



Church, Media, and Healing: A Case Study from Zimbabwe

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AFRICAN CHRISTIANITY IS WITNESSING AN UNPRECEDENTED INTEREST IN HEALING, especially since the first quarter of the twentieth century with the emergence of Zionist and Apostolic churches. Scholars have coined the epithet “healing churches” to designate those churches where healing in its broadest sense plays a pivotal role, informing doctrine, pastoral practice, and the recruitment of members.¹ A critical office in this Christian ministry of healing is that of the *muporofita* (prophet, in Shona), who, in addition to praying for the sick and providing the charism of healing, has been traditionally associated with “watching over or safeguarding the chastity of the young and old in the congregation.”²

¹M. Schofeleers, “Healing and Political Acquiescence in African Independent Churches,” in *Religion and Politics in Southern Africa*, ed. Carl F. Hallencreutz and Mai Palmberg (Uppsala: Scandinavian Institute of African Studies, 1991) 90.

²G. Oosthuizen, *Post-Christianity in Africa* (London: Hurst, 1968) 190.

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Healing has become a central ministry of many African Christian churches. A new development in Zimbabwe, fueled by the marginalization of the poor from access to modern health care, is the rise of healing prophets who operate both within healing churches and as private entrepreneurs. As always, the people of God are left to judge between true and false prophets.

Apparently the office of prophet in the “healing churches” is fast changing as many prophets are moving out of the mainstream of the church’s core activities and into private healing consultancy. It is this more-or-less recent development that I seek to analyze in this essay, highlighting some of the prophets’ activities, their marketing strategies and healing methods, and their clients’ perceptions of their ministry.

I. THE CHURCHES AND THE MEDIA CRAZE

Since the early 1990s there has been a marked increase in the use of the print media by churches in Zimbabwe as a means of disseminating information to targeted audiences. Churches commonly put notices in Friday and Saturday newspapers of their Sunday services, with details about invited guest preachers and types, times, and places of services. This traditional practice has now been overshadowed, however, by notices and advertisements from the new-age pentecostal and charismatic churches. The most important announcement for these churches is their service of healing. Advertisements call attention to the miracles that are performed at these services. They call upon all and sundry to come expecting a miracle. The ads regularly include a photograph of the church founder and leader, the man or woman of great charisma, praying over the sick.

Particularly striking in this regard—at least until bad publicity occasioned by allegations of charlatanism and fraud by some church members—were the ads of the Universal Church of God (which originated in Brazil). Since 1995 the Universal Church of God has placed advertisements in both publicly and privately owned newspapers on a daily basis, promising healing to all would-be clients and members. All forms of ailments and suffering, including cancer, hypertension, stomach problems, acute headaches, bad dreams, barrenness, unemployment, bad debts, and failure to prosper in life, are mentioned in the advertisements. The church promises to deal with these conditions through physical and spiritual healing. A regular feature of these ads has been the testimony of people who claim to have been healed from one form of disease or other, people who further state that they are now employed, wealthy, and prosperous.

II. THE HEALING PROPHETS

In addition to the claims for healing by these newer churches, a new breed of “prophets” has emerged, also claiming to be able to heal people from all kinds of suffering and ailments. They gradually filtered into the major cities of Harare and Bulawayo beginning in the mid-1990s.

These prophets have resorted to a peculiar media blitz, engaging sign writers to print messages on pieces of scrap metal that are subsequently nailed to trees lining strategic roadways. They also print their messages on newsprint and posters, which they then paste on road signs, light poles, traffic signals, bus shelters, and bridge walls. Some of these advertisements include full-sized photographs of the

prophet in full garb, showing his or her paraphernalia, their address and phone number, and the disease that they claim competence to heal. There is a high concentration of these posters as one moves deeper into the central business district and the people's markets.

The posters and metal plates appeal to all who suffer from a myriad of physical, spiritual, social, and psychic problems to come to the prophet for treatment and healing. These prophets claim to be able to treat patients suffering from all manner of illness caused by witchcraft and sorcery, chronic headaches, barrenness, impotence, stomachache, sexually transmitted infections, and a variety of cancers. Apart from these diseases the prophets also claim to be able to put an end to bouts of bad luck, which they claim to be responsible for a variety of misfortunes, ranging from unemployment, victimization at work, complicated pregnancy, family feuds, and loss of property through burglary and theft. Here is one example, which I have translated from Shona:

A prophet of mighty wonders. To all those with problems. Come, we will help you. We treat stomachaches, headaches, leg aches, breached pregnancies, bad luck, joblessness, food-poisoning, dysmenorrhea, marital problems, extracting pathogenic objects, barrenness, immunizing homes from witchcraft, extracting magic horns, exorcising alien spirits, driving away witchcraft spirits, driving away an avenging spirit, spirit of sorcery, driving away a *chikwambo* spirit. When you come, do not say what you have come for. All those in difficulty, come and we will help you. Room No. 1821, Egypt, Highfield, Harare.

To gain insight into the activities of these prophets, I collected addresses and phone numbers as advertised. I then targeted about a dozen prophets whose signs seemed to dominate the roads in the city of Harare, managing to track down seven of them. Those I failed to track down were said to be exceedingly busy since their "profession" requires them to be very mobile. Like those that I managed to meet and interview, they are regularly called upon to travel short and long distances to treat patients who are bedridden. Sometimes, for purposes of convenience and public image, those requiring the prophets' services send a driver to fetch them. When they have to be away from home, the prophets typically leave a message to notify a client of the date of his or her return. In my visits to the homes or "surgeries" of the prophets I discovered that they normally meet these appointments. It is, therefore, commonplace for clients to begin to swell in numbers on the day that the prophet is said to be available to attend to them.

The seven who granted interviews also gave me permission to interview their clients to find out their own impressions of the prophet and his or her healing powers. It is from my discussions with the patients, who will remain anonymous, that I came to understand more about the popular views regarding true and false prophets. Below are some of my findings.

1. *The prophet's surgery*

As one approaches the "surgery" (or "office") of the prophet, what first

strikes a visitor are the residential environs and living standards. Six of the seven prophets interviewed operate from one or two rented rooms in low-income housing units in some of the poorest suburbs of Harare. Of these, only two operate from rooms that are part of houses built according to municipal regulations and standards. The rest make do in wooden cabins rented from a property owner.

The wooden cabins point to the poverty that seems to be endemic in the western suburbs of Harare that are home to about a million black families. The cabins reveal the shortcomings of the Harare municipality in the provision of low-income housing to its citizens. Some of the prophets come across as enterprising entrepreneurs, running small shops, called “tuck shops,” in the neighborhood. These shops, it seems, are a form of investment that the prophet’s family can depend upon for regular income, since the daily earnings from the prophetic profession appear to be erratic.

Those prophets who rent only one room tend to curtain off a section of the room for the “surgery.” This practice is meant to offer some semblance of confidentiality to the client. Some who rent more than one room set aside a room for consulting purposes. This room is generally adorned with a few utensils, like cups, plastic containers, and a dish of water, a bench for clients to sit on, and the prophet’s vestments.

2. *The call to prophecy*

All of the seven prophets interviewed claimed to have experienced a divine call while they were full-time members of some healing church. They all talked of having received visions and dreams in which they were asked to participate in healing the sick. They recalled being invited to a hilltop by what they can describe only as an “indefinable being wearing snow-white gowns.” This being, which they all believed to be an angel (*hakirosi*), took them to the top of a steep hill where other angels were praying over the sick and healing them. Others said they could only hear a voice calling them to the hill, but they could not see the form behind it. They also said that, as they stood aside in astonishment, they were asked to participate in the healing sessions. This experience provided them with their first initiation to healing.

The prophets claimed that as they went down the hill they were inexplicably met by people who claimed that they desired their services. These people said that they had been referred for healing to this prophet by another prophet.

Out of a sense of obligation induced by the plight of the sick petitioners, the would-be prophets began to replay the experiences they had undergone at the hill. They prayed over the sick and laid their hands over them. Moved by God’s Spirit, they diagnosed the causes of each one’s ailments and, to their astonishment, succeeded in healing them. After this initial healing session the message went round that they were “prophets.” Their ministry of prophecy had begun.

Five of the seven prophets said that they were “put to the test” or taken to task by their church authorities. This process sometimes involved presenting the

prophet with people suffering from various ailments to be healed. Only after testimonies of healing were made by the sick was the recognition of prophetic charism made public and official. The initiates were henceforth part and parcel of the “prophetic league” of the church, whose specific portfolio was to pray over all people who presented themselves with any type of ailment. Through them the church reaches out to the world, since many people go to these churches seeking nothing except healing. Some, however, are converted and later join the ranks of the church membership. Only two prophets claimed that their leadership drove them out of the church, apparently because their healing charism tended to outshine and overshadow that of the leaders. For this reason they lost an ecclesiastical home. Having tried other churches without success, they decided to become independent and take up a full-time healing career. These two prophets have become freelance prophet-healers with no links to any church.

3. *Private consultancy*

Those who are still attached to a particular church distinguish between community work and private consultancy. The former is a free contribution to the corporate image of the church, while the latter is career-based self-development. The benefits from the former normally come in the way of more members for the church. However, benefits from the latter invariably come in the form of either financial remuneration or gifts in kind for services rendered. Either way, all the prophets interviewed said that they did not charge stipulated rates for specific services. They all claimed to ask their clients to “give” whatever they feel is commensurate with the service rendered. In fact, all the prophets interviewed said that their clients were expected to give a “token” of appreciation. However, many clients were irked by this requirement, feeling that they were put under pressure and made to feel guilty if they could not afford a “respectable” token.

According to the prophets the issue of guilt ought not arise, since clients should give only according to what they can afford. It is also common practice that those who can afford nothing are treated free, though they are expected to pay something later when they are able or feel like doing so. In other words, there are no strict deadlines for paying the token of appreciation. The Shona say, “*Kusatenda uroyi*” (“Ingratitude is like witchcraft”). Hence, it is expected that even a poor person has something that he or she can give as an expression of gratitude. In like manner, all clients are expected to pay something, however small.

While all the interviewed prophets see themselves as servants of God (*varanda vaMwari*) who render service to the community (*vabatsiri*), some clients have observed a growing proclivity among them towards commercializing the healing charism. These clients argue that when the lure of cupidity takes ascendance over what should be free service the divine inspiration is lost. Those who question the system of asking clients to pay a “token fee” further argue that the root problem lies in professionalizing the charism in order to serve the prophet’s personal cravings. According to this school of thought, all “prophets” who run private

healing surgeries are false prophets. Adherents to this position claim that “true prophets” must be accountable to the church through its leadership. As soon as prophets decide to go it alone during the week and go back to church on Sundays they create a conflict of interest. The Spirit of God is given for the common good of the community of believers within which the discerning of the spirits should be done. “Once a prophet goes off like a loose cannon, how then can one be sure that what he or she does is godly?” asked one client.

This school of thought further argues that the church must not allow a few egocentric charlatans who abuse God’s gifts to spread confusion. The church authorities are therefore called upon to be firm with the “professional prophets,” giving them one last chance to repent of their evil thinking or face expulsion.

Another reason for questioning the credibility of the “professional prophets” is related to their mode of healing. Many who cast aspersions against the practice argue that some of the prophets seem to use their home of origin as an attractive lure for clients rather than using the name of Christ. For example, two of the prophets’ advertisements repeatedly highlight the fact that they are from Chipinge, a district in the eastern part of the country. The significance of Chipinge in the history of traditional healing lies in the fact that the best diviners (*n’anga*) hail from this district. In Shona folklore the most complicated diseases and ailments could be treated only by diviners from Chipinge. Hence, it seems that some prophets tend to cash in on this traditional and historical symbolism while marginalizing the name of Christ.

To bolster this point, a number of clients were shocked to learn that almost all “professional prophets” are members of the Zimbabwe National Traditional Healers Association (ZINATHA), an association for healers who are believed to use ancestral and spiritual inspiration in their healing activities.

To their critics, the fact that these prophets hold licenses to practice from ZINATHA is ample evidence that they are merely charlatans bent on widening their clientele base by claiming to be Christian prophets while in reality functioning as *n’anga* (traditional healers). With these two faces of Janus, they appeal both to adherents of Shona or Ndebele traditional religions and to those Christians who are not yet prepared to make the huge leap towards Christ and thus become transformed into new creatures.

Related to this criticism is the issue of the prophets’ healing methods. Their critics argue that the prophets are no different from *n’anga*. The latter specialize in exorcism and the extraction of pathogenic objects and products from the patient’s body. All the prophets interviewed conceded that they used this method of healing. According to their critics, their diagnosis centers on spiritual causes of disease, especially from family and other spirits, a belief also associated with traditional healers.

Critics also questioned the efficacy of what the prophets prescribe. Some think strongly that the prophets are dangerous, resorting merely to the use of psy-

chological placebos. Mixtures of egg and salty water, egg and milk, or salt and Coca-Cola are said to be prescribed too frequently, no matter the nature of the ailment. Although these mixtures are prayed over, the critics doubt their usefulness to the body's metabolism. Any healing that derives from these mixtures, argue the critical clients, would only be psychological and temporary. Consequently, the clients are made dependant on people who rob them of their little savings as they gain temporary relief from pain. Such people only realize too late that they are being taken for a ride.

III. APOLOGISTS FOR THE PROPHETS

Apologists for the professional prophets abound, including some clients who believe that the prophets offer excellent and affordable service for the majority poor in Zimbabwe. The majority poor cannot afford medical insurance and therefore cannot get quality medical service from either public or private health systems. This has been true since 1991 when the government of Zimbabwe opened up the economy to free-market forces in order to meet the requirements of the Bretton Woods institutions for the procurement of balance-of-payments loans. Through the economic structural adjustment program the government hoped to lead the country towards economic recovery. Part of this adjustment entailed reducing government spending in the provision of social services like public health and education.

In 1991 the government removed free medical service from its public health institutions, a development that left the poor with no cushion. According to the school of thought that supports the "professional prophets," the latter should be viewed as a viable alternative to a society that has become grossly irresponsible. The prophets are servants of God and some of the few people who offer affordable and culture-friendly health service. In the traditional healing system a person is made aware of his or her debt but is granted time to breathe before paying up. Moreover no interest is charged, even if the debtor takes a long time before payment. The prophets operate with this same spirit of service, based on age-old African practice. Many prophets bank on the goodwill and the sense of reciprocity that characterize the African people, asking the clients to pay for the service rendered only when the patient can afford it or when he or she is well again. This, according to the supporters of the professional prophets, is ample evidence that the latter are committed to serving their communities.

However, because of the fluidity and mobility of people in the urban centers, it has become increasingly difficult for people to conduct business solely on the basis of goodwill. Even the prophets have come to realize the difficulty of following up on defaulting patients. Hence, some now push for prompt payment for services rendered.

All people interviewed were unanimous that the prophets charge very modest fees for their service. Since most of the prophets have rented the rooms where they

carry out their healing, it has become imperative for them to charge fees to their clients. Some prophets commute to their consultancy rooms. They also have families to look after. All these costs have to be taken into account as overhead that needs to be recovered. Supporters argue that the prophet, even as servant of God, cannot live purely on altruism. The “token of appreciation” that the prophet asks can thus be based on a rough assessment of the cost of the whole process that finally leads to the dispensing of medicine to the client. Generally, I found that most prophets charge a consultancy fee of 20 Zimbabwe dollars (equivalent now to US\$0.36). This normally is used to cover the cost of processing a medical card bearing the history of the patient and the prophet’s subscription and license fees to ZINATHA. Often this is all that must be paid for, since the prescription normally consists of holy water, which the patient may sprinkle in his or her home, bathe in, or drink.

Many among the apologists of prophetic healing argue that most prophets are forced by circumstances to fend for themselves. They refer to the exploitative church leaders who do not pay them anything in spite of their sterling work in the healing ministry programs of the church. The prophets end up freelancing as a way of survival, but this does not necessarily imply that they are charlatans and frauds. Some, however, recognize the huge challenges that a prophet must face who decides to become professional. Temptations abound, which can make or unmake a prophet. The lure of money can tempt the prophet to reduce prophecy to mere psychological skill. Many are also tempted by “business” pressures to abandon the spiritual exercises that are necessary for the charism to endure. This seems true of those two prophets who have lost contact with any healing church.

Those who approve of the professional prophets’ activities argue that it is unfair to criticize them on the basis of hearsay and rumor. “The taste of the pudding is in the eating,” one argued. Similarly, the true prophet is known by his or her works. There are those with the gift of clairvoyance (seers) who, if they cannot prescribe the right medicines, refer the patient to another. Even if one prophet does diagnose and prescribe, Zimbabweans have a tendency to go to another prophet for a second opinion. This is how clients cross-check the truthfulness or falsehood of a prophet. These cultural checks and balances, which were used to gauge the credibility of a *n’anga* (diviner)—and still are—are now being applied to prophets as well.

One significant issue must yet be explained: Why register with ZINATHA? All the prophets interviewed are members of the Zimbabwe Traditional Healers Association, yet they all argue that they are not traditional healers. Although their source of power is the Christian God, not ancestral powers or other spirits, they see the need to belong to an association of African healers. ZINATHA is the only national association of indigenous healers whose methods of healing are different from western medicine. (ZINATHA became a legal body in 1982 when the government of Zimbabwe passed the Traditional Healers Act. This was ground-breaking legislation that accorded status to African modes of healing.)

By subscribing to ZINATHA, prophets and traditional healers alike get the protection of the law in case a patient dies in their home. As recognition of the unique practice of prophets, ZINATHA agreed, however, to issue a license and identity card different from those issued to traditional healers (*n'anga*). Thus, it is not so much the fact that the prophets have been transformed into traditional healers that shocks some clients, but only that the prophets operate under the banner and emblem of ZINATHA. But their supporters argue that the prophets' healing ministry is not necessarily compromised by the licensing process. Instead, such licensing is deemed convenient to the ministry of the prophet.

My preliminary findings tend to support the view that there may be a tacit correlation between the liberalization of the economy since the early 1990s and the aggressive media campaigns that have been adopted by some churches and the prophets who have professionalized their charism. The cut-throat competition that was unleashed upon all economic players by the economic structural adjustment program also affected providers of social services in and outside the churches. Removing subsidies for the poor in areas such as the health delivery system widened the gap between the rich and poor. While the rich can afford health insurance from private providers, the poor have been pushed to the margins. The emergence and proliferation of churches that claim to provide healing and the high visibility of "professional healing prophets" can be viewed as a reaction to the socio-economic marginalization of peoples and communities. The poverty spiral is worse in urban centers where unemployment is rife, and people are left to their own devices. Such circumstances do, of course, provide opportunists with room to maneuver, so chances are good that some of the new churches and professional prophets are merely cashing in on the desperation of the poor. The perennial question of who is the "true prophet" recurs in every age. It is a challenge that Christianity in Africa must face squarely in these days. ⊕