

The Discourse Less Discussed: Spirituality and Health Issues in Zimbabwe

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Abstract

The phenomenon of spirituality and health provision in Zimbabwe has not been given much attention until today when prophetic movement is gaining unprecedented courtesy in the society. It is against such backdrop that this paper sought to highlight this unarticulated factor by identifying spiritual health services provided by prophets and challenges associated with those services. Findings established that prophets provide several health services in form of prayers, foretelling, preaching and healing to those who believe in the power of supreme God. The study further identified challenges associated with spiritual services such as discouragement of people to combine spiritual services with contemporary medicine. Using existentialism, the paper argues that, prophets as central to prophetic health services are not just giving religious reincarnation but the importance of spirituality as a desideratum of broad health framework which is lived and accepted in Zimbabwean society.

Introduction

The role of prophets in providing health services is vexing, contentious and debatable in literature because of diverging perceptions towards the phenomenon of spirituality (Chitando et al. 2013; Tamirepi, 2013). The prophetic revivalism and resurgence as a package of spirituality has become a global contemporary issue which need much attention especially in relation to people's health. In Zimbabwe, the prominent rise of prophets such as Uebert Engel, Walter Magaya and Emmanuel Makandiwa on Pentecostal scene has seen spiritual healing and deliverance of sickness as a common debate. Regionally and globally, the majority of people have been found to have explicit religious beliefs and practices (Chitando and Biri, 2016; Mckernan, 2005). Religion may play diverging roles in social life but many people around the world still regard their spiritual faith to be of central importance in their lives (Mabvurira and Mtetwa, 2013; Maguranyanga, 2011; Manyonganise, 2015). The presence of prophets on the religious landscape has heightened the role of prophecy on healing and deliverance. Prophecy, barring its definitional elusiveness, is considered to be a great gift from God which enables the prophet to speak forth or declare the divine will, to interpret the purpose of God, or to make known in a way the truth of God designed to influence people (Chitando et al. 2013). Omenyo (2014 cited in Chitando and Biri, 2016) observes that prophetic emergence in most parts of Africa occurred under conditions of economic, political and social adversity, which were accompanied by economic reforms, low wages and quality of life, the absence of social services, and the withdrawals of the welfare frontiers of the state. Like its precursors, one of the great appeals of prophetic movement in Zimbabwe is its ability to respond to the current existential and pragmatic life needs of the people including health problems. In spite of the various efforts made to discourage people of spiritual healing because of the problems associated with it (Asamaoh-Gyadu, 2015; Biri, 2013; Gombarume, 2016); people are still flocking to those prophets in search of spiritual help.

The aspect of spirituality itself is questionable for lacking scientific rigour (Tamirepi, 2013), and some group of people tend to doubt its existence and treat it with contempt. Since the spiritual services are commonly accepted on self-conviction (Roby and Maistry, 2010); the polarisation of ontological and epistemological constructs regarding spirituality may be based on what Renne Descartes (1596-1650) called 'methodic doubt'. This implies that one would not accept something as true if it was not manifestly clear and distinct to him. Across methodical discrepancies in health dialogue, prophetic message is interpreted to be dogmatic and myopic since their message blurs the rational inquiry on the cusses and treatment of diseases. Perhaps, it is daunting to adopt scientific perspectives in order to professionalise and legitimise spirituality and health, and to align them with the prevailing medical models.

Due to these differences, Roby and Maistry (2010) argue that spirituality is biological, psychological, socially evolutionary and neurophysiologic where assailable evidence consistent with scientific enquiry cannot be established. While these debates rage on, many scholars (Biri, 2013; Gombarume, 2016; Zimunya & Gwara, 2013) argue that spirituality has shown interconnectedness with individual health and is seen as holistic in nature. In some circles, prophets are being considered as white collar business today (Chitando et al. 2013), yet their role in healing is continuously gaining unique ascendancy in countries like Zimbabwe. In their transpersonal existence, individuals construct their own reality according to the knowledge which they have (Morales et al. 2010), and this has an implication on people's choices in solving their health misfortunes. However, the emphasis on healing and deliverance is one major factor that pulls large crowds to the expanding prophetic movement in Zimbabwe and beyond (Biri, 2013; Chitando, 2016). Therefore, the issue of spiritual healing is indispensable regardless to the fact that prophetic healing is accepted with conjecture among some critics.

The incessant demand of spiritual healing is tied to continuous mushrooming of churches across the world, let alone in Zimbabwe under the catchphrase 'Man of God'. This paper argues that, no matter how contentious the issue is; this interpretive topic is incessantly evolving and requires attention in several health forums. Several scholars (Chitando and Biri, 2016; Shoko, 2015; Zimunya and Gwara, 2013) argue that the marketability of prophets has been influenced by their ability to heal and perform extraordinary miracles. To this effect, the interrogation of spirituality in relation to individual health is imperative. Although some Zimbabwean scholars have attempted to deliberate the issue of health and spirituality (Gombarume, 2016; Mabvurira and Nyanguru, 2013; Tamirepi, 2013); the role of prophets in health sector remains unappreciated in both academic and public forums. As operationally stated by World Health Organisation (WHO) (1946 cited in Brook, 2017), the definition of health encompasses wellbeing and the consideration of culturally sensitive approaches to healthcare as well as indigenous and alternative forms of healing as legitimate forms of treatment. It seems, therefore, that the body, mind, and spirit are connected. Spiritual perspectives and practices can provide a context wherein anxieties about physical and mental functioning may be faced, felt, and understood (David et al, 2009). In Zimbabwe, religious institutions are becoming prominent in the provision of social support mechanisms and practices that encourage healthy behaviours, as well as a personal sense of meaning. While the prophets are being criticised for placating and soothing on prosperity in their gospel, their spiritual health services through series of unprecedented miracles is becoming one of the health pathways in Zimbabwe. This paper argues that the complexity and subjectivity of this speculatively prophetic topic requires further contextual analysis in Zimbabwe to further substantiate existing health pathways. And with the burgeoning discourse around spirituality in Zimbabwe (Chitando & Biri, 2016, Tamirepi, 2013), only a few scholars have delineated its relatedness to health issues (Gombarume, 2016). The dearth of literature in academia and slow inclusion of spirituality particularly on health services provided by apostolic prophets in major health forums was a major concern for this study.

This paper also tries to narrow the wide chasm between spirituality a identifying the synergistic themes between spirituality and prophetic work in Zimbabwe. This paper sought to address the gap by investigating the types of spiritual health services provided by apostolic prophets and challenges arising from these services in rural areas of Zimbabwe. The objectives of the study included to identify spiritual services provided by local prophets in the context of health, and to establish problems associated with spiritual health services provided by prophets. Hence, this work provides an introduction to important conceptual issues, a look at spirituality and theory of existentialism, the research methodology implemented with findings and discussions, a review of the types of spiritual health services, the challenges associated with spiritual health services, a conclusion and recommendations.

Conceptual Issues

The literature is coloured by a myriad of definitions of religion and spirituality (Bhagwan, 2010). Defining a prophet in any field of study remains a daunting task for everyone. Prophecy is understood differently; it is a multi-faceted term and to some does not simply mean fore-telling events or circumstances (Chitando and Biri, 2016). The situation is even aggravated by the fact that, among religious people, there is no unanimity on the term. Biblically, prophets should often possess both a teaching and revelatory role, serving as intermediary with humanity and declaring God's truth on contemporary issues while also revealing details about the future. Among famous biblical prophets, Jeremiah and Isaiah's ministry, touched on both the present and the future, preached audaciously against the corruption of his day and delivered grand visions of the future of Israel (Gombarume, 2016). The intricate part of defining the term is that prophets have the task of faithfully speaking God's Word to the people, of which this covert concept cannot be demonstrated explicitly. Biri (2015) argues that the prophets only heal the spiritual aspect of human existence and there is no evidence to suggest that some diseases are healed by them. In the same context, Magireta (2015) believes that in today's society, true prophets are not easy to find and the current ones are economically notorious persons who performs healing and deliverance for their economic impetus. However, Chitando and Biri (2016) argue that people in Zimbabwe and beyond use spiritual services provided by prophets. This paper interrogates the services of apostolic prophets from Johane Masowe. Gombarume (2016) operationalised Apostolic prophets as those from a blend of African traditional religion and Christianity with Old Testament being prominent. Johanne Masowe sect church was formed in 1931 by a Zimbabwean founder (Shonhiwa Masedza) with the idea of blending the African Traditional religion and Christianity and relies mainly on the doctrine of the Old Testament. All practices done in this church is said to be Holy Spirit inspired and they rarely refer to biblical scriptures. Although this act of not referring to the bible is a controversy in itself; this paper argues that the role of religious personnel in health is lived and cannot be discussed with disdain.

The issue of prophets and health provision is also buoyed in the controversies surrounding the definition of religion and spirituality. Religion is a multidimensional construct that includes beliefs, behaviors, rituals, and ceremonies that may be held or practiced in private or public settings, but are in some way derived from established traditions that developed over time within a community (Konig, 2012). Scholars (e.g. Hollywood, 2010; Konig, 2012) perceive religion as an organized system of beliefs, practices, and symbols designed; to facilitate closeness to the transcendent, and to foster an understanding of one's relationship and responsibility to others in living together in a community. Spirituality is intimately connected to the supernatural, the mystical, and to organized religion, although also extends beyond organized religion (McKernan, 2005; Milam, 2014). Due to this dichotomization, there is a presumption that religion has to do with doctrines, dogmas, and ritual practices, whereas spirituality has to do with the heart, feeling, and experience. Cornah (n.d) argues that, although expressed through religions, art, nature and the built environment for centuries, recent expressions of spirituality involves the elements such as; a sense of purpose, a sense of 'connectedness' – to self, others, nature, 'God' or Other. This involves; a quest for wholeness and search for transpersonal hope or harmony. In this essence, prophet can occupy both normative definitions of religiosity and spirituality.

The spiritual person has an immediate and spontaneous experience of the divine or of some higher power (Hollywood, 2010). To be religious is to bow to the authority of another, to believe in doctrines determined for one in advance, to read ancient texts only as they are handed down through existing interpretative traditions, and blindly to perform formalized rituals. Despite these differences, Rippentrop et al (2015) argue that religion and spirituality are important in people coping with health pains. Even if there is no unanimous on how to define and assess religion as a form of systematised approach to spirituality, there is a preponderance of agreement that prophets as religious persons provide spiritual services to their congregates. An extensive definition of spirituality entails "searching for a trust worthy wisdom that will connect us with the larger purposes and meaning of everyday life." (Gratton, 1995:6). This definition does not necessitate to a meticulous belief but rather focuses on the action of seeking and experience. Therefore, prophets are religious or they coordinate religious activities but the outcome of this has spiritual implications. Although precise conceptualisations of these terms are elusive, both are seen as distinct, although interrelated, overlapping constructs (Bhagwan, 2010). In interrogating the role of prophets in health issues, this definition supports an expansive notion of spirituality that is not limited to a particular creed or institution.

Spirituality and the Theory of Existentialism

Based on the aforementioned definition of spirituality, this study was informed by the theory of existentialism which views an individual as a whole within his belief system. Existentialism emerged in the 19th century through scholars such as Soren Kiekegaard, Friedrich Nietsche and Fyodor (Wilkinson, 2012). Existentialism is a call for consideration of man in his concrete situation, including his culture, history, relations with others and above all the meaning of personal existence (Reynolds, 2017).

Therefore, existentialism is an indispensable theory to explain spirituality in relation to why people put so much confidence when seeking prophetic help during the time of illness. The theory of existentialism stipulates that, individuals construct their own reality and each of us strives to find meaning and order in life. This pays attention to spiritual, personal, social and cultural environments as important spheres of human existence. This goes hand in hand with the current definition of health by Brook (2017), which extends to include the whole person in his metaphysical, emotional, spiritual and other unseen forces when dealing with individual health challenges. Atuahene (2010) postulates that, people believe that whatever happens to one's health has some spiritual linkages which need spiritual consultation for the well restoration of health. It is argued that faith healers (prophets) from indigenous churches are mainly concerned with the worldview that contains a strong belief in malevolent spirits, witches and wizards and they have an attachment to meaning of dreams and vision.

Theory of existentialism explains that, the world exists according to the knowledge that people have. This explains why people seek spiritual health regardless of the critics leveled against it for lacking empirical evidence within the natural sciences and continued negative labels attached to it mostly on everyday published media. There are many factors that influence how patients and health care professionals perceive health and illness and how they interact with one another. However, this calls for a holistic approach which takes into consideration of the effects of spiritual health services in the health care system. Several scholars (e.g. Chitando and Biri, 2016; Mabvurira and Nyanguru, 2013; Shoko, 2015) observe that many people with life threatening illness are being convinced to resort to prophets for faith healing and they stop modern medication. For those who do not vitiate the importance of spirituality in health; prophets provide spiritual repositories of Godly knowledge, wisdom and experience. Dube (2012) is of the view that, consciousness is of primary significance in people's wellbeing. This means that treatment should be designed not only to restore a state of systematic biological balance to the individual but to his or her inner and outer environment.

On such strength, Roby and Maistry (2010) argue that, spirituality is worth examining when dealing with vulnerable people in the society. Therefore, spirituality is an essential aspect on individual health. Christians have a belief that healing occurs when one draws closer to God and experiences moral and spiritual change (Biri, 2013; Omenyo, 2014; Pillay, 2015). Maguranyanga (2011) argues that ultra-conservative church groups shape the health sector and health seeking behaviours. For many patients, spirituality provides the foundation and support that enables them to move from dissonance and brokenness to a sense of wellbeing and wholeness (David et al, 2009). Conceptually, existentialism and spirituality are words used in an abundance of contexts that means different things for different people at different times in different cultures. Like in existentialism, spirituality as an intrinsic part of religion is integral to whole or holistic patient care in that it helps to address individuals' understanding of illness and change.

Thus, this paper draws attention to the ecumenism that is emerging within the prophetic and healing sectors of Zimbabwean propheticism. The formal incorporation of spiritual services into the health context may help to strengthen individual health and wellbeing. Therefore, spiritual health services as well establishing strategies to overcome problems associated with them can, perhaps, promote the development of better health policies.

Research Methodology

The research was conducted in Zaka District (Ward 24, Village 6) in Masvingo, Zimbabwe. This area was selected as a study site because it is one of the rural areas where there is dominance and influence of local apostolic prophets. The common apostolic prophets in this area are those from Masowe sect. This phonological study was carried out using qualitative research design to explore the spiritual health services provided by prophets from the view of the respondents. Qualitative design ensures that people's everyday living is contextualised and understood from wide perspectives and avoids speculations (Rahman, 2016). The idea was to gain awareness and appreciation of how particular individuals or group of Masowe believers view and experience the world of prophecy and their health challenges.

In this study the target population comprised 6148 people (2730 males and 3418 females) of Ward 24 in Zaka district as per statistics (Zimbabwe National Statistical Agency (ZimStats), 2012). However, the researchers focused on Village 6 which had 165 residents. This number was obtained from village head's record book. Among the targeted population, there were 95 women and 70 men. The researchers opted for this group because its members are the ones who visit those prophets and have knowledge on the types and effects of spiritual services provided by prophets. The second group comprised two local leaders from the Ministry of Health (the village health worker); and the Ward councillor who were not part of Masowe believers.

Out of the target population of 165, only 13 people were selected for the study. Among those 13 sampled, there were 9 members (5 women and 4 men) of the Masowe sect, 1 village health worker, 1 ward councillor and 2 local prophets. Four men and five women who often visited and received help from prophets were selected using availability sampling technique. Availability sampling was used because the researchers were not sure of the actual number of people who attended the apostolic church. The researchers used purposive sampling to select key informants who were conversant with prophetic issues in Zaka District. All selected participants were aged between 24 and 58 years. The highest academic and professional qualification for Masowe congregates who participated in the study was secondary school.

This study utilised in-depth interviews with nine Masowe congregates to collect data on the types of spiritual health services used by apostolic prophets in healing as well as establishing the challenges derived from those services. In-depth interviews were conducted with the selected sample of 4 men and 5 women. In-depth interview guide was used to collect data on the types and effects of spiritual health services. The study also utilised key informants interviews with 4 key informants. The first 2 key informants were non-Masowe members who were local leaders in the area, the councillor and the village health worker and the other 2 key informants were the local prophets. This was done to cross check with the findings from the Church congregates. Both interview guide and key informant guide consisted open-ended questions which allowed the exploration of spiritual issues better. And confidentiality and anonymity was ensured by not including the respondents' real names in the research instruments. The researchers explained the objectives of the study and participants were told that there were no direct after-benefits of participating. Therefore, the participation was on voluntary basis. Clearance into the community was sought from the Zaka Rural District Council in collaboration with the local traditional chief and the village head. And thus, the participants highlighted that prophetic services were strongly linked to their health problems. It was discovered that all the apostolic members believe in God and they believed that, God sends the spirit through the prophets and that spirit is capable of doing anything according to the will of God. The study revealed that Holy Spirit is termed; “*mudzimu unoyera*” in the local ChiShona language. This shows that, that spirit is considered as not just an ordinary spirit but High and powerful one. The participants understood that, the spirit of God “*mudzimu unoyera*” operates through the prophet whom they regarded as the messenger of God.

Types of Spiritual Health Services

Prayer Deliverance and Healing

Findings revealed that members of the apostolic sect believed prayer as an important act that every believer should rely on in all circumstances. It was believed that all health predicaments can be conquered through prayer. One of the Church members of apostolic prophets noted that:

It is the role of the prophets to pray for the congregation and the belief is that, that prayer can be easily heard by God as the prophet is said to be a messenger of God who speaks the heart of God.

Another participant retorted that:

Prophets are very important to me. When I was suffering from walking challenges, the prophet prayed for me and in less than two days I was completely healed.

In support of this, one prophet noted that:

We heal many diseases using the power of God. I get the revelation and guidance from God on how to treat certain diseases. I can assure you that I heal diseases such as Sexually Transmitted Infections, headaches and other diseases affecting people in our community

Thus, prayer was identified as one of the spiritual health services provided by prophets. It was noted that, in administering these prayers; the prophets used tools like nhombo/zvitombo (stones), running water, fresh milk, chickens, and lemons. Mabvurira and Nyanguru (2013) found that prayer was used to cure people with various health problems. All members of the apostolic sect believe that, by using any of those tools as prescribed by the prophet they become healed. Thus, the apostolic prophets are a respected group and are believed to be intercessors of the congregation where they cure diseases using supernatural powers and the religious causation. In contrast, Andrade (2009) questions the healing effect of prayer as it is riddled with assumptions, challenges and contradictions that make the subject a scientific and religious minefield. Despite Biri (2013)'s arguments that there is no evidence to show that healing was caused by prophets, theory of existentialism attest that humans define their own meaning in life, and try to make rational decisions despite existing in an irrational universe. While the existence of transcendent force is debatable, people had choices and freedom to visit prophets in order to deal away with health anguish. Several scholars (e.g. David et al, 2009; Milam, 2014) observe that individuals, particularly elders and those with chronic medical conditions, often turn to religious coping methods, such as seeking spiritual support from clergy or church members, when faced with mental and physical health difficulties. In startling contrast, Notermans (2008) warns against making a sweeping generalisation about spiritual services, yet many scholars (e.g. Bhagwan, 2010; Milam, 2014; Roby and Maistry, 2010) argue that spirituality as an intrinsic form of religion gives people resiliency, and strengths to find sense of hope and purpose of life. Previous studies such as (Chitando and Biri, 2016; Tamirepi, 2013) have demonstrated that it is the strength of prayers provided by prophets which differentiate them in spiritual market where they are charged with the mission of eliminating all forms of suffering and empowering the people of God to experience health and well-being. To this end, the nature of prayer provided is an important treasure in the healing of sickness or other health ailments.

Advice and Counseling Provided by Prophets

There was a general consensus that prophets provide advice that promotes health among individuals. Advice which was cited included; need to maintain marriages, not to commit adultery and need to live a stress free life. Prophets also gave advice to their followers to remain in prayer where every individual should pray at least 3 times per day. This guidance promoted better health among followers. For example, the condemnation of adultery by prophets was a best way of preventing the spread of HIV and AIDS among believers. One key informant confessed that:

Prophets are very helpful in discouraging adultery and advising couples to maintain their marriages which lessen the spread of STI.

One key informant highlighted the importance of prophets in providing pastoral counselling by noting that:

Prophets, like other church leaders, are important in counselling the church members. Actually, people these days believe more in prophets than professional counselors who are not easily accessible to people.

One participant also reiterated that:

Prophet (Man of God) helped me when I lost my relative. He provided counselling to me together with prayers. This helped me to ease the depression I was going through. I always visit the prophets when am not feeling well.

Prophetic advice was considered beneficial to believers because by keeping on praying, they lived a happy and stress free life. Also prayer is a good health advice because psychologically prayer can be a catharsis process which helps to pour out emotions (Gombarume, 2016). Hence, people lived contentedly knowing that God is in control of their health predicaments and these brought psycho-social stability. This is illuminated by the theory of existentialism which brings attention to spiritual, personal and cultural environments as important spheres of human existence. Using existentialism, Reynolds (2017) argues that individuals are entirely free and must take personal responsibility for themselves with action, freedom and decision as key in dealing with absurdity of human suffering such as health challenges.

Thus, prophets' intervention in all the above four aspect of an individual contribute to the health of an individual. The study further revealed that, prophets provided counseling to their members on problems such as infertility issues which ensured that congregates are free from psychosocial challenges.

In contrast, some scholars (e.g. Maguranyanga, 2011; Omenyo, 2014) warn that ultra-conservative advice from prophets had made many ill people to shun modern medicine with belief that their conditions will wane because of prophetic interventions. Some of key informants in the study argued that the role prophets should be done in collaboration with trained and professional doctors. In such scenario, Shoko (2015) suggests that divine intervention should not be considered in isolation from other health pathways such as modern medicine and traditional healing. David et al (2009) suggest that, in terms of spiritual health services, there are also ethical boundaries to physician involvement, which may include: lack of knowledge and training, discomfort with subject, fear of imposing religious views; consent and confidentiality requirements, and religious conflicts. While this demonstrates that the role of prophets in healing diseases remain shrouded in mystery of disagreements, believers in their experience and existence embraced the role of supernatural forces in solving their health problems. Therefore, this issue requires a collaborative understanding of different understanding of health pathways in Zimbabwe.

Foretelling

The study established that prophets can foretell the coming of a certain disease and this helped believers to prepare and prevent the spread of diseases. One Masowe participant noted that;

By foretelling what is in the future, prophets actually help us in preparing and preventing diseases like cholera through maintaining good hygiene.

In support of this, one prophet noted that:

I can see using Holy Spirit the nature of diseases and its treatment process. Previously I was able to predict about Cholera outbreak in Zimbabwe and it happened. People think prophets are liars but we use God's spirit and guidance in seeing the future of disease outbreak.

Although non-believers noted that prophetic message might lack scientific validation, believers accepted the message provided by prophets. This is also illuminated by the theory of existentialism which states that, people view their world the way they interpret it. Findings showed that foretelling was interpreted as an important way of preventing some diseases. Young and Koopsen (2011) identified yoga, meditation, gratitude exercise, and visualization as the most spiritual health services. As illustrated already, Biri (2013) questions the truthfulness of prophetic message. Masara (2017) observes that unpleasant prophetic message, if not well handled, can result to believers committing suicides. In the world of most existentialists, personal experience and acting on one's own convictions are essential in arriving at the truth, and that the understanding of a situation by someone involved in that situation is superior to that of a detached, objective observer (Atuahene, 2010). Therefore, the divergence in health services may be as a result of people's beliefs and their way of interpreting things. For those who subscribe to spiritual dictum, the message from prophets is part of their relational consciousness despite the concept not being quintessentially concluded among various scholars.

Challenges Associated With Spiritual Health Services

The results of the study show that there are some problems associated with prophetic spiritual health services to people.

Apocalyptic foretelling

The study revealed that spiritual advices and foretelling can cause fear among the members. One non-Masowe participant confessed that;

It's true that prophets help people but most of the times they prophesy negative things about someone's health or life. It makes some believers or even non-believers to fear about their future. For those who are not used to such messages suffers from depression.

One Masowe participant noted that:

It is true that some of the prophecy we get cause fear and depression. I still when the prophet told me that there will be death in a family if I don't prayer seriously. We prayed but I was depressed almost for one week.

Although prophets were helpful, sometimes, their message can cause the congregation to live in fear and lack peace of mind since their prophecies are mostly on negative events like death. Masara (2017) reported an incident of a man who hanged himself after an unpleasant church prophecy in Tsholotsho district, Matebeleland North Province of Zimbabwe. Literature shows that prophetic utterances can cause the client to feel conflicted internally and develop feelings of being punished (Chibaya, 2012; Wilkson, 2012). These feelings can increase levels of depression and anxiety. If negative messages are not properly managed, it can be detrimental to individual health, mostly the new believers and the non-believers who are who have little faith in prophetic message. Tamirepi (2013) concurs that, prophetic message is more of hidden treasure to people living with different health conditions and it is very difficult to account for. Warnock (2013) reiterates that the gift of prophecy can be risky to humanity if the prophets fail to deliver their utterances cautiously. Despite these diverging skeptics, many scholars (Biri, 2013; Machinga, 2011; Phillay, 2015) observe that, most terrifying prophetic messages are accompanied with ways on how to avert the bad circumstances from happening. This therefore, reduces the internal tension from the victim. For example, AAFP (2017) argues that, no one really knows for sure how spirituality is related to health but some research shows a connection between your beliefs and your sense of well being. More so, Reynolds (2017) stresses that individuals must choose their own way without the aid of universal, objective standards of better life. Mooted in this debate is that, in their existence, humanity always find answers based on their actions and experience. Perhaps, this is the same reason why the majority of participants had their own convictions in continuing visiting the prophets despite the negative message and perceptions which they received from their counterparts.

Unsanitary healing methods

The prophets used various tools in order to boost someone's faith through a tangible object. Prophets mentioned tools which include, rock pebbles (*zvitombo*), water from running water sources, unprocessed animal oils and lilies. One key informant (village health worker) retorted that:

In most cases a patient is asked to drink water from open water sources after prophets prayed for it. This can be detrimental to people's health because those running water sources mostly contain contaminated water especially during the rainy season because those water sources are also used for sewage disposal.

Another key informant noted that:

The Masowe members do not question that because they believe that after water is being prayed for it does not bring harm to them. This can cause members of the Masowe to continue risking their health by using that dirty or contaminated river water which might worsen their illness.

Findings revealed that the stones used by prophets are being picked up from the ground and were sometimes put in water from unprotected sources and patients were asked to drink that water. Several scholars (such as Mapuranga, 2013; Tamirepi, 2013) suggest that there is need to educate prophets on how to deliver their services in a more hygienic way. Some church members admitted that there are some circumstances where the members come with suspected contagious diseases like TB and this made it difficult for prophets because they need to protect themselves. However, prophets touched the patient because they were believed to be sent to deliver people by God. Although the prophets confessed that they had not yet contracted such diseases, the study found it as a potential risk to Masowe prophets because of possibility to contract different diseases. Rosenfeld (2016) observes that many people are dying because of unsanitary tools which easily cause cross-contamination of serious life threatening diseases. Even as people have embraced the role of prophets in humanity, health education remains fundamental among Masowe followers to avoid the contraction of certain infections.

Discouraging conventional medicine

All participants admitted that, in some cases apostolic prophets overlook the uptake of modern medicines. It was prophets' belief that combining conventional medicine with spiritual guidance is a sign of undermining the supreme power of God. One prophet confessed that;

We do not see the reason for someone called a Christian not to believe the works of the Holy Spirit. We must not forget that the God we serve gave the wisdom to those people discovered modern medicines. For me, there is no doubt the He can heal all diseases.

One of the Masowe participants revealed that:

When I am fasting I stop taking my tablets and I believe that the Holy Spirit will be by my side as explained by the prophet who helped me.

One key informant noted that:

These prophets had misled people several times resulting in followers abandoning visiting medical centres. I might be harsh in critiquing their religious values but people are dying of chronic diseases because they are shunning medical centres because of prophets who tell them that they can be healed through prayers and miracles.

Findings revealed that condemnation and labels attached to those who take conventional medication, many believers stopped medication and resort only to spiritual healing. In other studies (e.g. Maguranyanga, 2011; Tamirepi, 2013) found out that prophets claim to cure HIV and convince followers to stop medication and rely on their services. This is very detrimental to people's health especially those who are on chronic diseases treatment because of many after-effects of withdrawing the medication. However, American Academy of Family Physicians (AAFP) (2017) argues that positive beliefs, comfort, and strength gained from religion, meditation, and prayer can contribute to well being and it may even promote healing. Study findings showed that spiritual prophets can influence people to stop medication and this result in negative health effects and sickness can be worsened.

The study established that the apostolic prophets in their local area are the respected individuals who are known for only helping people even those who are not members of their church. In support of this, Chitando and Biri (2016) argue that, in their prophetic cosmology, prophets exude confidence and prioritise immediacy, which result in constant improvement in health and well-being of people. This is contrary to the views of other scholars such as (Chibaya, 2012; Mapuranga, 2013) who strongly accuse the spiritual prophets of misleading people in shunning the modern medicine in favour of unhelpful holy water. AAFP (2017) believes that improving people's spiritual health may not necessarily cure an illness, but it may help you feel better and prevent the development of some associated health problems; which help them cope better with illness, stress, or death. Notwithstanding the existence of these scholastic skeptics, it is imperative to note that some believers put more trust in prophetic healing than in modern medication. Some serious ardent of existentialism argue that human beings are subjects in an indifferent, ambiguous and absurd universe, in which meaning is not provided by the natural order, but rather can be created by human actions and interpretations (Reynolds, 2017). The existence of such beliefs should be harnessed in contemporary health pathways in Zimbabwe in order to create a robust health system which accounts for every facet of humanity.

Conclusion

The role of prophets in health sector seems to be paradoxical and extremely polarised by several epistemologies, albeit effective to some individual in the community. In Zimbabwe, prophetic revivalism and resurgence has taken on new form of life. These have been necessitated by the emergence of new prophetic ministries and churches which had altered, not just the face of Christianity in the country but health sector in particular. While some academics are generally pessimistic in their analysis of spiritual dichotomy, prophetic role in healing and deliverance in Zimbabwe testify to the growing visibility and significance of prophets in health sector. This study established that people in their existentialism appreciate the role of prophets in dealing with their health adversities. The concept of spirituality is an indispensable issue in health arena, of which spiritual prophets play an imperative role of delivering spiritual health services. As illuminated by theory of existentialism, action, freedom and decision are three human fundamentals, and holds that the only way to rise above the essentially absurd condition of humanity which is characterised by health suffering and other inevitable problems facing humanity, is by exercising personal freedom and choice. Due to multitude of reasons circling prophetic movement in Zimbabwe, the centrality of spirituality is that health needs can be addressed from collaborative perspective. Although the problems associated by spiritual health services were mooted in this paper, the phenomenon proved to be something lived by people and cannot be ignored in any health forum.

Recommendations

- Policy options-health policies in Zimbabwe can integrate scientific health pathway systems with spiritual prophets so that formal laws are established on how to provide spiritual health services in a formal and safe way. There is need to strengthen policies that support spiritual health services so that it can be practiced in a safe way.
- Via collaborative health approach, there is need for collaborative approach with spiritual prophets since it proved that they are helpful in offering counseling to families. This might be helpful in a developing country like Zimbabwe where pastoral counselling is rising but remain undocumented.
- Health education-programmes should be put in place to educate leaders and members of conservative churches like the apostolic sects to accept both modern medicine and spiritual healing. This should extend into the classroom for the profession like social work and public health which are in contact with vulnerable people in the community.

- Further studies are needed on spirituality and health to cover the gap on health and spirituality because it proved to be one of the contemporary issues. These studies may interrogate issue to do with the influence of demographic factors in accessing spiritual health services in Zimbabwe. This may include the influence of factors such as age, gender, marital status and educational level in accessing the prophetic services

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