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A decolonial analysis of religious medicalisation of same-sex practices in South African Pentecostalism



Authors:

Themba Shingange¹ Azwihangwisi H. Mavhandu-Mudzusi²

Affiliations:

¹Department of Gender and Sexuality Studies, College of Human Sciences, University of South Africa, Pretoria, South Africa

²Office of Graduate Studies, College of Human Sciences, University of South Africa, Pretoria, South Africa

Corresponding author: Themba Shingange, shingt@unisa.ac.za

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Same-sex practices are commonly medicalised in various global spaces. Some societies view same-sex practices as some form of disease that needs to be cured. In Africa, the influence of Christianity has prompted many communities to conclude that there are spiritual forces behind same-sex orientations and practices. Therefore, same-sex practices are demonised, and those identifying with these sexualities and gender identities are viewed as sick, or as having some form of mental illness. As a fast-growing and influential movement in South Africa, Christianity plays a critical role in this narrative. Against this backdrop, this article examined how some Pentecostal pastors in South Africa use God-talk to propel the narrative that medicalises same-sex practices and how these pastors claim to have miraculous powers to heal these practices. Consequently, the gender and sexuality commonly accepted within African religiosity and spirituality are pushed to the peripheries. Therefore, it is argued in this article that the colonial-missionary discourses regarding African sexualities and genders are at play within the religious medicalisation of same-sex narratives. Thus, there is a need to problematise and transform this narrative. This act can contribute to delinking African genders and sexualities from Western repressions and subjugation agendas. The discussion moved from the premise of decoloniality while adopting a multidisciplinary approach that incorporated theology, gender and sexuality studies, psychology, health, and socio-political sciences. Again, the article used secondary literature analysis to examine this phenomenon and to gain a thorough understanding of how African Pentecostalism continues to use God-talk to medicalise samesex practices in contemporary South Africa and the repercussions thereof.

Contribution: The study contributed to the existing knowledge that addresses religious challenges faced by people identifying with non-normative sexualities and genders in Africa. This can contribute to the transformation of religious medicalisation of same-sex practices in South Africa, and elsewhere.

Keywords: religious medicalisation; same-sex; Christianity; Pentecostalism; decoloniality.

Introduction

Same-sex practices are commonly medicalised in different societal structures around the globe (Lovitt 2004, Smith, Bartlett and King 2004). According to the Foucauldian theory of 1869, homosexuality (same-sex practices henceforth) was created medically, and therefore, medicine, not law, served as the primary form of controlling same-sex desires in the 19th century (Gleeson 2007:329). The control included the new science of sexology that was promoted by Krafft-Ebing and Havelock Ellis, who used the terms homosexual, pervert, and invert to describe (and diagnose) congenital conditions (Gleeson 2007:329). Thus, medicalisation denotes a sociological concept explaining how medicine can be applied to behaviours that are not self-evidently medical or biological (Drescher & Joseph 2007). According to Smith et al. (2004:1), 'the end of the 19th century saw the advent of the concept of same-sex practices as a pathological medical or psychological condition, which legitimized treatments to change it'.

Against this backdrop, the view that sees same-sex practices as some form of illness that needs religious treatment or intervention can, thus, be regarded as religious medicalisation of same-sex genders and sexualities that has its roots in the science of sexology, and other social sciences. A similar narrative also existed in the past when psychology classified same-sex practices as a mental illness. Thus, some religious groups adopted the practice; therefore, they still maintain that same-sex desire is a sickness that could be 'cured' through prayer or 'Conversion Therapy' (Ganzevoort, Van der Laan & Olsman 2011). In the same vein, King and Bartlett (1999:1) assert

that this viewpoint gained popularity as antagonism to samesex practices in Europe reached its peak in the 19th century. During this era, what was formerly thought of as a vice was transformed into a perversion and mental disorder. This led to discrimination, cruel treatment, humiliation, guilt, and terror for gays and lesbians. From that time onward, the official evaluations, and classifications of gender and sexuality categorised same-sex practices as a sin, a disease, and a crime.

However, same-sex practices, in particular homosexuality was eventually removed from all international diagnostic glossaries (King & Bartlett 1999:1). This happened as research in the 1950s established that a medical label for same-sex practices was scientifically unfounded (Gooren & Gijs 2015). Nevertheless, in Africa, the medicalisation of same-sex practices remains intact within several religious spaces (Van Klinken 2013). Although Horne and McGinley (2022) claim that efforts to change and correct one's gender identification and sexual orientation take place everywhere in the world, and have been reported in at least 68 nations. For instance, in Asia and many other parts of the world, private and public mental health practitioners are the most common offenders of sexual orientation change efforts (SOCE) and gender identity change efforts (GICE). However, in Africa religious leaders and faith institutions are the main culprits in the efforts of attempting to curb same-sex practices (Horne & McGinley 2022).

Against this backdrop, this article examines how Pentecostal pastors use God-talk to propel the religious medicalisation of same-sex practices in contemporary South Africa. Furthermore, the authors investigate how these pastors claim to have miraculous powers to heal same-sex practices. Therefore, it is argued in this article that the colonial-missionary discourses regarding African sex, sexualities, and genders are at play within the religious medicalisation of same-sex practices in South African Pentecostal spaces. Therefore, there is a need to problematise and transform this narrative. This can contribute to delinking African genders and sexualities from their Western repressions, Christianisation, and subjugation agendas.

Methodology

The article analyses secondary sources to examine the medicalisation of same-sex practices within South African Pentecostal spaces. The analysis further sheds some light on how Pentecostalism in South Africa continues to be a platform where God-talk is used to regard and view same-sex practices as a sickness, thus requiring religious intervention and healing. The study drew data from already-existing sources. These sources included reputable academic databases, journals, books, essays, published articles, and theses. On the other hand, the authors took cognisance of existing different modes of secondary data analysis; however, in this article only what has been termed formal data sharing was used (Heaton 2008:35). Using this mode implies that

the researchers accessed datasets deposited in public and institutional archives to re-used them in secondary data analysis.

Theoretical framework

The article used the decoloniality framework to problematise the use of God-talk that medicalises African genders and sexualities within the South African Pentecostal spaces. Decoloniality was used here to critique the ontological grounds on which distinctions enabling binaries are anchored. These binaries include those made between mind and matter, culture and nature, conscious and unconscious, normal and abnormal, sick and healthy, sacred and secular, and Christian and un-Christian, which are based on the notion of the superiority of Western thoughts (Mbembe 2021:59). Therefore, decoloniality stands as an act of resistance that challenges these ontological grounds. Hence, the article further used Mignolo's (2013) notion of delinking to ground its challenge of religious medicalisation of samesex practices in South African Pentecostalism and to call for transformation and breaking from the Western, colonial, and missionary repression of African life, cultures, and sexualities.

Religious medicalisation of samesex practices in South Africa

Tilsley (in Butchart 1998) aptly captured the origin of the religious medicalisation of Africans, African bodies, African cultures, and indeed African genders and sexualities when asserting:

The disease of Africa's dismissal past and her dark present is diagnosable in one word. That word is CARELESSNESS. Carelessness in life, the Ethiopian is equally careless of death, amazingly, unbelievably careless. He has got to be made afraid by outsiders. He needs inoculating with a virulent fear. Fear of disease, for instance, fear of death, fear of sin, fear of ignorance, fear of carelessness, and comprehendingly all, a holy fear of righteous God. (Butchart 1998:87)

Against the backdrop of the citation above, the religious medicalisation of African same-sex practices is embedded in the same notion of 'Carelessness' and the superiority of the Westerners who regard same-sex practices among Africans as an act of carelessness, and thus, resort to using the fear of God to deter this practice. This is traceable in the Sotho adage that says 'Sehlare sa mosotho ke lekgowa' (loosely translated as the cure for black people is the white person). Succinctly put, some Pentecostal pastors in South Africa adopt the same narrative by declaring same-sex practices as an act of being careless and further use the fear of God to curb the practice. Thus, the pluriverse and diverse nature of African sexualities are often (mis) construed as 'carelessness' that needs Christianity to cure it. In the same vein, the fear of disease and the holy fear of righteous a God were used and are continuing to be used as anchors to the religious medicalisation narrative. This was lamented by Butchart (1996) when asserting:

Africa's voice rang loudly through the theatres of healing, hospital halls, clinic waiting rooms, and the pages of journals, teaching texts, books, propaganda pamphlets that composed the discourse of missionary medicine. (p. 87)

Therefore, same-sex practices are medicalised in Africa through Christianity and its influence in society. Those identifying with same-sex practices are made to believe that they are sick and lamentably, they are often blamed by society and religious leaders as the cause of viruses, such as human immunodeficiency virus (HIV) (Human Rights Campaign Foundation 2023) and pandemics, as was the case with COVID-19 pandemic where homosexuality was blamed as a cause of the pandemic (Greenhalgh 2020).

Indeed, Christianity as a fast-growing movement in South Africa (Asamoah-Gyadu 2022:73), its influence on society's moral judgements, and its direct link to the colonial-missionary enterprise play a dominant role in the religious medicalisation of same-sex practices. The influence of Christianity has prompted many communities to conclude that there are spiritual forces behind same-sex orientations and practices. Therefore, same-sex practices are demonised, and those identifying with these sexualities and gender identities, are viewed as sick or as having been possessed by demons (Van Klinken & Gunda 2012:131).

Cabral (1995) discusses the spiritual factors that are seen as contributing to same-sex practices and claims that practising non-evangelical rituals and beliefs may be a 'stimulator for homosexual behaviour, leading to promiscuity and perversion'. Cabral (1995) further concludes that cases of demonic possession may be directly associated with same-sex activities, as there is a belief in the existence of demons whose specific function is to provoke this kind of distorted feelings in human beings, thus, deviating them from the teachings of God. Cabral's assertion represents a view held by most African Pentecostal Christians that same-sex attractions have an underlying demonic and evil spirits origins.

Thus, in his 'post-colony', Mbembe (2001) asserts that the proliferating religious movements constitute invisible and ambiguous sites where new normative systems, new common languages, and institutions of new authorities are being negotiated. Against this backdrop, religious medicalisation represents these normative systems and new authorities that claim the right to define for everyone what is right and what is wrong. The treatment of same-sex practices as a medical condition in South Africa became most prevalent during the apartheid era, when the Dutch Reformed Church (DRC), through the National Party-led government, used what Mbembe calls 'common language' (Mbembe 2001) to 'fix' this perceived problem (De Vos 2007). Thus, Kaplan (2004) describes how gays and lesbians during this period used to undergo various medical procedures to test 'what was wrong with them'. Again, De Vos (2007) explains how the apartheid government exhausted all means possible to find out how they could 'cure' homosexuals during the early

to mid-1980s. Therefore, Francis and Reygan (2016:183) account for this as the first traces of policing and, theretofore, medicalisation of same-sex relations in South Africa.

To achieve the goal of medicalising same-sex practices, the apartheid government was heavily influenced by Christianity and biblical discourses to abolish all forms of same-sex relations (Van Klinken 2015). From the assertions made by Tamale (2014) and Mnyandi (2020), it is apparent that transforming the medicalisation of same-sex practices is imperative in South Africa and elsewhere. This can respond to the inhumane treatment of individuals practising samesex relationships which started during the colonial and apartheid eras in South Africa. Kaplan (2004) explains how forced medical procedures were conducted on individuals who engaged in same-sex relations during these times. The Christian-based government exhausted all means to try to eradicate all forms of same-sex practices in society. The same narrative continues with its legacies even in contemporary South Africa.

The reality within contemporary South Africa

The post-1994 South African landscape brought some elements of freedom to people identifying with same-sex practices, as the new South African Constitution was declared 'progressive' because it includes a clause that prohibits discrimination against people based on their race, gender, or sexual orientation (Posel 2011:131; Sanger 2010:115; Schäfer & Range 2014:11). Nevertheless, there is still a lack of transformation in the way people who engage in same-sex activities are perceived by society and religious groups. Same-sex practices are still misconstrued as a medical condition that can be cured through religious interventions. Furthermore, the religious medicalisation of same-sex practices by Pentecostal pastors in South Africa carries missionary and colonial overtones.

Therefore, it is imperative to first understand the colonial routes of Christianity in Africa to fully understand the existence of Christianity in Africa and its modern forms (Johnson et al. 2018). Against this backdrop, Mokhoathi (2017) explains how Christianity was brought to Africa to colonise the indigenous people of the second-largest continent on the planet. It is important to note that Africa has the largest number of practising Christians in the world (Counted et al. 2020). This lends closely to the notion posited by Mokhoathi (2017), who states that Western religion was used to entrench various beliefs and customs upon native people in Africa. It was during this same period that religious medicalisation of same-sex practices gained momentum. Therefore, same-sex practices are religiously medicalised based on Western beliefs, which are founded in Christianity. This acquiesces with Van Klinken (2017) who tersely states that homophobia in Africa was inspired by Christianity and faith-based organisations that regarded the practice of samesex relations as an 'abomination'.

The view that same-sex practice is a sickness inflicted by demonic and satanic spirits is driven in contemporary South Africa by what has come to be known as the Foucauldian 'regimes of truths'. Lorenzini posited that these regimes emphasises that 'truth' is a system of ordered procedures for the production, regulation, distribution, circulation, and functioning (Lorenzini 2015:2). This truth is linked 'by a circular relation to systems of power which produce it and sustain it, and to effects of power which it induces, and which redirect it' (Lorenzini 2015:2). Therefore, in the current South African dispensation, the use of God-talk in the pulpit and biblical discourses becomes, borrowing from (Butchart 1996:87), 'the treater of spectacular healing' of same-sex practices.

Therefore, religious medicalisation is perceived, by its proponents, as a solution to the argument that 'Religion has lost or is losing battle for control over morality, sexuality, and control over the human body and how the body is to be disciplined' (Kirby 2000). Succinctly put, religious medicalisation of same-sex desire continues the perpetual colonial and missionary control of African bodies. Religious medicalisation uses different modalities to drive the conviction that people having same-sex feeling and attractions need religious intervention. The next section discusses some of the modalities commonly used for religious intervention in South Africa.

The modalities of religious interventions in South Africa

Different modalities are used within South African Pentecostalism to address same-sex practices as a religious-medical problem. However, the authors only address a few common examples which serve to highlight the manifestation of this phenomenon within the South African Pentecostal context.

The use of prayer and religious products

The use of prayer to cure same-sex practices was aptly captured by Pitt (2009) when asserting:

Without exception, my respondents had a time in their lives when they sought to reject the homosexual feelings they were experiencing. Many of these men suggest that they have asked God to take away same-sex practices at some point in their lives. More than one of them mentioned the biblical story of Paul, recorded in Corinthians 12:7, in which Paul prayed that God would remove a 'thorn in his flesh'. 'They had internalized the messages their churches were giving them and sought, primarily through prayer, to be free of this 'abomination'. (p. 44)

Against the backdrop of the citation above, some Christians who have same-sex attractions internalise messages promising to heal them which are uttered in the pulpit and other Pentecostal spaces where biblical discourses take place. According to Msibi (2012), religion questions the morality of same-sex practices, with God portrayed as the perfect tool to extricate these practices. Therefore, prayer and religious

products are often used as means of accessing and evoking the power of God to heal same-sex practices. Sewapa (2019:30) posited that 'Persons who do not identify themselves as heterosexual or the so-called "straight persons" are mainly seen as being in need of a "sexual cure". In the same vein, Reid (2000:615) presents an in-depth narrative of how a character, named Sipho, prayed and fasted for his same-sex feelings to go away, but there was no change to his same-sex practices, although he pretended otherwise. Indeed, Sipho's story epitomises the stories of many Africans and South Africans who are often convinced, through religious rhetoric, to turn to prayer for the healing of their same-sex practice only to be frustrated when their same-sex feelings remains unchanged (Owino 2020).

The use of prayer and religious and products as a cure to same-sex desires is further evidenced by different reports flooding media spaces narrating how Pentecostal pastors promise their followers a cure for same-sex feelings. To name but a few instances, on 16 April 2021, the BBC News (2021) news reported on how YouTube blocked the late Nigerian preacher T.B. Joshua's channel over a gay cure claim. Another incidence is that of Pastor Nala, who is based in KwaZulu-Natal. Nala claimed during an interview on the South African television channel eNCA's programme called Checkpoint, that 'homosexuality' is a spirit, and he has 'cured' many people from this disease (Citizen Reporter 2017). Accordingly, Nala sells products of faith water, miracle cloths, Nala pens, faith honey, and Nala juice that he claims can assist people with various problems including homosexuality (Zamayirha 2019). There are also other Pentecostal pastors within the South African context who, like Nala, see homosexuality as a sickness that needs to be cured. According to Makoti (2020:3), Pentecostal pastors, such as Angus Buchan, Oscar Bougardt, and Lazarus Pillay, have openly asserted that homosexuality is a sickness that can be cured through prayer (Makoti 2020:3).

This tendency to classify same-sex desire as a religious medical problem goes further to regard same-sex desire as a sin (Makoti 2020:86). Ukah (2020) aptly discusses the manifestation of this narrative within other African Pentecostal spaces. Again, a responded in a study conducted by Nela et al. (2017:9715) asserts that some people told her that she was not normal and that she had demonic spirits, and they will continue to pray for her to not continue with this sin. The association of illness with sin was also common during biblical times. To cite a few examples, Jesus' disciples asked him who sinned when a man born blind approached Jesus for healing (Jn 9:2). Again, the Epistle of James speaks of congregants to call elders when they are sick; he goes further to say that the prayer of faith will heal the sick person, and their sin will be forgiven if they have committed any (Ja 5:15). Therefore, the link between same-sex practices, sickness and sin is embedded on the use of God-talk and biblical discourses.

God-talk and biblical discourses

In this regard, using the Foucauldian regimes of truth entails the insistence on the literal interpretation of biblical texts. God-talk as the regime of truth is entrenched in the ideology that 'the truth - no matter what kind of truth - gives us no choice, that we are forced to submit to it and build our conduct in accordance with it' (Lorenzini 2016:73). Therefore, these regimes do not provide any alternatives; on the contrary, God-talk and biblical discourses insist on the universality of the meaning of biblical texts. Therefore, the use of God-talk within these spaces challenges and demonises the pluriverse and diverse nature of African genders and sexualities. Thus, several passages in the Bible (such as Gn 9:20-27, Lv 18:22, 20:13, Rm 1:26-27, and 1 Cor 6:9-10) are commonly cited to foreground the narrative that stands against same-sex relationships, and they are used as a basis for religious medicalisation of same-sex practices. These biblical passages are interpreted without contextualising the argument, nor is an attempt made to present an in-depth application of the scripture, which takes cognisance of the unique African gender and sexuality expressions (Shingange 2023).

This represents Butchart's notions of 'spectacular theatre of healing' and 'observation of order of hospital' (1996:87), which are indeed at play within the South African Pentecostal spaces. These spaces have taken the same position of becoming the theatre of healing of same-sex practices, where pastors resume Butchart's 'order of hospital' by diagnosing people's gender identities and sexual practices. Therefore, the pulpit within South African Pentecostal churches propels the narrative of diagnosing and curing. In this regard, God is presented through sermons and biblical discourses as exclusively approving heterosexuality as the only form of sexual expression, while condemning and heal other non-normative sexualities and gender identities. Therefore, the overemphasis of the primacy of God closes the door to any possibility of questioning God's totalisation and monopoly, because God is presented as a monotheistic God, who approves only monogamous heterosexual marriages. This assumption is based on the fears caused by the invasive tactics of colonialism which divided between 'normal' sexuality (heterosexual, monogamous) and 'perverse', 'immoral', and 'dangerous' sexuality, such as same-sex relationships, extramarital affairs, and prostitution (Musisi 2014). Thus, most Pentecostal Christian leaders in South Africa disapprove of the legalisation of same-sex practices and cite biblical passages in support of their views (Venter 2019). The biblical passages often used to support this narrative include, among others, the following:

- Leviticus 18:22: 'You shall not lie with a male as with a woman; it is an abomination'.
- Leviticus 20:13: 'If a man lies with a male as with a woman, both of them have committed an abomination; they shall be put to death; their blood is upon them'.

These verses are part of a larger set of religious laws given to the Israelites, often called the 'Holiness Code'. The code sets down various laws regarding sexual behaviours, including prohibitions against incest, bestiality, and various other forms of sexual activities. However, people interpret these verses as a exclusive blanket prohibition against all same-sex relationships, while others argue that these verses only refer to specific sexual acts. However, there is also a view that maintains that prohibited sexual relations refer to two men having intercourse in a woman's bed as it will ritually render the bed unclean (Barnes 2008; Gagnon 2001). Those who argue for the exclusive blanket prohibition of same-sex practices and relationships often use the Apostle Paul's assertion in Romans 1:26–27 that:

For this reason God gave them up to dishonorable passions. For their women exchanged natural relations for those that are contrary to nature; and the men likewise gave up natural relations with women and were consumed with passion for one another, men committing shameless acts with men and receiving in themselves the due penalty for their error.

This passage is part of a larger argument made by the Apostle Paul about the nature of sin and the need for salvation. Conservative Christians interpret this passage as being a clear and irrefutable condemnation of all same-sex relationships as a violation of the natural order. The other interpretation is that the text focusses on the sexual behaviour of heterosexuals engaging in same-sex relations (Barnes 2008). On the other hand Bird and Harris (2012) argue that Romans 1:26–27 is at the centre of an exegetical debate about sexual relations, and Paul rejects homosexuality as it is contrary to the plans of God for human sexuality. Furthermore, others use Paul's words in 1 Corinthians 6:9–10 when asserting:

Or do you not know that the unrighteous will not inherit the kingdom of God? Do not be deceived: neither the sexually immoral, nor idolaters, nor adulterers, nor men who practice homosexuality, nor thieves, nor the greedy, nor drunkards, nor revelers, nor swindlers will inherit the kingdom of God.

These verses are often cited as an evidence that homosexuality is a sin that can prevent someone from entering heaven. However, some scholars argue that the word translated as 'homosexuality' (arsenokoitai in Greek) is a term that is difficult to translate and may refer to a variety of sexual behaviours, not just same-sex relationships (Sprinkle 2023). Arsenokoitai can be taken from the Latin masculorum concubitores which translates to 'males who sleep with males', not necessarily having sexual intercourse (Smith 2022). Again, the term homosexuality was only constructed by the Hungarian Maria Benkert in 1869 (Conrad & Angell 2004), long after both the Old and New testaments were written.

Therefore, the reference to homosexuality in these later biblical translations needs to be scrutinised. Another common method, often thought to be capable of healing same-sex practices common in South African religious spaces, is the use of conversion therapy.

The use of 'Conversion therapy'

Conversion therapy, sometimes called 'reparative therapy' or 'gay cure therapy', is meant to change a person's sexual

orientation or gender identity and attempts to change a person's sexual orientation from gay to the so-called 'straight' or 'real' man through psychological or spiritual means (BBC News 2023). However, most of the literature prescribing how this gay cure therapy and exercises should be conducted are written by 'straight' practitioners who do not have personal experience of same-sex attractions (Haldeman 2001). Hackman 2018 provides an in-depth insight from her ethnographic study in Cape Town which demonstrates that there are some Pentecostal organisations that claim to have the powers and ability to 'heal' same-sex practices through theological, psychological, and self-help interventions. This narrative is not only prevalent in Cape Town, but it is also common in other South African Pentecostal spaces. For instance, Masase (2009:39) asserted that most of the church leaders in Venda believe that there is hope for homosexuals if they attempt to seek help from the church.

According to Barnes (2008) and Haldeman (2001), conversion therapy has been widely discredited and deemed harmful by medical and mental health organisations around the world, but it continues to be promoted by some religious groups in South Africa. The possible outcome of conversion therapy may lead to one not to display publicity their same-sex attractions or repress the feelings by choosing celibacy. This move may be confused as being transformed into being straight; however, the acting out disappears over time leaving one depressed. Thus, Haldeman (2001) is of the view that the conflict between religion and sexuality may lead to 'a tremendous obstacle to the integration of the self', this is also incongruent with African religiosity and spirituality.

African religiosity and spirituality

People in Africa had same-sex practices long before the colonial and missionary regimes (Resane 2020; Van Klinken & Gunda 2012:132). However, society did not name and shame these sexualities; on the contrary, in some cases same-sex relationships had religious and spiritual significance, as in the cases of sangomas, izinyanga, sometimes referred to as African traditional healers (Dlamini 2006:126). In the same vein, Tamale (2014) provides an unconventional critique of African Traditional Religions and sexuality, by stating that Africa's problem with understanding same-sex relations, derives from a predisposition brought by organised religions such as Christianity. The Western religious system has caused Africans to view sexuality from the anatomy of one's being, rather than a spiritual process (Tamale 2014). Again, Mnyandi (2020) expands the view that sees sexuality as a spiritual process when asserting that sexuality is influenced by ancestral spirits that guide one to his or her identity. However, van Klinken (2017) suggests that Christianity in Africa continues to feel threatened by same-sex desires and practices. The control of sexuality is of paramount importance to Christianity in retaining the oppressive elements propagated by colonialism (Green 2021). However, there are dire implications for using religion to medicalise same-sex desires.

The implications of religious medicalisation of African same-sex desires

Butchart (1998) aptly discusses the notion of 'missionary medicine as a form of sanitation and fabrication of the heathen heart'. Butchart (1998) further asserts:

The tactics through which missionary medicine installed an anatomical space in the diagram of colonial power marked it as far from a purely disciplinary regime. While possible only in the cognitive context of clinical gaze that specialized sickness to the body's deep interior, missionary medicine drew at the same upon the sovereign power of the spectacle, to criticize in the shape of the dramatic theatres of healing that until well into the twentieth century typified these practices of moral sanitation. (p. 75)

Against the backdrop of the above citation, the religious medicalisation of same-sex practices in South Africa is marked by the colonial sovereign power that aims at moral sanitation of black lives. Regarding African same-sex practices as a medical condition, colonial-missionary Christianity thought it had achieved the purification of black bodies and black sexualities. Succinctly put, it is as Butchart opined 'the theatre of healing emphasised the spectacular echoed in the emotionality of what the converted had to say as they verbally prostrated themselves at the doctor's feet...and God's medicine' (Butchart 1998:87). Indeed, the confessions made by those who claim to have been cured of same-sex practices, are often seen as a great victory which confirms that same-sex desires are nothing but a personal choice, and these feelings can be discarded if a person wishes to do so.

Therefore, the continuous use of the terms such as 'healing' and 'cure' by Pentecostal pastors, about same-sex desires, perpetuates this religious medicalisation. Thus, the pulpit becomes the theatre of spectacular healing where the medicine of God, and God as the doctor, are constantly paraded. However, the infliction of holy fear through Godtalk presents God as monotheistic and showing partiality based on one's sexuality and gender identity.

Furthermore, this God is portrayed as classifying, naming and categorising genders and sexualities as the medicalisation process takes place. This is said to happen as God declares same-sex practices as a perversion and reinforces the hegemonic position of heteronormativity in society. However, this dominant narrative of medicalising same-sex practices is based on the colonial notions of the regimes of truths (Lorenzini 2015:2) as discussed earlier, and disciplinary power which, according to Butchart (1998), every individual black person was made to be his and her own 'diagnostician for the health root of national and individual health'. Therefore, black bodies, black lives, black cultures, and black sexualities were regarded as a sickness (Butchart 1998). Therefore, black people were forced to diagnose themselves and lamentably they continue to self-diagnose their genders, sexualities, beings and existence.

Erroneously, this self-diagnosing is believed and seen as absolute truth and as being a universal principle. Those who disobey such truths are punished. As a result, people identifying with same-sex desires and practices are diagnosed as deviant, and abnormal by the universal binary system which defines genders and sexualities in terms of rightwrong, Christian-Un-Christian, African-Un-African, and moral-immoral. Furthermore, based on the regime of truths, society sees those who reject the religious intervention offered by Christianity, as worthy of stigmatisation, naming and shaming, punishment, imprisonment, and death and worthy to be pushed to the peripheries of society.

Against this backdrop, this narrative must be problematised and transformed. This can happen by adopting what Mignolo (2013) calls delinking from the Western epistemologies. These epistemologies manifest in the religious medicalisation of same-sex practices. Thus, religious medicalisation of samesex practices should be seen purely as a Western attempt to prohibit such forms of relations based on colonisation and Christianisation projects. While various scholars have indicated how religion was used to colonise various nations, it is important to critique the controlling of black bodies, by religion, in particular religious medicalisation that is prevalent within Pentecostalism in South Africa. This narrative needs to change because it contributes to brainwashing the minds of people as Johnson et al. (2018) highlighted. It is the authors' view that African Pentecostalism should provide healing for the souls and spiritual support for every member of society regardless of race, gender, or sexual orientation. This can be an act of transforming the current narrative and presenting God's unconditional love to humanity and the entire universe. Consequently, the existence of same-sex desires and practices can be embraced as an indication of a pluriverse of African sexualities and the multifaceted nature of God who created everyone in God's image.

Conclusion

This article argued that same-sex practices are commonly medicalised within different global spaces. Considering this, societies continue to perceive same-sex practices as a disorder that requires treatment. In Africa, the influence of Christianity has led many communities to believe that same-sex practices and orientations are motivated by spiritual forces. As a result, same-sex practices are demonised, and people who identify with these sexual orientations and gender identities are perceived as sick or suffering from a mental illness. A crucial part of this narrative involves Christianity, which is rapidly expanding as a powerful force in South Africa. This study looked at how Pentecostal pastors utilise God-talk to advance the myth that same-sex practices are a disease, and how they claim to have miraculous healing abilities. As a result, traditional African spirituality and religious views on gender and sexuality are marginalised. Therefore, it was claimed in this article that the religious medicalisation of same-sex desires in South African Pentecostal spaces is influenced by colonial-missionary discourses about African sex, sexualities, and genders. Therefore, the narrative was problematised and a call to transform the narrative was made. It is the authors' view that this can contribute to delinking African genders and sexualities from religious medicalisation embedded in the Western, colonial-missionary repressions and subjugation agenda.

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Authors' contributions

Both of the authors, T.S. and A.H.M-M., contributed in the conceptualisation, doing research, compiling and writing the final draft.

Ethical considerations

Due to the negligible risk nature of the application, the article was exempted because it had no human participants involved. College of Human Sciences Research Ethics and Review Committee, University of South Africa (UNISA) (90187598_CREC_CHS_2023).

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Data availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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