# Hi/stories of Women's Traumatic Experiences in Selected African Initiated Churches (AICs) in Zimbabwe

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## Abstract

This study has a special focus on women's experiences in African Initiated Churches' (AICs) healing system, which has proved to be home to many indigenous Africans. These churches provide an alternative healing system, which is very appealing to the spirituality of the African indigenous worldview. This research marks a critical first step towards understanding the challenges related to women who get health and healing care services in AICs. It draws examples from the following selected African Initiated Churches, namely, Zvapupu Zvavapostori Church (ZZC), Zion Apostolic Church (ZAC), Johanne Marange Apostolic Church (JMAC), and three other Johane Masowe church groupings. Based on the findings of the study, the article intends to show that some of the healing practices in AICs result in traumatic experiences for the women who flock to these churches. These traumatic experiences are perceived as extraordinary and therefore deserve exploration in indigenous church history. This is because the church history in Zimbabwe has largely been silent about traumatic experiences encountered by women upon seeking healing in the various indigenous church groupings.

**Keywords:** African Initiated Church; prophetic healers; conditional healing; women abuse; *kujorodhwa*; *sowe*

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## Introduction

This study centres on women's church-based faith-healing experiences in Zimbabwean African Initiated Churches (AICs). In this country, AICs are largely understood as institutions that provide an alternative health system that is faith-based. This faith healing has been continuously practised since their establishment in the 1930s. In AICs, storytelling in faith healing has been regarded as the heritage of the mouth preserved in the memory of the living believers. This article intends to demonstrate the vast potential of storytelling as a tool to understand the healing landscape in AICs' practices and belief systems. Interest in exploring AICs was sparked off by the idea of their unique healing practices, which have served as a draw in luring people, women in particular. The purpose of this article is to explore the phenomenology of women's traumatic experiences with AICs' healing practices. After a brief background and literature review, the study unpacks the healing strategies used by African churches in healthcare services, such as *kujorodhwa* (river baptism), public confession, and conditional healing, which have resulted in perceived traumatic experiences both by women adherents and non-adherents. In its concluding remarks, the study will suggest a number of recommendations that could be used by religious caregivers for a psychological rehabilitation of AICs' healing victims. This study views the experiences as extraordinary (Varela 2023, 793), which deserve exploration in indigenous church history. Gradus and Galea (2023, 1609) describes *trauma* as exposure to actual or threatened death, serious injury, or sexual violence, involving direct exposure, witnessing (in person or indirectly), by learning that a close relative or close friend was exposed to trauma, or experiencing repeated or extreme indirect exposure to aversive details of the event(s). Implications of the study findings are that although women dominate numerically in AICs, the church history in Zimbabwe has largely been silent about the experiences they encounter upon seeking healing in the various indigenous church groupings. Contextually, this article sees church history as the stories of people, and specifically the stories of women (Landman 2008, 161).

## Methodology

A phenomenological approach was used to understand women's traumatic experiences associated with AIC's healing practices, a phenomenon noted to be understudied in indigenous church history. The study participants were allowed to speak for themselves as free as possible from any preconceptions or assumptions. The study participants consisted of 20 women who were voluntarily recruited from Zvapupu Zvavapostori Church (ZZC), Zion Apostolic Church (ZAC), Johanne Marange Apostolic Church (JMAC), and three Johane Masowe church groupings in the city of Masvingo. The names of participants are not disclosed. Semi-structured interviews with the participants were held, and they lasted 30 minutes per session. Focus group discussions (FGDs) were also conducted (FGD1 and FGD2), which consisted of 10 participants per group, lasting for 50 minutes per session. The study investigated *what* was experienced by the participant, and *how* it is experienced (Delve, Ho, and Limpaecher 2023). Data from fieldwork was gathered using narrative research/narrative enquiry. Narrative enquiry

uses stories to describe humans' experiences and actions, which give meaning to their lives through the stories they tell (Ntinda 2020, 413). Information from participants' narratives was acquired through interviews between February 2023 and May 2024. The research method went beyond just summarising what the participants said. Interpretive phenomenological analysis (IPA) was then employed to analyse data, thereby uncovering themes and meanings, helping the researchers understand how the participants made sense of what happened to them when they received healing in AICs. This was done within the context of their personal and social worlds, with a particular emphasis on personal sense-making (Delve, Ho, and Limpaecher 2023).

## AICs in Zimbabwe: Background and Literature Review

A cursory study of the Zimbabwean Christian landscape shows that the country is an overwhelmingly Christian state since it has an 86% Christian population (Pinduka 2022). Out of this 86% Christian population, African Initiated Churches, which are the focal point of this study, constitute 37% (United States Department of State 2022). This shows that they are a dominant Christian group in Zimbabwe, but the AICs, as the designation of a genre of African expressions of Christian faith of a great variety, are themselves understood in different ways. When this study uses "African Initiated Churches" for the multivalent meanings of the acronym AICs, it is meant to signal that they came into being by the initiative of Africans (World Council of Churches and the Wm. Eerdmans 2002). A contextual definition of the nomenclature "African Initiated Churches" is provided by Falaye and Alokan (2015, 31), who assert that "these are churches founded by Africans for Africans in their special African situations." This definition finds resonance in Ngoya's (2019, 39) explication of why these churches emerged. Ngoya talks of a perceived discrepancy between Africans' beliefs and scripture, the division in the historical churches, the rise of nationalism, and personality clashes between colonial power and missionaries on the one hand and African converts on the other. Conjointly, African identity became a driving force in the establishment of a truly African church. These churches emerged starting from the 1930s and became autonomous groups with an all-African membership and leadership (Masuku 2019, 195), which were embraced by people who either came from mainline churches or African traditional religion (Ngoya 2019, 45).

These church groupings in Zimbabwe have been characterised by continuous intensification and expansion, with smaller units emerging from mother bodies (Humbe 2023, 205). The various AICs, which this article is confined to, are branded as Apostolic churches. Collectively, the churches are referred to as *Mapostori* in the local language in Zimbabwe (Mapuranga 2013, 305). Most of the Apostolic church leaders had personal revelation from God to start their churches. So, the theology of these churches is a result of directives from God received through extraordinary visions and visitations (Masondo 2014, 2). These churches receive advice and or guidance from the Holy Spirit on their socio-economic and political life through prophecy, visions, and dreams (Ndung'u 2009, 93). Most of the Apostolic church leaders who happen to be faith

healers are addressed by their followers using honorific titles, for example "Messenger," "Healer," "Chief," "Powerful doctor," "Prophet," "Messiah," and "Redeemer" (Mashabela 2017,4).

In the Apostolic community, 64% of the membership are women and children (Maguranyanga 2011, 3). Similarly, Chitando (2005, 122) postulates that women constitute most members within Apostolic churches. According to Mapuranga (2013, 309), to some extent, these churches can be regarded as "a gendered space." Maybe it is because women are more religious than men (Trzebiatowska and Bruce 2012). Knowing that AICs congregate for worship in the margins of residential areas, Mapuranga (2013, 305) argues that women in these churches become the periphery of the periphery. In Wiltshire's (2016) view, though women have always played a crucial role in the history of the establishment of the Christian church, their contributions are often footnoted and forgotten. This is crucial in this write up because not only have AICs been located at the periphery, but the study of women's traumatic experiences in these churches has been in the margins too and/or forgotten. To this, we would add, however, that remembering women in church history goes beyond their contributions, which are footnoted, but also to consider their various perceived traumatic experiences encountered in healing practices. Indeed, in our view, a history of the services that the indigenous church provides needs to acknowledge the negative impact of healing practices and their trauma on women's lives since they constitute the majority in AICs.

The Apostolic churches have developed a solid theology of illness, death, healing, and health (Chikes 1965, 338), described by Ngoya (2019, 89) as faith healing. Women's need for healing can be described as "African complaints" (Ndung'u 2009, 95). In their complaints, women bring their fears and anxieties about witches, sorcerers, bad luck, poverty, illness, and all kinds of misfortunes (Mashabela 2017, 5) to these churches. A study by Ndung'u (2009, 92) on Akurinu churches in Kenya helps to clarify why indigenous African people, particularly women, flock to these faith-healing churches. The study revealed that Akurimu churches' healing activities have been mainly among their own members and those non-members who, due to their unresolved problems, have decided to join the Akurinu churches, hoping to get solutions to their problems. The significance of the foregoing views by Chikes, Ngoya, Mashabela, and Ndung'u is that they articulate a solid perspective of the theology of health and well-being among the indigenous African people. In this study's view, this has resulted in the abuse of women as they seek spiritual solutions to their problems. This study uses this insight to build a transition to the argument that in African indigenous communities of faith healing, women's traumatic experiences often stem from a toxic theology that asserts male power, dominance, and authority over women. The challenges faced by women might be because state laws cannot safeguard women in their intimate spaces where divine law rules (Landman 2008, 172). To this end, this study seeks to make an analysis of the stories of women who seek healing in AICs to raise an awareness of how the churches can recognise and respond to women's traumatic experiences occurring during

healing sessions. These are healing activities that take place both publicly and privately, especially at worship centres or healing centres or both.

## Research Findings

The findings section presents data on women and two types of healing in Apostolic churches. There are healings that are conducted publicly during church services, and healings that involve the healing seeker and the prophet healer privately.

### *Kujorodhwa* (River Baptism) by Male Faith Leaders

Two female participants mentioned the whole process of *kujorodhwa* in river waters as a Christian ritual tradition that was traumatic in their lives. Clarification of *kujorodhwa* was given by WTE, who described it as "a baptism ritual of immersing someone in deep river waters in the same manner as how people were baptised in the river Jordan by John the Baptist as recorded in the following verses: Matthew 3:1–6, Mark 1:4–5, Luke 3:3 and John 1: 28. So, *kujorodhwa* is a process of baptism which is named after *Jorodani*, which we all understand as a baptism space in Apostolic churches" (WTE 2, personal communication, Masvingo, 2024). He further said that *kujorodhwa* is a key Christian rite using the following words: "There are two moments when a person can be publicly immersed in river waters. The first one is when a new convert is being baptised and the second is done when someone is receiving spiritual healing" (WTE2, personal communication, Masvingo, 2024). This study focuses *kujorodhwa* for spiritual healing. The following paragraphs capture the near-death experiences (NDE) of women when they were immersed in river waters for spiritual healing.

Narrating her *kujorodhwa* story, one female participant had this to say:

> It was alleged that I was possessed by a mermaid spirit which caused me to be a sickly person and not to conceive. So, several prophets recommended that I should receive river baptism accompanied by some prayer rituals to be performed at the river soon after baptism. If I think of what happened when I was immersed in water, I shiver. I slipped off the hand of the prophet and fell into the river waters, I do not know how to swim, I started drowning, fortunately, the prophet was quick to react, he dived and rescued me. I was really traumatized. (WTE 13, personal communication, Masvingo, 2024)

Some FGD1 discussants were convinced through their experiences in adhering to Apostolic churches that women are vulnerable to water spirits that torment those who receive *kujorodhwa* in rivers, and they concurred with WTE13's account. This claim was stressed by a Zimbabwe Apostolic Church (ZAC) adherent who revealed the following information: "Our church used to have its *Jorodani* in the sacred Save river close to Birchenough bridge but had to stop when several women encountered traumatic experiences of drowning during the process" (WTE 7, personal communication, Masvingo, 2024). In her interpretation of the incident, one faith healer explained that "the women who drowned were hosts of certain spirits that resisted immersion during baptism." She further speculated, saying, "perhaps they were mermaid spirits" (WTE

19, personal communication, Masvingo, 2024). What can be deduced from participants' views is that while the water of the Christian rite of baptism signifies life, the manner in which river baptism is done in AICs results in death because of drowning. However, some participants interpreted the rescue of the two drowning victims as miracles performed by God through His human agents. Discussants in FGD2 allegedly confirmed the idea that water spirits contributed to problems of traumatisation during *kujorodhwa* at Birchenough bridge. In the focus group discussion, one participant cited an event that she witnessed in Bikita where a woman simply disappeared during river baptism and was never found.

To confirm the second understanding of the significance of *kujorodhwa*, four participants from Zvapupu Zvavapostori Church, Zion Apostolic Church, and Johane Marange Apostolic Church agreed in claiming that *kujorodhwa* is a spiritual healing rite whereby the immersion in river waters is for the healing of past wounds or healing of the broken spirit to reconnect with God. Narrating her ordeal, another female participant who was receiving healing through river baptism poignantly referred to the hazardous nature of river baptism to health:

> As my entire body was immersed in the river waters, there was a moment when I began sinking. I could not hold my breath anymore, so I opened my mouth gasping, swallowing some water and I kept on drowning. I became unconscious and was later told that I was rescued by two men who were among the multitude standing at the shores of the river when I was being baptised. To me, the drowning incident became some sort of ritualistic humiliation ceremony. A few hours after I had regained consciousness, I started experiencing general body weakness and nausea. I suspect the river waters were contaminated. But one faith healer said the river waters were anointed so would not cause any illness. He interpreted my body weakness as normal, arguing that it was a result of bad spirits which had been removed through baptism. Later I started to have diarrhoea, and it almost left me dead. Up to date, I have post-traumatic stress disorder [PTSD]. (WTE10, personal communication, Masvingo, 2024)

The healing immersion was understood to drive away evil spirits, which cause misfortunes to the woman who received healing. It could be done both to adherents and non-adherents who seek spiritual healing. The immersion was done in waters that were believed to be sacred. However, based on the experiences of the participant, the baptism resulted in tragedies that brought trauma to the victim, namely nearly drowning and sickness. It seems the victim was baptised in contaminated river waters. This challenge confirms Kgatle and Modiba's (2023, 6) view when they argue that in river baptism the congregants can be baptised in contaminated water. The reality of this practice was demonstrated in 2013, when a leader of an Apostolic Church in Zimbabwe baptised people with dirty water flowing in the Mukuvisi River where industrial waste and even sewage are common occurrences (Kgatle and Modiba 2023, 6). It is crucial to understand why the Apostolic churches value river baptism. They believe that being baptised in the river with flowing water makes their sins and misfortunes flow with the

river; hence, they continue with this practice even when it poses a danger to human beings (Kgatle and Modiba 2023, 7), especially drowning.

The above-mentioned near-drowning incidents reveal the reality and cumulative impact of women's experiences with near-drowning in the history of the modern AICs' healing practices. Similarly, there is a story that was reported by Masara (2016) of 25-year-old Tracy Ncube of Asibambaneni village who drowned during a Twelve Apostolic Church baptism session in Shashane River in Kezi. It is imperative to bear in mind that the AICs have a theological basis for the drowning of people during river baptism (Kgatle and Modiba 2023, 6). There is a belief among some AICs that a person can drown during river baptism because they have not confessed their sins (Kgatle and Modiba 2023, 6). It is for the same reason that before baptism, AICs believe that everyone should confess their sins (Kgatle and Modiba 2023, 6). Another belief for drowning is linked to the moral standing of the prophet who administered the baptism. So, if he is unprepared morally and spiritually, this too can cause a person to drown during river baptism (Kgatle and Modiba 2023, 6).

Based on the views from participants, there is a symbiotic relationship between *kujorodhwa* and women drowning in AICs. Some of the participants attested that *kujorodhwa* resulted in them experiencing post-traumatic stress disorder (PTSD). On this note, this study agrees with Roberts et al. (2021, 2) who opine that the issue of drowning is a significant public health problem. This is due to the fact that oxygen deprivation during near-drowning incidents can harm organs, especially the brain (Richards 2024). Ostensibly, there are gender and sex differences in the risk factors and causes of drowning. It should be emphasised that drowning may be nonfatal or fatal (Richards 2024). An analysis of the above responses shows that in the study area, males participate in aquatic activities more frequently; they are more assured of their swimming abilities and are more likely to swim alone (Roberts et al. 2021, 2). Though it did not come out clearly in the research findings, how the drowning female victims were rescued confirm Holohan's (2019) claim that when talking about drowning, it is largely physical. The physique of men was a determinant factor in the rescue efforts that were employed in the two incidents of women drowning narrated above. It explains why Roberts et al. (2021, 2) highlight that although the proportion of drowning among females is one third of global drowning deaths, the literature on drowning is inequitably predominated by a focus on children and males. However, as shown by the study findings, female susceptibility to drowning is a result of unintentional exposure to rivers, such as *kujorodhwa*. It is this unintentional exposure to rivers for spiritual healing that is strongly linked to their traumatic baptismal experiences. Incorporating these traumatic experiences in the contemporary church history is vital.

## Prophetic Healing Services and Women's Abuse

During interviews, most of the participants emphasised that women were sexually abused by faith healers in private. Ten participants were keen to reveal that several faith healers who owned healing spaces known as *sowe* demanded payment for spiritual

healing services rendered to their clients. However, according to discussants in FGD1, sexual abuse cases of women were rife in the various Johane Masowe church groupings, where some male faith healers sexually abused vulnerable women who had failed to raise stipulated charges for spiritual healing services. Participants mentioned female infertility as one of the major reasons that contributed to sexual abuse by male faith healers. Women discussants in FGD2 claimed that certain prophets realised the desperation and gullibility of women accused of being infertile as they were under sociocultural pressures to conceive and bear children as expected of married women. Prophet WTE4 explained that "spiritual causes of infertility cannot be ignored, and normalcy is only restored when the infertile women are healed" (WTE 4, personal communication, Masvingo, 2024). He further illuminated, saying "in some situations, the prophet healers convince women that a spirit which makes them infertile is in the uterus and needs to be removed by using the prophet's male organ through having sexual intercourse" (WTE 4, personal communication, Masvingo, 2024).

An analysis of the study's finding on the issue of women's sexual abuse by prophet healers shows that women's sexual abuse is connected to the Shona sociocultural framework practice of hegemonic masculinity. This hegemonic masculinity is used as a tool for analysis to pinpoint male attitudes and behaviours that support gender inequality, including the dominance by men over women and the dominance of some men over other (vulnerable) men (Manyonganise 2024, 189). It emanates from the idea that Shona traditional culture despises impotent women. In a marriage set up, women face the risk of losing their marriages if they are barren, so, sometimes these women run to prophet healers' shrines for faith healing to save their marriage, but they are sexually abused (Manyonganise 2024, 186). This is supported by Xhinti and Khosa-Nkatini (2023) who note that other victims of sexual abuse were being convinced by their ministers that the only way of delivering them from evil spirits or poverty was to have sex with them, and that through sexual intercourse, they would be cleansed of any evil spirit or bad luck. However, it is imperative to point out that the use of male organs as objects of healing and deliverance points to a suspect theology. In a context where religion is not strictly regulated, there is a danger in church leaders coming up with death-giving theologies. Women disproportionately feel the brunt of the death-giving theologies. Manyonganise (2024, 191) thinks that the majority of these cases remain hidden unless the victims have the courage to come forward. It should be added that the shrines of the prophet healers have become gendered places that give the abuser more authority while putting women in helpless roles (Manyonganise 2024, 191). One Johanne Masowe adherent, a woman, defended the sexually abused women, saying, "the ritualised waters used by faith healers blindfold women to resist any purported sexual advances" (WTE11, personal communication, Masvingo, 2024). It is in this analytical framework that the deployment of "anointed" penises as healing and deliverance tools by some prophets in AICs calls for an ethical critique (Manyonganise 2024, 178). It should be accentuated that sex in both Shona culture and Christianity is a moral issue which, to avoid stigmatisation, cannot be divulged easily, especially by women who have been abused. So, the abused women will live with the trauma for the rest of their

lives. This shows that the whole discourse on sex and sexuality is a gendered one in a patriarchal society. While women visit the healing shrines with an understanding that it is a life-giving sacred space, the "prophet" maliciously reconstructs it into a place of sexual abuse (Manyonganise 2024, 191). It was against this background that Chief Nyangazonke, a custodian of cultural moral values in indigenous communities, having received numerous reports of abuse from churches, advised the faith communities to conduct their activities in broad daylight and within church premises, avoiding secluded locations (Masara 2016).

**Marriage between Male Faith Healers and Women Health Seekers**

In FGD2, contributors singled out the issue of marriage as another phenomenon that is linked to traumatic experiences of women who have received healing in Apostolic churches. The participants acknowledged that there are several faith healers who married their patients. WTE5 narrated how she got married to a faith healer:

> I was married when I was 30 years. The whole of my life I had never been in any love relationship, and my relatives told me that it was caused by some bad spirits which needed to be exorcised. The faith healer reiterated that the spirit could only be removed if he marries me. (WTE18, personal communication, Masvingo, 2024)

In another interview with WTE16, a woman adherent rejoined, saying the following:

> After I completed my degree in Accounting, I had a serious chronic illness, tried to get cured everywhere without success. When I heard about this faith healer, I approached him to get spiritual healing. He agreed to heal me on the condition that I would marry him. I had no option, and I eventually married him, I am his third wife. (WTE16, personal communication, Masvingo, 2024)

The two accounts given above depict factors that are salient to ecclesial power that are a recipe for forced marriages in AICs. This has been evidenced by the forced marriages experienced by sick and vulnerable women. In a forced marriage, one or both spouses do not consent to the marriage, and some element of duress is involved (either physical or emotional, or both) (Rele 2007). Most of the marriage unions of this nature are not reported, because the traumatised women are afraid of re-experiencing their previous horrible health conditions. However, indigenous cultural belief systems on ecclesial power in AICs have contributed immensely to these circumstantial marriages. The church leaders victimise women by telling them that they have spirits that hinder them from being married (Xhinti and Khosa-Nkatini 2023). When society labels them as hosts of evil spirits, the women lose their self-esteem and become more vulnerable to manipulation. Instead of addressing the challenges these women face, the ecclesial power in this case often exacerbates women's trauma (Xhinti and Khosa-Nkatini 2023). The account provided by WTE16 suggests perceived spiritual abuse for several reasons. First, she repeatedly recalled the chronic illness that led to her marriage, indicating unresolved trauma. Second, she expressed an inability to form an emotional bond with her husband. It appears that the faith healer may have exploited her vulnerability caused

by illness. This experience may have negatively affected her socio-economic aspirations, as she now struggles with compromised decision-making abilities. Such stories illustrate that the oppression of indigenous women in making independent decisions in marriage is closely tied to matters of faith (Xhinti and Khosa-Nkatini 2023). This is why Xhinti and Khosa-Nkatini (2023) argue that Christianity often aligns with patriarchal ideologies, portraying men as the superior sex, yet these ideologies affect the women victims psychologically. Common psychological effects of forced marriage are feelings of depressed mood, irritability, low self-esteem, rage and frustration, sleep problems, difficulty in forming relationships, and difficulty in trusting others. Victims may have other mental health problems and display behaviours such as isolation (Rele 2007).

## Prophecies and Shaming at Worship Centres

The study also established that some of the women's traumatic experiences as a result of AICs' healing activities are associated with shame theology. Participants in both focus group discussions noted that, in many cases, faith healers at *sowe* (worship place) ask people seeking spiritual help to stand up and undergo a public examination of their moral character in front of everyone. WTE3 gave her story of what she experienced when she visited a Johane Masowe sect worship place in 2024:

> I felt humiliated when the prophet started revealing secrets of my love life to everyone at the *sowe*. It was shameful to have my personal life exposed to everyone without my consent. After the incident, I got traumatised each time some people in my residential suburb stereotyped me as a witch and men snatcher. (WTE3, personal communication, Masvingo, 2024)

It is evident from the above narration that the process of healing in AICs involves public confession, which is understood as shame theology. Normally, this happens on congregational fellowship days for worship, for example, Fridays, Saturdays, and Sundays. The above participant has shown that shaming is brutal, humiliating, dehumanising, and frightening in a way that publicly demonstrates the insignificance of women's dignity in the name of health seeking. This clarifies the reason why some women avoid seeking healing from local churches to avoid ostracisation. This corroborates Else-Quest et al.'s (2012) submission when they argue that gender stereotypes of emotion maintain that women experience more guilt, shame, and embarrassment compared to men. The indigenous Apostolic community is strict on women's social behaviour. The shamed woman is suddenly viewed as a social misfit; in some instances, she is disowned by her husband, immediate relatives, and friends. According to Tago (2017), the women who go to these churches have their own identity and dignity as followers and disciples of Christ. Shaming a person publicly is tantamount to emotional abuse, and Xhinti and Khosa-Nkatini (2023) think that one of the most difficult realities for the church is the existence of clergy who abuse their female congregants.

It is in this context of shame theology that faith healers in this study agreed that public confession of sins by those seeking healing is a prerequisite. The act of confession is confirmed by Ngoya (2019, 89) who avers that the sick are asked to confess to God so that they are forgiven for what they had done that was affecting their health. The public confession to God can also serve as a prayer, a means of healing, since sometimes sickness is associated with sin. They were obliged to confess this sin publicly to facilitate the healing of their sicknesses. According to Ngoya (2019, 89), the general attitude of the African church towards those who are chronically sick is that many Africans connect disease with sin, even when they contract disease due to poor sanitation, lack of knowledge, changes in the environment, or genetics. The suffering is attributed to misdeeds, broken relationships or sin. For the success of the healing, the individual person takes the initiative in the healing ritual (Ndung'u 2009, 173). Although Apostolic churches emphasise the importance of confession in both its forms, some female adherents perceive the public nature of this healing ritual as traumatising. The women were conscious that though the healing system had helped them so much, their dignity was also being seriously undermined.

In JMAC, when women seek healing for their sick children, they are accused of being the cause of their children's health problems, like measles. A participant emphasised that this practice is traumatising because "the teachings of the church dictate that the mothers of sick children should confess their sins to save their children from dying" (WTE8, personal communication, Masvingo, 2024). This practice is confirmed by a story which was reported by Mangwaya (2024) on the Johanne Marange Apostolic Church's doctrine that upholds the belief that infants fall ill due to the impurity of their parents, particularly mothers. According to this belief, mothers who commit sins like adultery or witchcraft put their children at risk of contracting any one of the six fatal diseases such as measles or polio. A woman faith healer echoed the same sentiments when she said, "If a child becomes sick, the mother is coerced to confess her supposed transgressions to 'save' the child. Once the mother confesses, the child is immediately healed" (WTE17, personal communication, Masvingo, 2024). Mangwaya (2024) confirms that the church elders will take the woman, the mother of the sick child, aside and force her to confess (Mangwaya 2024). The cause of illness in children, as understood in Apostolic churches, carries gendered implications, particularly given the belief that if the mother fails to confess, the child may die.

## Women and Conditional Healing in the Apostolic Churches

Five study participants adhering to ZZC responded, saying they had a private consultation with their faith healer, who communicated to them that healing in ZZC was conditional. The condition was that free healing was provided only to those who would become converts of the church or church adherents. This means that those who chose not to convert were required to pay. The study paid special attention to individuals who converted after receiving faith or spiritual healing, many of whom cited a lack of resources as a reason for joining the church. One respondent shared: "I had suffered from a cancerous disease for many years until I heard about the church's faith healing

activities, which were available even without payment, as long as you agreed to convert to the church" (WTE6, personal communication, Masvingo, 2024).

During FGD 1, discussants referred to a prominent faith healer's home where they received healing sessions. In their accounts, the healing space of the faith healer consisted of a hut, which is popularly known as a "surgery." What they found in the surgery included the following paraphernalia: blue and white healing robes, a sacred rod, a table, chair, mirror, imported oils, *tokoloshi* salt, *vimbela* (a traditional ointment), cloth, candles of different colours, pebbles, water, and river sand. Ndung'u (2009, 88) describes these houses-cum-clinics as both interesting and fear instilling. For the participants, the surgery was for private consultation whereby the diagnosis and prescriptions were made by the faith healer. It is a "spiritual healing space" (WTE5, personal communication, Masvingo, 2024). All participants confirmed that they converted to the church and were successfully healed from their various ailments.

However, in FGD2, some discussants gave a different view of the ZZC health delivery system. Three participants agreed in critiquing the idea of providing conditional healing services to women. In their assessment, while the free healing had resulted in the growth and expansion of the church, it had also caused suffering among women. Four participants recited a story of a woman who had converted to the church after receiving free healing but later decided to quit the church. They said her decision was known by the healer who cautioned her for flouting the church rules. The participants said the woman later died for allegedly contravening the rules of the church. Several participants agreed that women who join the church are aware of such consequences, but they convert to this church as a sign of desperation. In her response, one participant said while she appreciated the restoration of her health, she was also traumatised by the mysterious death of her colleague. "So, her death brought a feeling of fear and distrust among the congregants" (WTE9, personal communication, Masvingo, 2024). She concluded by saying "the punishment was too severe for those who flout the rules" (WTE9, personal communication, Masvingo, 2024). A significant number of women participants responded saying because of the trauma they became sick again.

An analytical study on the conditional healing role of the church showed that healing means not just relaxing from physical and emotional problems but also remaining in the church to allow God to accomplish His perfect will in us and in others (Mallepogu 2023). The conditional healing framework prescribed by the ecclesial powers made participants have an overwhelming fear of making mistakes in following the teachings of the church or prescribed rituals. According to WTE14, "we are obliged to abide by the church teaching because if we bend the rules, we will face serious consequences" (WTE14, personal communication, Masvingo, 2024). Such a response shows that there was an intense need for things to be "done right" and this was accompanied by a fear that harm will come to oneself or others if things are not done properly. This was also the case with the ritualised prayers that were given to the women in the church. They were clear that they strictly observed all the steps taken in doing the ritualised prayers

as prescribed by their faith healers so that they could get a breakthrough in their problems. Some of the injunctions given by faith healers included strict fasting, not going to church when a woman is on her menstrual cycle, etc. One participant reasoned that in most cases, when they are having *miteuro* (ritualised prayers), they are supposed to be ritually clean. This has caused some conflicts with her husband since abstinence is a prerequisite in most of the healing ritual prayers. Given this scenario, one non-adherent participant thought that maybe before her death, the dead woman mentioned in the above paragraph had become disillusioned with the church's strictness in faith. In his interpretation, although the deceased woman had received healing, it seems she had been traumatised by certain experiences encountered by converts caused by lack of freedom, and that is why she wanted to quit. The freedom granted to adherents to choose any type of healing they want is limited since a healed person does not have the freedom to leave the church.

Comments from some participants who are adherents about the deceased revealed that, during private healing sessions in the ZZC, women seeking healing were required to take an oath. As long as the patient remained loyal to the church, the church in turn would provide protection against the evil forces that caused the victim's sickness. One participant argued that abandoning the church implied that protection was withdrawn, and the victim became vulnerable to the dangerous forces again. Another participant opined that leaving the church was a sign of betrayal since the woman had received the healing for free. She thought that the woman had tried to trick the Holy Spirit and did not win (WTE13, personal communication, Masvingo, 2024). In view of the divergent views, the majority agreed in saying that the faith healer should simply have reversed the healing rather than letting the woman die. For them this healing system was different from that of Jesus and his disciples whose healing stories were thoroughly theocentric and life-giving. Participants maintained that the prophetic community within any church should be a community of concern, caring, and forgiveness.

## Concluding Remarks and Recommendations

As shown above, the article has revealed the reality and cumulative impact of traumatic episodes in the history of AICs' healing traditions in contemporary society. The study responded to the overarching question about women's traumatic healing experiences in healing: What can the study analytically learn from the phenomenology of women's traumatic experiences with AICs' healing practices? The analysis considered how faith healing was perceived by the AICs, the places where the faith healing is practised, the genderedness of healing practices, the modalities of ecclesial powers in healing, and the emotional health sequela for healing victims. Bearing in mind that the healing space in AICs is not safe for women, government departments, non-governmental organisations, and the civil society should work hand-in-glove with AICs to transform toxic healing practices that jeopardise the health and well-being of women. When faith communities know more about female traumatic experiences, they will strive to prevent and improve outcomes for other high-risk groups such as prophet healers. Faith communities should

also be educated about recognising and responding to healing practices in their churches in a trauma-informed way. Additionally, Zimbabwe needs a trauma-informed dialogue to help adherents of AICs understand how trauma impacts a person's life, including their behaviour and cognition.

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