsolvable after persistent attempts have failed and those whose effects were perceived to be uncontrollable on one's well-being:

> … divorce could also lead to that illness, and you become mad **by force**. (Participant 75, Endurance, female, 22 years)

Spiritual causes

Three main spiritual mechanisms were cited as causal factors of mental illness. It was perceived that mental illness could be caused by curses, weak spirituality, and evil machinations by the witches, evil spirits and demons.

Curses

In all, 15 participants cited curses as a cause of mental illness. Many participants who cited spiritual factors believed that mental illness can be caused through a curse resulting from envy in the work place:

> Sometimes you are working with someone and the person is given a better place like taking care of all money affairs, and this annoys someone at the workplace then … sometimes people take people to the juju man, if someone wants to make you mad he can go for juju … I see that people really go mad as a result of the juju … (Participant 53, Godliness, female, 24 years)

Curses were also perceived to emanate from witches in one's family who envied their perceived future success. From the quote below, it could be deduced that envy was a stronger influence than the potential benefit of one's success when it comes to decision to inflict mental illness on an individual:

> … sometimes, family witches could be the cause of it. Sometimes they see that the person has a bright future and will be able to be of help to the family. So if there is someone in the family [*who*] has bad intentions, the person could make you get any illness or mental illness. (Participants 61, Purity, female, 27 years)

The curse of mental illness was also perceived to be generational and could exist in one's family. Generational curses were often described as an initial negotiation between a family and a deity which later becomes a curse. These kinds of curses were perceived to affect family members with specific characteristics. For example in the quote below, it was perceived to affect family members who are able to pursue or complete tertiary education:

> … some of the causes … like a curse being inherited from your family … for example, maybe every first born in your family who is about to complete a tertiary school should get mad or should get mental illness after his completion of tertiary level, yeah maybe at that time your family have made a covenant with some … god … some time ago whereby it has become a curse in your family … (Participant 17, Charity, male, 25 years)

Curse of mental illness could also be a retaliation following an offence. Some participants suggested that negative attitudes and behaviours towards others can induce curses from the offended individuals. For example, it was perceived that one could be cursed with mental illness from snatching another's spouse or insulting and disrespecting the elderly:

> It can also be caused by, for instance if you've wronged someone, let's say you've taken away someone's wife, that person can use [*curse*] to give you a mental illness … (Participant 57, Holiness, female, 49 years).

Weak spirituality and spiritual machinations

Another interesting dimension of the spirituality factors had to do with the individual's level of spirituality and was cited by six participants. Participants suggested that those who were spiritually weak or those who consulted traditional priests were prone to mental illness. From their accounts, it would seem that these behaviours open doors for demonic machinations through which mental illness could result:

> I see mental illness as being caused by the devil. If you're not prayerful and you're a person that likes chanting, the devil can bring about mental illness your way … (Participant 12, Favour, male, 29 years)

Mental illness was also perceived to be retaliation from the witches following an offence:

> … The Bible says that before a child is born, God knew the child and had already dictated a future for the child. However, evil forces see the bright future that is ahead of the child and they work against it. So sometimes, you can see a person dropping out of school and becoming mentally ill because evil forces don't want his star to shine … (Participant 55, Holiness, male, 47 years).

Those who do not participate in religious rituals and do not adhere to religious teachings were also believed to be prone to mental illness as engaging in religious rituals protect the individual from spiritual harm. It was believed that religious rituals fortify an individual spiritually and lack of such engagement leaves an individual prone to spiritual problems such as mental illness:

> … I see it as laziness … when you're going to sleep, [*and*] *don't pray* [*for*] 48mins. I had a vision that my child was dying, and every vision I have carries a message. God has revealed to me that all the people under me are my children. So, although I saw it as my child in the vision, God revealed to me that it was rather a member whom I needed to pray for. That person was not following the ways of God; the Holy Spirit was not with the person. As a result, many pastors deceive such people with their false doctrines, so, it has made a lot of people have "spiritual mental illness. (Participant 7, Favour, female, 41 years)

The belief in the role of the supernatural in mental illness is in line with the traditional African beliefs regarding the causes of illnesses and misfortunes. This belief system espouse the view that diseases are caused by attacks from evil spirits, spell cast following offence and envy as well as punishment for disobeying taboos (Olupona, 2004; White, 2015). These findings suggest that although participants profess Christianity and have a fair knowledge of other causal factors, their traditional African beliefs continue to influence their views on illness.

Multiple causes

Another major theme that emerged from participants' account was the belief that mental illness is caused by a combination of many factors. These interactive factors were cited by 16 participants and were believe to result from either a combination of spiritual and physical factors or an interaction of life style and spiritual factors. These sub-themes are further discussed below.

Interaction of spiritual and physical factors

Many participants reported that mental illness is not only caused by spiritual factors but also physical causes. The physical causes were perceived to result from stressors of life and severe head injuries whereas the spiritual causes were believed to result from curses or spiritual machinations. This finding is also consistent with previous Ghanaian research (Opare-Henaku, 2013). The belief in the existence of both physical and spiritual causes of mental illness could explain why many Ghanaians prefer traditional and faith based- to biomedical treatment for mental illness or combine the two when seeking treatment for an illness. This might stem from the traditional belief that illnesses that have spiritual causes can only be cured through spiritual-based treatment (White, 2015). Again, the healing processes offered by traditional healers are holistic and encompasses treatment for physical, psychological, spiritual and social symptoms (Truter, 2007; White, 2015) whereas the biomedical treatment tackles the biological causes. It would therefore seem that it is more cost effective to seek traditional and faith healing than biomedical treatment:

> For mental illnesses, it has a lot of causes … Physically, broken-heart can cause mental illness, bad news, or a life of hardships and disappointments, all that can causes it. Some people can even be so lost in thoughts that they are unaware of oncoming vehicles. So, it's not only spiritual, sometimes marital problems and life's frustration can just make a person talk incoherently; In the spiritual realm, someone can curse you with madness, but when you come to the house of God, prayers can be offered and those things can be revoked. Probably the mental illness is coming from the family members, that's a spiritual cause, but God can nullify it. (Participant 6, Favour, male, 47 years)

> … Some get it through birth or through accidents; the person hit his head against something and got it … Or family witches who seek after someone with a bright destiny can decide to make the person mad … (Participant 63, Purity, female, no age)

Interaction of lifestyle and spiritual factors

It was also believed that sometimes an individuals' negative lifestyle could be used as an avenue through which curses or spiritual machinations can be done. For these individuals, they perceived mental illness as a reward an individual get when he or she engages in behaviours that are appalled by the society. Some of the behaviours cited included engaging in drugs and snatching other people's spouses:

> … It can also be caused by, for instance if you've wronged someone, let's say you've taken away someone's wife, that person can use fetishism to give you a mental illness. Also, young men who take in cocaine and smoke weed are also liable to mental illnesses. So we have physical and spiritual causes of mental illness … (Participant 57, Holiness, female, 49 years)

> Okay, some are caused by spiritual forces and some are also caused by the things we eat like weed. Yes, like eating something foul in the spiritual realm. (Participant 56, Holiness, female, 47 years)

Trauma

Another theme that emerged was the effect of traumatic experiences on the well-being of individuals. Five participants reported that mental illness is caused by extreme traumatic experiences such as rape and severe head injuries that could have immediate effects on the mental well-being of the affected individual. The impact of traumatic head injury on mental illness has been confirmed by other studies (Lathif, Philpps, Alton, & Sharma, 2014; Schwarzbold et al., 2008):

> **…** if something hurts the brain, you could get it … When your head hit something, you could get it … (Participant, 77, Endurance, female, 27 years)

> for the mental illness, … an accident could happen and affect someone's mind. When it affects his mind, it will make him behave abnormal. I had a friend, we were playing ball, he was standing somewhere and someone played a shot and it hit his forehead and he fell down, he didn't talk or move. Later when he got up he started laughing. Those of us who were there felt it was serious but he was laughing. He was saying things that we couldn't understand … (Participant 66, Purity, female, 23 years)

Biological causes

A few (four) of the participants also reported some biological causes of mental illness. These participants believed that mental illness could be caused by chromosomal abnormalities or other physical conditions such as epilepsy and high fever:

> … Also, some illnesses like epilepsy can cause mental illness … (Participant 68, Purity, female, 27 years)

> … sometimes too it's as a result of the chromosomes and genes not forming well. (Participant 21, Charity, female, 20 years)

Causal beliefs and help-seeking behaviours

The potential impact of participants' causal attributions was seen in how their beliefs directly determine their help-seeking behaviour. For example, individuals who believe mental illness is caused by spiritual factors are more likely to seek spiritual help than medical remedy and *vice versa* (Lynch & Medin, 2006). This trend was reflected in participants' accounts of help seeking behaviour or preferred mode of treatment. For example, from the quote below, although medical treatment was suggested to a mother whose child was suffering from mental illness, she preferred spiritual approach due to the belief that her child was cursed with mental illness:

> … So they came for him to a church, and whiles they were leaving I told them to take him to the hospital but the mother said someone is the cause of her child's illness … and I said it's not anybody who is causing it and prayer [*is not always the solution*] … His father understood but the mother didn't understand and took him for prayers … But when they understood and took him to hospital, and treatment was administered to him he was healed and today he is a medical doctor … (Participant 70, Endurance, female, 21 years)

Additionally, those who believed mental illness is caused by spiritual afflictions prescribed religious treatment:

> In the spiritual realm, someone can curse you with madness, but when you come to the house of God, prayers can be offered and those things can be revoked. Probably the mental illness is coming from the family members, that's a spiritual cause, but God can nullify it. (Participant 6, Favour, male, 47 years)

> Those who are spiritually afflicted by mental illness can be delivered by a seasoned man of God; a man of God who is much matured in the ways of God. There was a man like that here who had been suffering from a mental condition for six years. It was his family members that caused it, so the man experienced his deliverance here in this church … (Participant 68, Purity, female, 27 years)

Similarly, when mental illness is perceived to be caused by physical factors, medical treatment was prescribed:

> … broken heart can cause it and such a person needs to seek psychiatric treatment. Also someone can cause you harm that can make you lose your mind, that one too needs psychiatric attention. These cases don't need prayers but psychiatric attention. However, when the mental illness is caused by spiritual things, that one you need prayers for God to solve it. (Participant 69, Purity, male, 34 years)

Additionally, because some people believe in the combined role of both physical and spiritual forces, they prescribed both spiritual and medical treatments for mental illness:

> I listened to a certain doctor, and he said that, if a person is suffering from a mental illness, it's not imperative to send the person to a prayer camp [*and*] that a prayer camp cannot help the person, but only the hospital can help. I also didn't understand that, because you also need the Holy Spirit to deliver the person. (Participant 1, Favour, male, 30 years)

The present paper makes several key contributions. First, although people perceive a relationship between stress and mental illness, few studies have examined people's beliefs on how stress causes mental illness. This aspect of the present paper makes a contribution to the literature on stress and mental illness from a unique population. Second, the paper adds to literature by bringing to the fore the variety of existing views on the causes of mental illness from neo-prophetic Christians. This information is helpful for clinical practice in that it highlights the need for thorough exploration of the various beliefs Christians hold on the causes of mental illness in order to tailor-make treatment plan that reflects their causal attributions. Third, as the paper has demonstrated, the participants' causal attributions linked directly with their preferred choice of treatment for mental illness. This finding is also relevant in that it will inform clinicians on the various treatment options sought by individuals as informed by their causal attributions. Such knowledge can help the clinician to monitor potential influence of other treatments and how their positive impact can

be harnessed as well as how the negative impact can be curbed in order to optimise recovery of the mentally ill individuals.

Conclusion, implications for well-being and limitations

It is important to mention that because participants were recruited from Neo-prophetic churches, we were expecting their views to be dominated by spiritual causes of mental illness, however, they reported several other causal factors besides their religious beliefs. The findings from this study revealed five broad categories of causal factors of mental illness. First, mental illness was perceived to be caused by several lifestyle and environmental stressors including drug use as well as experiences and reaction to several stressors. These findings are consistent with previous research (Adeeku, 2015) and further shed light on perceived mechanisms through which stress could lead to mental illness.

Secondly, mental illness was attributed to spiritual factors including curses, weak spirituality and spiritual machinations. While the impact of curses and spiritual machinations are consistent with previous studies (Adeeku, 2015; Fiasorgbor & Aniah, 2015; Ofori-Attah et al., 2010; Opare-Henaku, 2013), the impact of weak spirituality is a unique contribution of the present study and buttresses the participants' religious beliefs. This could stem from the religious focus of the present sample and highlight the impact of religion in shaping beliefs of mental illness. Other causal factors such as multiple determinants, traumatic experiences and biological causes are consistent with previous Ghanaian research (Opare-Henaku, 2013) and highlight the broad knowledge base of the participants.

The results revealed that the causal attributions of mental illness of the present sample fall within the cross domain hypothesis (Kleinman, 1980; Lynch & Medin, 2006). Thus, although participants believe that mental illness has physical causes, they also hold cultural, social and supernatural beliefs. It was also evident from some of the participants' account that although they believed psycho-biomedical treatments exist, they believed it could not solely cure mental illness due to religious and socio-cultural causal beliefs besides the physical. In addition to factors highlighted in other studies (Ae-Ngibise et al., 2010) such as the availability, accessibility, affordability and social support provided by traditional and faith healers, the present participants' beliefs in multiple causal factors could explain why many Ghanaians seek treatment from traditional and faith healers alone or would combine both biomedical and spiritual treatments in managing mental illnesses.

The findings call for a reform of the health-care system in Ghana. Instead of the sole dependence on biomedical treatment, perhaps it is time to consider a more integrative approach to mental health treatment where a combination of both biomedical as well as traditional and faith healing options are available to patients who would prefer to have both their medical and spiritual needs met during the treatment process. In this case, patients who seek the services of traditional and faith healers in addition to biomedical treatment could be monitored more carefully and the health care providers would be well aware of the nature of treatments being received by the patients.

Additionally, the present Ghanaian Neo-Prophetic congregants appeared to have a broader knowledge of the potential causes of mental illness. That notwithstanding, there is the need for further psycho-education on other causes such as genetic

predisposition, intrinsic motivation for drug use and its relation to mental illness, the available treatment options in Ghana and their efficacy as well as a collaboration between mental health practitioners and churches in order to promote congregants' mental well-being.

Despite the strength of the present paper, there were limitations. First, the focus of this study on neo-prophetic churches may pose as a limitation in the sense that the findings cannot be generalised to followers of other church denominations who may have different or similar explanations for the causes of mental illness. It would be good for other researchers to conduct a similar study among congregants of orthodox churches and Classical Pentecostal churches in order to ascertain their views on explanations on the causes of mental illness.

Second, the composition of sample of the study may pose a problem in the interpretation of findings. The sample obtained from each study site was unevenly distributed. As many as 28 participants were drawn from Godliness whereas only six were obtained from Holiness. Based on this, it is possible that the findings reflect the views of participants in settings where many individuals were selected from but not the thoughts of the entire sample. Also, participants were made up of adolescents and adults but during the analysis, the two groups were combined. Hence, the findings did not show differences between adolescents and adults on their views on causes of mental illness. Moreover, although the sample was large enough to conduct analysis on differences among participants based on other demographic variables beside age (e.g., pastors vs. laity; male vs. female; education etc.), the present paper did not conduct such analysis. Hence, it is unclear how participants' views differ on these demographic variables. Future studies should consider sampling an equal number of participants from different neo-prophetic churches and explore difference in the views of congregants based on participants' demographic variables.

Third, the present paper used data gathered from only individual interviews which could have lessened the trustworthiness of the findings. Trustworthiness of the results could be improved if data on participants' thoughts on causes of mental illness were gathered using other data gathering methods used for the broader study (i.e., focus group discussions and observation) in addition to the individual interviews. Future studies should consider using multiple data gathering methods in order to enhance trustworthiness of the findings.

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