Mental Illness and Discourse: The Need for More Education Among Clergy regarding How to Manage Mental Health Needs in their Congregation.

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Abstract

Although the clergy (the body of all people ordained for religious duties mainly, in Christian churches) or pastors are considered the gatekeepers of mental health, many studies show that pastors are ill-equipped to manage the mental health needs of their congregants. **PURPOSE**: The purpose of this study is three-fold: 1) To expand the current understanding of mental illness and religion; 2) To explore the current beliefs about mental illness held by those in Christian communities, and 3) To assess the need for education among pastoral staff on how to manage the mental health needs of their congregants. **METHOD:** Semi-structured interviews with clergy (n=8) were conducted by the first author at a Christian church in Eastern Canada to obtain information from pastoral staff. **FINDINGS**: Although the clergy at this church are progressing in their understanding of mental illness, several pastors reported they felt unequipped to offer a broad range of effective mental health assistance for their congregants. Future research is needed to evaluate the educational needs of clergy, including best practices in pastoral counselling and exploration of methods to decrease the stigma associated with mental illness, such as but not limited to having a church committee that provides teaching about effective community resources, including 24/7 crisis lines offered by Distress Centres and Health Link.

Keywords: *Christian, religion, demonization, clergy, stigma, mental illness.*

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Background

Research shows that clergy are among the frontline mental health workers (Karadzhov & White, 2018; Runnels & Stauber, 2011; Taylor et al., 2011) for a number of reasons. One reason is that there is no stigma attached to confiding in one's own pastor (Runnels & Stauber, 2011). Being frontline workers, clergies are responsible for counselling those with mental health needs and also referring congregants to other mental health providers when further assistance is needed. Statistics shows that 40% of African Americans rely on their clergy for mental health assistance (Anthony et al., 2015). In addition, Pretorius & Van (2003) report that pastors spend six to eight hours a week in pastoral counselling.

Despite the fact that the clergy or pastors are referred to as frontline workers or the "gatekeepers of more formal mental health treatment in the community" (Kramer et al., 2007), many studies show that pastors are ill-equipped to handle mental illness cases. Research has shown that there is a tendency for clergies to misdiagnose congregants or have misconceived beliefs about mental illness (Bledsoe & Adams 2011; Kramer et al., 2007; Trice & Bjorck 2006). In addition, Pretorius and Van (2003) in the *Need for More Christian Counsellors* report that only 13% of the pastors surveyed admitted to being adequately prepared to handle cases of mental illness among their congregation. Furthermore, research from Trice & Bjorck (2006) on Pentecostal perspective on causes and cures of depression shows that Pentecostals believe that spiritual discipline and faith healing (supernatural intervention) are the most effective treatment options.

Runnels and Stauber (2011) assert that clergy's position as frontline workers in mental illness cases is because of the lack of stigma in speaking to them about emotional concerns or mental illness. However, other researchers have debunked this notion (Jackson, 2015; Kpobi & Swartz, 2018; Mantovani et al., 2017; Stanford, 2007). Stanford (2007) conducted a survey of attitudes of Christians' attitude towards mental illness and found that 32.4% of respondents had been advised that their mental illness was solely spiritual in nature. Similarly, Mantovani, Pizzolati and Edge (2017) explored the relationship between stigma and help-seeking for mental illness in African-descended faith communities in the UK; they noted that the stigma against mental illness and the belief that the supernatural plays a role in the causation of mental illness persists in religious settings. One participant stated:

> *If somebody comes into the church with a mental health issue, they [pastors] are most likely to pray for this person and annoy the person with asking them to try things, rather than asking the person to seek for professional help [...] Pastors think a person taken over by an evil spirit has mental illness, so, the evil spirit must be exorcised out of them. And once you exorcise people, they do not progress to become better, they progressively become worse (Mantovani et al., 2017. p. 378).*

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Further research from Kpobi and Swartz (2018) on the conceptualization and treatment of mental disorders by neo-prophetic Christian healers demonstrates that religious stigma and faith healing and exorcism persist. One participant stated:

> *I have recognized that some of the mental sicknesses are brought by unclean spirits from various families…when they see the future of someone, then they throw that sickness to that person…yes, because they have seen the person's future! And they want to destroy it. They don't want him to succeed in the future (Kpobi & Swartz, 2018, p. 5).*

As previously mentioned, one reason why pastors are considered ill-equipped to handle mental illness cases is because of misguided beliefs regarding the causes of mental illness. (Bledsoe & Adams 2011; Kramer et al., 2007; Trice & Bjorck 2006). These misguided beliefs can lead to inappropriate approach to care, such as the use of faith healing when medical attention is needed (Stanford, 2008).

Another participant in the study by Kpobi and Swartz stated:

> *I am beyond the major prophets; I am a seer. I am on the mantle with God. I see God face-to-face, Jesus is my friend, and I move with the armies of God. Do you understand? It is not a simple thing...it depends on how deep someone is able to align himself with the gift that God has given to that person. So, when I see people, I am able to see what the problem is; then I discern spiritually how to heal the person. (Kpobi & Swartz 2018, p. 6)*

As other studies are being done to further the understanding of the relationship between religion and mental illness, the study presented in this paper seeks to add to what is known about mental illness as well as explore the current views on mental illness within Christian churches. Additionally, this study will examine the need for mental health education among pastoral staff.

Data Collection and Measures

A qualitative approach in the form of a semi-structured interview was used to answer the question: "Is there a gap in knowledge in the education of pastors on mental illness?" This design was used to understand the perspective of the pastors as well as create an atmosphere that fostered conversations.

Research Procedure and Research Ethics Board (REB)

Ethics approval for this research was obtained from York University, Ontario. Informed consent was collected from each respondent. Three churches were contacted for approval for this study to be conducted in their settings. Out of the three churches approached, one of the churches approved participation in this study. The remaining two declined, stating they did not have the authority to approve this type of research, which could only be granted by a higher regional overseer who was not in the country at the time of request.

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Research Setting

This research was conducted in a large church in large church in Scarborough, Ontario, Canada. This church comprises churchgoers from roughly 70 different countries, with about 1868 attendees on average each service.

Data Analysis

The interviews for this research were conducted individually in English and lasted an average of 45 minutes. The data collected from eight pastoral staff members was analyzed and transcribed by first author. Data was transcribed, coded, and analysed using the Braun and Clarke (2006) six step guide to thematic analysis. In the first step, I began familiarizing myself with the data by reading the transcribed interviews several times. In the second step, codes were generated to categorize patterns arising from the data. In the third step, the patterns that arose from the data were classified into themes. These themes were then reviewed and discussed with my research supervisor. The themes that emerged from the data are discussed below.

Results

Three themes emerged from the interviews with the pastoral staff: first, different perspectives on mental illness. Secondly, a gap in the knowledge of mental illness and a need for education. Lastly, the reluctance to collaborate with secular mental health providers. Quotes were used to explicate each theme and were organized with a code.

Perspectives on the Cause of Mental Illness

To understand the need for education on mental illness, respondents were asked what they believed to be the cause of mental illness. They all agreed that the cause is multifaceted. They mentioned factors such as genetics, social media, original sin, and demons as potential causes of mental illness. Although they did not elaborate which mental illness they believed is caused by genetics, and thereby might necessitate secular intervention, they placed greater emphasis on spiritual factors as the primary cause of mental health problems.

One of the respondents, when asked what he believed to be the cause of mental illness said:

I prefer to read the scripture plainly. I guess the medical world has now given titles and labels to symptoms but that does not necessarily mean they are not spirit originated or just nothing in the spiritual realm that caused it. I believe demons could be responsible for mental illness. (P4)

Other respondents said:
I do believe the cause of mental illness is sin-- the original sin. It is not as a direct result of individual sin. I think that is a misconception. Some pastors would try to say that because you have sin in your life, you have done this. (P3)

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> *Because of the advancement of technology and the accessibility of widespread access into people's life. I think we see a lot of mental illnesses because people don't know how to manage well, and we see a lot of extremes in society… extreme media consumption… extreme distraction… and because of this. A lot of people are more geared and more susceptible to mental illness. I also know there are some people who are born with disorders or disability or defects. But I know that demons can sometimes be responsible for mental illness. (P5)*

If pastors believe that mental illness is caused by spiritual factors such as demons, it is expected that they would consider themselves to belong in the front line in the care of mental health. The question, then, remains: which mental illness is caused by demons and which is not? When pastors were asked how they are able to tell which mental illnesses were caused by demons and which were not, they admitted to not knowing, but responded that they rely on a change in condition and on the Spirit of God or discernment to know.
One of the respondents said:

> *So yes, that is the real challenge. There is no real definitive test or way that we can know. What we generally would believe is if spiritual attention has been taken in a situation and there's no recovery, that one should logically then assume that it is a natural cause. (P1)*

The phrase "spiritual attention" is broad; it could involve fasting, praying, exorcism, faith healing, and intercessory prayers. However, this respondent is not denying the existence of faith healing nor the timeline of activities before secular intervention is sought.

Another respondent said:
> *That's a great question. I don't know and imma start with that. I am just going to take it as it is right through conversations, all that I am relying on is God's holy spirit to kind of prompt as I speak, as I talk, and we used this term often in Christendom called "discernment." And discernment now allows me to address whatever is before me properly and again I'm no expert in the field per se but what I do know is that we're called to bring healing… We are called to be an extension of god-healing works in our midst so regardless of cause, we're still looking for the well-being of the individual. (P4)*

Another respondent said:
> *When people are struggling with mental illness, we get them sound biblical teaching, but then we also believe that God can heal instantaneously by the laying on of hands [Faith healing]. I believe that's where we need discernment. What is demonic and what is just about mental illness, and someone with spiritual discernment would be able to discern and often times, I've had people come into my office and I will ask them a series of questions, and sometimes I'd say, you know what you need to go and book an appointment with our counsellor, there are issues that you have to work through and it is going to take time. (P3)*

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The statement "*you need to go and book an appointment with our counsellor, there are issues that you have to work through, and it is going to take time*" can imply that this respondent has a *mild* perspective on what mental illness is. Here, mild, means a less serious issue. There is an insinuation that the talking through and talking to with a counsellor is enough to bring total healing/recovery to an individual, despite their diagnosis, and that there is no need for medication or secular assistance.

Gap in Knowledge and Need for Education

Having highlighted the possible causes of mental illness, respondents were asked if they think there is a gap in their knowledge of mental illness and whether they could adequately manage the mental illness faced by congregants. They all reported that there is, indeed, a gap in their understanding and explained why. Some of the respondents said:

> *Yes, just in cases that I have seen on staff here, cases with mental illness… we have not handled them well and I feel like a lot of us are ill-prepared to handle cases with mental illness, and another big thing I mean is… considering the elements of faith where sometimes we are unable to discern between an illness and something spiritual. So, I have seen people mistreated mainly due to lack of knowledge. (P4)*

> *I think we have come a long way in our education as a clergy even when I went to school, we had a pastoral counselling course, but it was very superficial. It was just basic principles on how to walk with someone […], through grief or a situation… almost like crisis counselling but not real understanding of it. (P3)*

> *Yes absolutely! I don't think pastors, and even main leaders have a very wide knowledge. I think sometimes we over-spiritualize elements of mental illness thinking its demonic when clearly, it's a mental illness issue. (P2)*

Here, the implication arising from these responses is that a lack of knowledge can lead to inappropriate care, or mismanagement of people with mental illness. To ensure accuracy of this interpretation, the respondents were probed further to understand the consequences of their lack of knowledge. They all agreed that it has led to the "over-demonization of mental illness" One respondent said:

> *"Yes, but there are ideas of grandeur. "God is talking to me. I feel like I'm Jesus in the flesh." All that kind of stuff, that language tends to be common in many [mental illness] cases. You have that religious language that are similar to that world [what demons would say. As Christians we understand that we are not just made up of body. We are a soul and we have spirits and there is a spirit world that operates. So we need to navigate well what exactly is happening. I don't think we are well prepared for that, so we tend to especially in our setting--Pentecostal setting. I think we tend to demonize. (P4)*

Another respondent said:

> *When you don't know something, it is easy to chalk it up to demons (P2)*

However, this respondent (P2) also emphasized that the over-demonization of mental illness is not solely as a result of the pastors' lack of knowledge, the congregant's culture can play a role as well.

To this point, some respondents said:
So, most of our congregation are immigrants to…. and that means that a lot of them in terms of their original teachings and spirituality would have been less refined in terms of you know…. Bible college educated pastors and teachers and leaders... and I think that not to overgeneralize, but I think that some people do carry that baggage because they know mental illness had a stigma about it… inside and outside of the church. (P1)

I think some of it is especially coming from say...an African culture where that is very common within that culture, that culture is brought within the church and when that person becomes a Christian, they automatically assume certain things are demons or spirits because of the culture that they were brought up in. (P3)

The church is an incredible mix of traditions and practice and I think as modern medicine progresses, there are certain things about tradition that we need to let go because we know better. (P5)

One of the respondents suggested that the portrayal of mental illness on television shows has influenced the community's perceptions of what the church would and would not do, and that even when pastors suggest an alternate form of care, congregants are adamant about receiving spiritual care.

Reluctance to Collaborate with Secular Therapists

In the words of one of the respondents, "the falsity lies in teaching that all mental illness is caused by the devil"; In the words of another respondent, "you cannot have so many people filled with demons." Based on these statements, it appears that this church has made some progress in their understanding of the causes of mental illness. Being on the frontline in addressing mental illness within the community may often necessitate referral to the appropriate health care providers. When asked how the church has collaborated with these secular mental health service providers, they admitted their reluctance for a number of reasons: 1) Feeling ill-equipped and lacking in resources; 2) A perceived lack of respect for Christian values by secular settings; 3) desperate attempt to see God's act of miracle; and false understanding of scripture. One of the respondents said:

We promote secular therapy. Luke who wrote the Bible was a doctor. The reluctance is whether they (secular therapists) are going to respect what we believe. (P7)
Another respondent said:
We don't know where the resources are because we don't have information that, and I think that's a hindrance. And to be quite honest, I don't think it's a primary focus for the church to look at this element and say this is something that is huge right now and we

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> *need to maybe put someone in charge to find resources and help us to learn more so that*
> *we can better serve the people who have mental illness in our congregation. (P2)*

This respondent also said that although they promote therapy, it is not surprising to know that there may be some reluctance by other pastors.

> *Some pastors may feel like they are capable of meeting the needs of that person. I believe*
> *that there are people in ministry that believe that God has empowered me (referring to*
> *other pastors) to help you. So why should I send you to a therapist when I can help you? I*
> *am a minister. (P2)*

When asked if this idea might change if the therapist was a Christian therapist, the respondents stated:

> *For some (pastors), yeah. For others, probably not because if you are in a certain*
> *mindset, it is not going to matter if they are a Christian therapist or not. It's a matter of if*
> *I can't help you because I am ordained to do this, how are they(therapists) going to help*
> *you? (P2)*

> *We feel it is not a reluctance. There's a stigmatisation the other way where the therapist*
> *is going to say well your number one problem is that you have this belief in things that*
> *don't exist. Let's deal with your things that don't exist, the spiritual realm. (P1)*

When told that similar thoughts were expressed by other respondents, and asked whether the reluctance stems from sending congregants to non-Christian therapists, this respondent replied:

> *Yes! [..] If the therapist were open to the idea of faith, then I would have no problem.*
> *They don't have to be Christian therapists per se. It's a partnership that people are going*
> *to honour people's faith and treat them (congregants) within the context of the faith in a*
> *respectful way without dismissing their faith or pointing to their faith as the root cause of*
> *what they're experiencing (P1)*

This respondent also stated:

> *If you are dealing with a closed system in your mindset that there is nothing beyond flesh-*
> *and-blood, and that there is no spiritual realm, how can you discern? So, we're having*
> *the same problem; we have no medical training so how can we discern that this is a*
> *medical or biological problem. They have medical training, but they have no spiritual*
> *insight. How could they discern whether or not there is something spiritual involved in it.*

Another respondent said:

> *I can only talk with my experience in my field so being in the Pentecostal setting. I would*
> *agree that that's probably something we haven't done well. There is a reluctance to*
> *sending someone to a psychiatrist or psychologist. I think it stems from deep-rooted belief*
> *that God is able to heal and this deep desire to see God's miraculous works in our midst.*
> *I feel like it's something that we just need to do better but I don't want to ever lose sight of*
> *the spirit world fully active in our midst[…] To bring complete wholeness to an*
> *individual, we have to understand that we need to pray for them. (P4)*

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Interestingly, a respondent also explained that one reason for pastors' reticence to collaborate with secular mental health providers is because of the church's desire to avoid losing its identity in the evolving world and, as a result, has hired a Christian therapist. This respondent further explained that they were able to hire a therapist because they have the resources. The respondent also suggested that other churches that do not have the resources to hire a therapist might be tempted to attribute mental illness to demons and respond with prayers rather than secular intervention. Other respondents replied that they do not mind partnering with secular therapists but expressed a preference to work with Christian therapists. One respondent stated:

> *I have no problem with secular therapist, but the only reason why I'd lean towards a Christian therapist over a secular therapist is because they have that faith bridge. There is already an understanding of belief. (P5)*

Another respondent said:
> *I do not think that Christian therapist is better, I am just going to say there is less conflict with someone who actually shares a view that there is something happening than just physical. There is a spiritual world that is alive and active and working in our midst than for someone to say "No! there is no spirit world." We are only body, flesh, and bone and everything I do must treat only the physical part of it, without even entertaining the idea that there was something more going on. I think there is more cause for conflict in that scenario than others so it's more about finding balance and harmony. (P4)*

One other respondent said:
> *I think a good therapist is trained to keep their outside opinions and values outside of the counselling room. A good counsellor should be able to do that but again, we use Christian therapist who have the same values that we do because at the end of the day, they are also not just talking with them (congregants), but they're praying with them as well. (P3)*

There are two discoveries arising from these responses. First, it appears that there is tension between secular mental health providers and pastors, as it is perceived by respondents' statements regarding their perceived lack of respect from secular providers. This may interfere with holistic care for those with mental illnesses. Secondly, it also appears that there is a distinction between a Christian therapist and a therapist who is a Christian. These ideas will be explored below.

Discussion

Demonic contribution to any illness, including mental illness, is not a novel or foreign concept. Although respondents in this study noted other factors that could contribute to mental illness, there was great emphasis placed on the role of demons thus, the need for heavy pastoral involvement in the healing process. The involvement of pastors during mental illness crises may include the use of discernment, prayers, and watchful waiting. This finding is supported by previous studies including VanderWaal et al., (2012) and Kpobi and Swartz (2018). However, two findings raise a cause for concern: a watchful waiting for a change in a person's condition as

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a definitive test of a demonic contribution/causation of that illness. Respondents reported that spiritual intervention is given until there is no improvement. However, it is not clear how long spiritual attention should be done until secular intervention is needed. Kpobi and Swartz (2018) assert that this lack of clarity in the timeline of spiritual intervention makes collaborative efforts with secular assistance difficult. Furthermore, Mantovani et al. (2017) report that even after so-called "spiritual attention," clients do not progress; rather, they become worse. Another concern is not the reliance on the holy spirit - as that is inherent in the Christian belief. It is the lack thereof of a means to determine that the clergies who come in contact with congregants with mental illness have discernment as they claim.

Nevertheless, it would be remiss to fault the church, alone, as the underlying reason for the demonization of mental illness. Individual perception of the causes of mental illness plays a role in their approach to care. In other words, if an individual believes that an illness is religious by nature regardless of contrary evidence in scientific data, they are more likely to choose religious interventions of care. It is, then, not far reaching to see an overlap of culture and religious belief as it pertains to treatment. When this is the case, it is not clear how one's beliefs of demonic contribution to an illness first began– that is whether it is one's cultural belief or a religious teaching that one has received. Given that the religious world believes in demonic involvement, suggestions to clergy regarding how to better manage perceptions of mental health within the congregation might be addressing the overlap between cultural and religious beliefs and reinforcing more comprehensive understanding of the causes of mental illness.

The respondents also agreed that the idea that one has been called into ministry plays a role in the reluctance of clergy members to refer congregants in need of mental health assistance to secular mental health professionals. In other words, since they have been called to ministry by God, some feel that he has equipped them with the capacity to heal. Payne (2014) in the *The Influence of Secular and Theological Education on Pastors' Depression Intervention Decisions* (2014), only 25% of the pastors that were surveyed had been involved in a wide array of counseling programs— both theological and secular. It was also noted that pastors who had taken a few secular college classes but had not obtained a bachelor's degree felt the strongest about clergy being the best choice to treat depression.

To become a licensed mental health care provider, it takes an average of 7-10 years of education, including a bachelor's and master's degree and a doctorate from an accredited university (Canadian Psychological Association, 2016), and even then, even after licensure, education remains an ongoing process. This pattern of thinking, then, is dangerous because it, simply, is not enough for one to believe that they have been called into ministry. There must be a level of preparation that measures and ensures readiness of clergy to adequately intervene during a mental health crisis. Research from Payne (2014) further bolsters my initial suggestion: that pastors with limited understanding of mental illness might see the talking through and talking to with a clergy as sufficient treatment for mental illness thus, little or no need for secular attention. Also, it is a fundamental belief among Christians that they have been commissioned to make disciples of all nations. As missionaries from the Western world visit other countries, they build churches as a response to this commission. However, little is known about how the clergies who

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are left in charge of the new churches are recruited, and the amount of education and training with which they are equipped, as they are bound to interact with people with various needs. This calls for further research.

The respondents expressed their reluctance to collaborate with secular therapists to be multifaceted with greater emphasis on the need for respect from secular therapists. As stated by one respondent, "both religious and secular worlds are dealing with the same problem: the pastors have no medical training nor do psychiatrists have spiritual training." This finding is supported by prior research (Leavey, 2008; Taylor et al., 2011). Although there has been a call for religious and secular collaboration (Farrell & Goebert, 2008), this does not seem to be happening. The respondents in this study expressed the need for more understanding and help to better assist their members. A conference between secular mental health providers and clergies on how mental illness should be dealt with might be helpful. This partnership may redefine the role of the church in dealing with mental health cases and help clarify when it is best to seek secular help. Of importance is that research from Anthony et al. (2015) noted that the quality of life of individuals would improve significantly if the clergy takes on an active role in addressing the mental health needs and liaising with mental health professionals.

Since religion can be an influential aspect of an individual identity and approach to life, the role of clergy in the management of mental health among their congregation is vital. Redefining clerical contributions to the care of mental illness is not intended to limit their role, rather to ensure adequate and holistic care for an individual. Another approach to expanding the awareness and understanding of clergy might involve requiring mental health courses in seminary colleges, as well as continuing education courses for practicing clergy. It is important to note that completing mental health courses and training would not necessarily qualify pastors to diagnose and treat cases of mental illness, though it would equip them with better understanding of the problems that they are likely to face, so that they can better serve as frontline workers of mental health.

Albeit not explicitly stated, respondents implied that there is difference between a Christian therapist (CT) and a therapist who is a Christian. A CT may incorporate Biblical knowledge to coach and guide an individual. The training of a CT is different from a therapist who is a Christian, in that a CT might be a pastor or anyone who has taken courses on counselling but holds no formal degree in therapy. In contrast, a therapist who is a Christian has fulfilled the academic requirements necessary to become a licensed therapist but happens to share the Christian belief. Although, the term CT and a therapist who is a Christian can be used interchangeably by some, it is important to understand the scope of practice, and or level of training, of both therapists. More research must be done to understand how Christian therapists deal with mental illness cases. It is important to caution the use, or interpretation, of scripture in CTs' approach to mental illness cases. Yet again, the perception of mental illness is important. If a CT sees a common mental illness (depression and anxiety) as mild, they may believe that talking through the problems with the congregant is sufficient. Also, the trap of demonizing mental illness may come into play, thereby defeating the purpose of hiring the therapist in the first place. Since religious jargon is common in patients with more complex illness (e.g.

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schizophrenia), a CT is likely to label this jargon as the "lies of the devil" instead of delusions of grandeur, thus, warranting secular interventions.

Catanzaro et al. (2007) asserts that wealthier and resource-rich congregations are more likely to have organized community health services compared to small and poorer churches. Since the religious bodies are non-profit organizations, funding can be provided by the government to smaller churches to hire therapists. This suggestion, however, should be taken with caution to curtail government interference into church affairs. Also, if such funding is available, it begs the question of the definition of a small church? Is a small church defined by the number of members in it or the demographics of the people in it? Or is it defined by the amount of resources via donations and offerings recorded in the church?

Implications of Findings

- Although the church seems to be progressing in its understanding of mental illness, clergy members are still in need of additional education and training, thus, seminars and conferences on mental illness should be emphasized amongst pastors.
- Clergy should be made aware that taking classes and continuing education on mental illness does not qualify them to independently diagnose and treat any psychiatric conditions; rather, it helps them to become better frontline workers who may be the first to become aware of mental health needs in their Christian community.
- When funding for therapists is unavailable, it is the church's responsibility to identify local mental health service providers and seek to collaborate with them.
- The belief in the demonic contribution to mental illness will likely persist as because religious beliefs are often deeply rooted in the existence of such spiritual elements. Research of this nature should focus on informing and bridging the gap between religion and science, such as psychiatry, rather than disregarding the impact of an individual's faith, values and beliefs. Yet again, the need to treat religious beliefs with respect is an important approach for secular mental health providers, as it can yield insight into an individual's views and ways of life.
- Religious- secular collaboration should be encouraged by both sides to ensure holistic care of the individual.
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Implication for Nursing

- Patients who believe that their illness is spiritual in nature may not be willing to comply with medication or with medical staff. Collaboration with a one's own religious leader or a religious leader who shares the same belief as patient might increase compliance.
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Conclusion and Limitation of Study

A limitation of this study is its small-scale nature. Another limitation of this study is that it was conducted in a single mainline church. Studies of this nature should be replicated in bigger

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churches which may have the resources to hire therapists. For these reasons, the result of this study should be interpreted with caution.

Acknowledgements

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