

Spiritual Warfare as Intervention: An Ethnographic Analysis of Johane Masowe Chishanu Church in Combating Drug Abuse in Zimbabwe

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ABSTRACT

In Zimbabwe's escalating drug abuse crisis, the Johane Masowe Chishanu Church (JMCC) has emerged as a significant interventionist force. While existing scholarship predominantly focuses on mainline churches, JMCC's distinct practices remain understudied. This study examines the spiritual methods JMCC employs to combat drug abuse and their perceived effectiveness. Findings from 12 months of ethnographic fieldwork, including unstructured interviews and observation, revealed that JMCC provides both prevention and treatment for drug-related problems. Its spiritual warfare approach, which emphasizes prayer, intercession, prophecy, and spiritual discipleship, was found to be effective in fostering recovery and transforming lives. Drawing on Foucault's framework of panoptic surveillance, Mignolo's decolonial theory, and Mbembe's necropolitical theory, this research analyzes JMCC's distinct approach to prevention and rehabilitation. The study concludes that JMCC offers accessible, culturally relevant, and non-commercial support. The findings highlight the potential of African Initiated Churches (AICs) to inform public health strategies in Zimbabwe and suggest the value of formally integrating context specific spiritual approaches into a decolonized public health framework.

Keywords: Drug Abuse; Decolonial Theory; Johane Masowe Chishanu Church; Panopticism; Spiritual Warfare

INTRODUCTION

Drug abuse has escalated into a national crisis in Zimbabwe, with youth (ages 15–35) disproportionately affected. Recent studies confirm an alarming prevalence: 57% of youth engage in substance use [21, 48], driven by structural vulnerabilities including high youth unemployment, familial fragmentation, and post-COVID-19 mental health stressors [5, 45]. The narcotics landscape is now dominated by mutoriro (crystal methamphetamine), cannabis (mbanje), and diverted pharmaceuticals [37], with intensified availability due to syndicated trafficking networks and porous borders [37]. Biomedical interventions remain critically under resourced, with only three public rehabilitation centres serving a population of 16 million [28]. This limited state capacity has created a treatment gap in which faith-based initiatives have become critical actors. However, scholarly focus has persisted on mainline churches [14], overshadowing the role of African Initiated Churches (AICs) and their non-Western epistemologies.

The Johane Masowe Chishanu Church is a salient example of this understudied area. Its spiritual warfare framework, which conceptualizes addiction as a form of spiritual bondage combated through prophecy, all-night vigils (pungwe), and public confession, constitutes a culturally syncretic intervention. Yet, extant literature has often reductively framed AICs like JMCC as insular [7] or anti-modern [4], neglecting their therapeutic infrastructures. This gap in the literature has had the effect of privileging biomedical and Eurocentric Christian models, while marginalizing indigenous spiritual ontologies that address etiological dimensions such as ancestral discord or spiritual attacks that are often absent from dominant diagnostic models [6].

This study addresses this gap by investigating JMCC's spiritual practices through a theoretical triangulation of Foucault, Mbembe, and Mignolo. It poses the following research questions: How does JMCC's approach to spiritual discipline structure its prevention and rehabilitation practices? What implications does this hold for developing context-specific public health strategies? How might JMCC's spiritual warfare model be translated

into public health policy without diluting its theological core? By examining the church's beliefs and practices, this study seeks to contribute to a deeper understanding of the role of spirituality in addressing drug abuse and to broader debates on decoloniality in medical anthropology and the sociology of religion. This paper begins with an introduction, followed by a brief literature survey, and the methodology follows. The theoretical Framework precedes findings, discussion, conclusion, and recommendations.

Related Literature

Drug Abuse in Zimbabwe

The drug abuse crisis in Zimbabwe has escalated to a national emergency, with recent studies confirming that 57% of the youth engage in substance use [30]. This crisis disproportionately affects the 15-35 age bracket, a demographic plagued by socio-economic vulnerabilities including unemployment rates exceeding 90%, familial fragmentation, and post-COVID-19 mental health stressors [30, 5]. The narcotics landscape is now dominated by mutoriro (crystal methamphetamine), cannabis (mbanje), and diverted pharmaceuticals, with emerging trends pointing to even more dangerous practices such as the abuse of prescription drugs and homemade intoxicating substances [30]. The syndication of drug trafficking networks operating through porous borders has significantly intensified drug availability, compounding the public health challenge [31].

The state's response has been critically insufficient, characterized by a necropolitical governance failure. A necropolitical governance failure, is where the state abandons populations to preventable harm as evidenced by failure to take meaningful interventions to deal with drug abuse. The public healthcare system, already struggling with infectious diseases, has no financial capacity for drug therapy, and the country has only about 17 registered psychiatrists for a population of over 15 million [19]. This has resulted in a massive treatment gap, which faith-based organizations are now working to fill [23]. The government has declared the problem a national security threat and established an inter-ministerial committee, yet current measures remain insufficient to curb the crisis [29]. This context of state abandonment forms the crucial backdrop against which non-state actors, particularly faith-based organizations, have emerged as vital interventionist forces.

The Contested Terrain of Faith-Based Approaches

In the void created by this state abandonment, faith-based organizations have emerged as critical interventionist forces. Conventional public health interventions show limited efficacy, particularly for marginalized youth [45]. Recent scholarship acknowledges the necessity of culturally congruent models, with faith-based organizations (FBOs) offering vital psychosocial support [23, 35]. Extant literature on faith-based responses to drug abuse overwhelmingly prioritizes mainline denominations for example, Roman Catholic [23, 35], neglecting African Initiated Churches (AICs) like the Johane Masowe Chishanu Church (JMCC). This neglect of JMCC is due to its insularity and doctrinal distinctiveness [7, 18]. This oversight obscures potential culturally syncretic solutions, as JMCC's spiritual warfare approach, conceptualizing addiction as spiritual bondage, addresses etiological dimensions often marginalized in biomedical models [6]. This religious dimension is increasingly recognized in global literature as pivotal to recovery [15, 9, 38] but marginalized in Zimbabwe's secular public health strategy. This has denied researchers and policy makers opportunities to develop effective, culturally sensitive, and sustainable solutions to the drug abuse crisis. How JMCC navigates the problem of drug abuse emerges as a gap that this study sought to fill to augment existing literature on spirituality and drug abuse.

Globally, faith based approaches have demonstrated efficacy in addressing substance use disorders (SUDs). In Zimbabwe, despite a predominantly Christian demographic (86%, according to the 2015 Zimbabwe Demographic Health Survey), public health strategies have historically marginalized spiritual approaches [30]. Initially, many churches responded with a punitive posture. As Pastor Benny Guyo of the United Baptist Church of Zimbabwe recalls, "At first, ten years ago, we would suspend church youths... intimidating them with Bible verses" [30]. However, the scale of the crisis has forced a paradigm shift. Churches are now making a "U-turn," erecting anti-drug billboards, repurposing youth meetings into counselling workshops, and reintegrating members battling addiction [30]. It shows a pragmatic evolution in ecclesiastical responses from moral punishment to pastoral care.

Scholarly and practical focus has predominantly been on mainline churches and interfaith initiatives. For instance, the Africa University Clinical Research Centre, in partnership with the United Methodist Church Youth Pastors, established peer-support groups for young people recovering from DSA [30]. Interfaith initiatives like the Church Against Drug and Substance Abuse (CADASA) typically employ secular activities such as sports and awareness campaigns [14]. This focus, however, has created a significant oversight in the literature, neglecting the unique approaches of African Initiated Churches (AICs) like the Johane Masowe Chishanu Church [7, 18]. This neglect obscures potential culturally syncretic solutions, as the spiritual dimensions of recovery, increasingly recognized as pivotal globally [15, 9, 38], are often marginalized in Zimbabwe's secular public health strategy.

Table 1: Comparative Approaches to faith-based addiction intervention in Zimbabwe

Intervention Characteristic	Mainline Christian Approaches	Pentecostal/Charismatic Approaches	AICs (JMCC)
Conceptualization of Addiction	Moral failing or medical issue [23]	Demonic influence or spiritual bondage	Spiritual bondage through malevolent forces [6]
Primary Intervention Methods	Counseling, prayer, support groups	Exorcism, deliverance, intense prayer sessions	Prophecy, public confession, communal surveillance [6]
Relationship to Biomedical Models	Generally complementary	Often rejecting or parallel	Typically alternative or counter-model
Epistemological Orientation	Western theological frameworks	Syncretic (Biblical and experiential)	Indigenous ontologies [7]
Community Role in Recovery	Supportive background	Active spiritual warfare	Immersive Disciplinary Community

AICs and Decolonial Spirituality as Epistemic Resistance

African Initiated Churches (AICs) like the JMCC represent significant movements of epistemic resistance. Founded by Africans for Africans, AICs are a cornerstone of the indigenous religious landscape [1, 22]. The church's rejection of Western textual hegemony, particularly its non-reliance on the Bible in favour of oral traditions and direct spiritual revelation, constitutes a profound challenge to colonial epistemologies that have historically privileged written texts [7]. This stance must be understood within the broader call to decolonize the study of religion, which argues that the discipline remains embedded in the colonial matrix of power [2].

JMCC's approach to addiction is a form of decolonial practice that resists the dominance of Western biomedical models. It frames drug abuse not as a biochemical dependency, but as spiritual bondage inflicted by malevolent forces (evil spirits), requiring divine intervention through prophecy, confession, and communal discipline [6]. This etiological understanding aligns with indigenous worldviews and represents a re-existence strategy. The church's therapeutic approach, employing communal surveillance and public confession, functions as a form of Foucauldian spiritual panopticism for behavioral regulation, creating an immersive community structure distinct from more individualistic approaches in Catholic or Pentecostal contexts [6]. Public confession, functions as a form of Foucauldian spiritual panopticism, where the ever-present gaze of the community and the divine induces self-discipline.

This decolonial stance is a reaction against Western epistemologies and a reflection of the historical context in which AICs emerged, partly in response to the demonization of African beliefs and practices by missionaries [4, 2]. While extant literature has focused on JMCC as an institution of cultural resistance [18, 6] or a tool for social solidarity [6, 21], its specific therapeutic infrastructure for drug abuse remains severely understudied. This neglect reflects broader colonial biases that have historically framed AICs as backward [2, 25].

Consequently, three interconnected research lacunae are evident. A significant research gap persists regarding

the therapeutic efficacy of Johane Masowe Chishanu Church's spiritual warfare approach, with a pronounced lack of empirical studies comparing its outcomes to biomedical or other faith-based models [6, 7]. Furthermore, the literature fails to adequately investigate the conceptual tensions and potential complementarities between the biomedical framework of addiction and JMCC's ontology of spiritual bondage, nor does it explore the ethical implications of the church's communal surveillance practices. Most critically, the policy integration gap leaves unexplored the broader applicability of JMCC's decolonial approach and the question of how its methods could be legibly translated into anti-colonial public health strategies.

THEORETICAL FRAMEWORK

This study employs a triangulated theoretical framework drawing on the complementary insights of Michel Foucault [8], Achille Mbembe [24], and Walter D. Mignolo [27]. This approach moves beyond applying three separate theories and instead uses their combined analytical power to examine different dimensions of the Johane Masowe Chishanu Church's intervention. The triangulation allows us to understand how JMCC's practices function as a system of discipline, why they emerge as a critical response to state failure, and how they represent a distinct form of African knowledge production and resistance. This integrated framework elevates the analysis beyond simply measuring therapeutic effectiveness to interrogating the fundamental nature of power, survival, and knowledge being reconfigured through JMCC's spiritual warfare against drug abuse.

Foucault's [8] concept of panopticism provides a crucial lens for understanding the mechanisms of social control and behavior modification within the JMCC community. His analysis of how modern institutions exercise power through constant, potential surveillance that leads individuals to police their own behavior finds direct application in JMCC's organizational practices. The belief in an all-seeing Holy Spirit, combined with the watchful presence of prophets and church elders, creates what can be understood as a spiritual panopticon where members develop a pervasive sense of being observed. This theoretical perspective helps explain observable JMCC practices such as public confession and communal monitoring, where members voluntarily disclose transgressions and correct each other's behavior, demonstrating how the church's norms become internalized through spiritual and social surveillance.

Mbembe's [24] theory of necropolitics establishes the crucial context of state failure and social abandonment that makes JMCC's intervention both necessary and significant. His concept of the power to decide who lives and who is left to die provides the analytical framework for understanding the environment in which JMCC operates. When the state provides only three rehabilitation centers for millions of citizens, it effectively creates what Mbembe [24] would term zones of social abandonment where drug-addicted youth are left to a gradual social and physical death. Within this necropolitical context, JMCC establishes itself as an alternative authority that actively contests this abandonment through spiritual warfare practices including prayer, exorcism, and all-night vigils. The church's intervention thus represents not merely behaviour modification but a fundamental reclamation of life in a context designed for demographic demise.

Mignolo's [27] decolonial theory completes the triangulation by positioning JMCC's approach as a significant episode of epistemic resistance against Western knowledge dominance. His focus on the struggle to break free from Western epistemologies and assert alternative knowledge systems helps explain JMCC's fundamental rejection of biomedical models that frame addiction as a purely chemical disease. Instead, the church operates from what Mignolo would term a border epistemology that diagnoses drug abuse as spiritual bondage caused by malevolent forces and requires divine intervention through prophecy and spiritual cleansing. This theoretical perspective allows us to see JMCC's approach not as a bizarre sectarian practice but as a coherent, culturally-grounded system of knowledge that reclaims epistemic authority over health and well-being from dominant Western paradigms.

The analytical power of this theoretical triangulation emerges through the deliberate integration of these three frameworks. Mignolo's [27] decolonial theory explains why JMCC's model exists as an epistemological alternative to Western biomedical and state-centric approaches. Foucault's disciplinary analysis reveals how this alternative system operates through specific mechanisms of surveillance, confession, and internalized control. Mbembe's [24] necropolitical framework establishes what is fundamentally at stake, the very survival of

communities abandoned by the state and why JMCC's intervention carries such profound existential significance. This integrated approach allows the study to analyse JMCC's spiritual warfare as simultaneously a sophisticated system of discipline, a desperate act of communal survival, and a powerful statement of intellectual sovereignty. The framework also generates critical questions for the ethnographic investigation regarding how members experience this surveillance, whether the church's authority produces new forms of control, and how its decolonial approach might inform public health policy without being co-opted.

METHODOLOGY

This qualitative study employed an ethnographic research design to examine how the Johane Masowe Chishanu Church (JMCC) addresses drug abuse in Zimbabwe. The methodology was structured to provide systematic data collection through immersive participant observation and structured interviews, with careful attention to researcher positionality and ethical considerations.

Research Setting and Sampling Strategy

Fieldwork was conducted in one JMCC congregation in Masvingo District, Zimbabwe, from January 2023 to February 2024. A purposive sampling strategy was employed to identify 22 participants (12 male, 10 female) who could provide rich information about the church's approach to drug abuse. The sampling frame was designed to capture multiple perspectives within the church hierarchy and membership.

Table 2: Participant Sampling Matrix

Participant Category	Number	Selection Criteria	Data Collection Method
Church Elders (vadare)	4	Leadership role, experience with addiction cases	Key informant interviews
Gatekeepers (Prophet, musadare, musondosi)	4	Administrative and spiritual leadership roles	Key informant interviews
Recovering Addicts	4	Personal experience with JMCC rehabilitation	In-depth interviews
Ordinary Members	8	Regular participation in church activities	Participant observation & informal interviews
Total Participants	22		

Data Collection methods and instruments

Data collection triangulated participant observation, in-depth interviews and key informant interviews to ensure comprehensive understanding. The researcher conducted structured observation during church services, healing rituals, prayer sessions, and community gatherings. An observation protocol was used to systematically document; spiritual practices targeting drug abuse (prayer, prophecy, exorcism); communal surveillance mechanisms; rehabilitation processes and interactions between leaders and members. Field notes were transcribed and expanded immediately following observation sessions. Ten in-depth interviews were conducted using a 10-question interview guide that explored; personal experiences with drug addiction; perception of JMCC's spiritual methods; process of recovery and challenges faced during rehabilitation. Interviews were audio-recorded with participant consent. Four key informant interviews were conducted with church leaders using a separate interview schedule focusing on; theological understanding of addiction; specific intervention techniques; case management approaches and perceived outcomes of spiritual interventions.

Researcher Positionality and Ethical Considerations

The researcher occupied a dual position as both insider (JMCC member) and outsider (conducting research in a congregation where he was not a regular member). This positionality was managed through continuous

reflexivity in a research journal, where the researcher documented and critically examined potential biases, assumptions, and emotional responses throughout the research process. Ethical approval was obtained from congregational leaders prior to data collection. Informed consent was obtained from all participants, with written consent secured from leaders and oral consent from other participants after clear explanation of research objectives. To mitigate concerns about social pressure and coercion in a religious setting, the researcher emphasized voluntary participation and the right to withdraw at any time without penalty. All identifiers were removed and pseudonyms assigned to protect participant confidentiality.

Data Analysis

Thematic analysis employing the winnowing method guided data interpretation. This involved multiple readings of transcripts and field notes, initial coding of key concepts, grouping codes into potential themes, and refining themes through constant comparison. Data collection and analysis occurred concurrently, allowing emergent findings to inform subsequent data collection. The theoretical frameworks of Foucault [8] (panopticism), Mignolo [27] (decolonial theory), and Mbembe [24] (necropolitics) provided sensitizing concepts that guided analysis while remaining open to emergent themes from the data.

LIMITATIONS

This study acknowledges several limitations. The ethnographic focus on a single JMCC congregation limits generalizability to other contexts. The qualitative approach with a small sample size provides rich contextual understanding but prevents quantitative assessment of intervention effectiveness or statistical representativeness. While the chosen theoretical frameworks illuminate important power and decolonial dynamics, they may not fully capture other relevant factors such as individual psychology or socio-economic drivers of addiction. Finally, despite rigorous reflexivity practices, the researcher's positionality as a church member may have subtly influenced data collection and interpretation, a challenge inherent in participatory ethnography.

RESULTS AND DISCUSSION OF FINDINGS

Preventative Panopticism

Doctrinal Surveillance

While [8] noted that panopticism results in disciplinary power where control is maintained through subtle, pervasive surveillance rather than overt force, JMCC utilizes religious teachings (miko yeAfrica/customary laws) to monitor behaviour, framing abstention from drugs as a sacred duty rather than mere compliance [1]. These doctrines, taught weekly, explicitly prohibit substances deemed spiritually contaminating. Individual believers in JMCC monitor their behaviour, thoughts, and desires, creating an internalized sense of accountability that prevents drug abuse. Madzimai Joy (Elder, 50) explains:

Laws in JMCC called miko yeAfrica, which are taught to believers every Sabbath day, lay down those foods forbidden to members, and every member of the church is obliged to follow. Alcohol and drugs are among the foods not allowed, as taking such foods makes someone dirty. Within the JMCC circles, the primary aim of worshiping is to inherit eternal life, and those believers who commit sins, including breaking the Ten Commandments, and miko yakauya naJohane will not inherit the kingdom of heaven but will face eternal wrath. (Field Note: 2023-06-14)

Thus JMCC believers who are devout will be afraid of taking part in drug abuse as this militates against their chances of inheriting eternal life as it brews eternal wrath. To this effect, [10] opines that the church's role is to build a society according to the will of God; a moral and ethical society that pleases God. Similarly certain friends or places which predispose members of Johane Masowe Chishanu to sin like beer halls are out of bounds for members. This acts as hindrance to drug abuse by members of the Johane Masowe church. Necropolitics illuminates this as the church exercising sovereign power over spiritual life and death, eternal life for compliance, damnation for transgression [24]. Internalized surveillance is evident in fear of divine condemnation and communal sanction compels self-regulation [8]. Using decolonial lens, Miko yeAfrica as epistemic

disobedience, reclaiming African epistemologies to resist Western hedonism [27]. This aligns with findings on JMCC's taboos [18, 6] and broader evidence linking religiosity to reduced substance abuse [36, 38].

Confessional Discipline

Public confession in JMCC acts as a core disciplinary mechanism. Transgressors, including drug users, must confess publicly for three consecutive weeks, surrendering their church garments and undergoing re-initiation. Madzibaba Mozy (Elder, 48) emphasized the deterrent effect:

In JMCC, if ever one goes against church laws, for example, by taking drugs or committing adultery, he or she is supposed to publicly confess for three consecutive weeks, during which elders will take their church garment from them. A member will be admitted into the church like a new member; this is so embarrassing since it is public.

Data shows that those who abuse drugs in JMCC risk being publicly embarrassed by prophets who expose their shenanigans during church services or will be forced to stand up and publicly confess their behaviour. Fear of embarrassment act as deterrent to those members who would be drug abusers. Foucault's internalized gaze aligns with the self-regulation induced by this prospect. [1] frames confession as a ritual producing penitent subjects through embodied practice. [24] underscores the necropolitical dimension; public humiliation constitutes a form of social death, excluding individuals from communal life until ritual purification. On the same note, weighing the costs and benefits of taking drugs or suffering eternal wrath forces believers in JMCC to abstain from drug abuse and inherit the kingdom of heaven. Dodo et al. [6] confirm confession deters sin.

Prophetic Preemption

Prophets function as asymmetrical surveillants [8], foretelling temptations or unmasking concealed drug use. Madzibaba Tino (Prophet, 33) explained:

Unlike in mainline churches where there are no prophets, prophets in JMCC can publicly foretell temptations which may befall believers to fall into drug abuse or unearth those people who take drugs but fail to make confessions it is the role of prophets in JMCC to keep an eye on all congregants guarding against aspects which can disturb their believers.

The above sentiments show that the role of prophets in controlling drug abuse is twofold, unearthing those taking drugs nicodemously and informing and helping a believer against the impending evil force predisposing him or her into sin. In concurrence with the findings,[6] opines that the degree of popular credibility, trust, and moral authority vested in religious leaders enables them to direct events on the ground. [27] interprets this as decolonial resistance, utilizing African spiritual knowledge (mitemuro, prophecy) as an alternative to Western surveillance (e.g., policing). [24] positions prophets as necropolitical actors wielding power to demarcate spiritual life and death. Their preemptive capacity establishes them as arbiters of salvation, directing behaviour through moral authority. Thus, for devout members of JMCC, these prophetic roles provide a surer way of counteracting the drug scourge in their lives.

Guidance and counselling as Community surveillance

In line with what[8] called community surveillance, the JMCC community fosters mutual surveillance and support. Elders (vadare/vasadare) provide counselling, socialize members and act as role models, strengthening social bonds that deter transgression. Madzibaba Joe (Survivor, 29) credited elders:

I had been helped immensely by our church elders in this congregation they taught me until I decide to abstain from drugs, they always told me how these drugs harbour evil spirits in our lives and most of the time they accompanied me during free time discouraging me from visiting beer halls until it made sense in me and I am now a devout member and my health is even better than before

The above excerpt reveals that, using their pastoral power religious leaders provide guidance and counselling to

members to make positive lifestyle choices including avoiding drug abuse. Sometimes counselling is prescribed by the prophet if he or she is told by the spirit of the need for counselling on the believer. [1] highlights how such pastoral care ritually forms ethical subjects. Prophetic authority may also identify vulnerabilities, enabling preemptive counselling [6]. This communal support network reduces drug abuse risk [16]. This is viewed by [27] as a decolonial alternative to Western rehab models. [16] confirms that religiosity lowers drug use. Due to community surveillance conducted by church leaders, most youths in Johane Masowe Chishanu church do not want to look bad in front of their peers, church elders, and parents for taking drugs. The role of Vadare and Vasadare as advisers and in resolving conflict in JMCC is acknowledged by [33].

Facilitation of employment as Bio power Action

Data from JMCC shows that prophets employ prayers (minamoto yechikomborero) to facilitate self-employment (e.g., basket-weaving), countering idleness, a recognized risk factor for drug abuse [19, 29]. [24] frames this as necropolitical productivity; granting economic agency (life) to compliant subjects while excluding the idle (social death). Madzimai Mercy (Member, 35) noted:

Prophets in JMCC make prayers (minamoto yechikomborero) to believers so that each believer will have something to do to earn a living, and most members of JMCC who religiously follow the doctrines are self-employed and are living decent lives.

Foucault's biopower is evident in controlling followers' health/well-being. [27] interprets self-employment as decolonial praxis, rejecting colonial labor systems (kuenda kwaKesari). The above observations align with [4], who argued that Johane discouraged members from seeking employment (kuenda kwaKesari) from the whites but should be self-employed by participating in income generating projects like basket making. Prophets provide economic agency to believers.

Interventions for Active Drug Abuse

Prayer and Deliverance

In JMCC, prayer is central to liberating individuals from perceived demonic influences causing addiction. Madzimai Joy (Prophetess, 40) described an intervention;

My husband, who used to be a chain smoker, was told by our prophets to bring his cigarettes, which the prophets prayed with and offered back to him to smoke. After this, my husband did not want to smoke or touch a cigarette.

Madzibaba Sam (Key Informant, 65) corroborated:

Most male members of this congregation were taking alcohol and tobacco, but when they joined the congregation, the prophets had made prayers for them to stop using drugs.

Prayers deliver people with an addiction by driving away demons, causing some people to abuse drugs (for example, Madzimai's husband quitting smoking). Foucault's subjectification is apparent, believers are shaped through prophetic power. [24] interprets deliverance as reclaiming life from addiction's necropolitical living death. [27] lauds this as decolonial healing, centering African resources over Western commodification [44]. This aligns with evidence linking religiosity to recovery [41]. The power of prayer in reducing drug abuse is summarised by the African proverb, "Once beaten twice shy", for those delivered from the addiction quagmire will see God and repent.

Non-Commodified Treatment

The results show that, JMCC provides cost-free treatment for drug-related ailments using locally sourced herbs and rituals (miteuro). Madzibaba Max (Musondosi, 25) stated:

If you may ask most members how they joined JMC, you will find out they joined after being successfully treated

for their various ailments at no financial cost.

In JMC, locally available resources like lemons, honey, tree leaves, water, and stones are used to make concoctions that help those suffering from drug-related problems at no cost. [24] positions this spiritual warfare (kudzinga mweya yakaipa, kuporeswa) as a biopolitical and necropolitical struggle against death-dealing forces, with the Holy Spirit as the ultimate sovereign. This starkly contrasts [44] critique of commodified, exploitative healing. In this context, the Holy Spirit is not merely a surveilling force [8] but the ultimate sovereign power granting life and protection against deathly forces. [27] concept of pluriversality is evident, valuing African spiritual practices over dominant Western-centric models. In sync with this, [33] avers that JMCC prophets typically eschew fees, accepting only voluntary appreciation).

Rehabilitative Spiritual Warfare (Spiritual Detoxification)

Data from JMCC shows that intensive interventions in JMCC target the perceived spiritual roots of addiction. Prophets cast out demons, and severe cases may involve isolation in sacred shelters (tsaka) under elder supervision for prayer and herbal detoxification. Madzibaba Tino (Mudare, 57) explained:

In some cases, those members who have an addiction are directed by the holy spirit to stay in the sowe for a specific period under the watch of Vadare so that he will be separated from the community until prayers are made for him to withdraw from drug abuse.

FINDINGS

Revealed that prophets within the JMCC also cast out demons and evil spirits which they believe to cause drug abuse thereby helping the addict to recover from drug related ailments. Drug abuse is viewed as a sign of spiritual bondage, which is dealt with using spiritual means. This spiritual healing reclaims life from necropolitical forces; demons or /drugs [24]. [27] views the tsaka as a decolonial space where indigenous knowledge (herbs, communal care) counters biomedical individualism, aligning with AIC trauma-healing traditions [6, 11]. The findings are consistent with [6], who noted that shelters at JMCC prophets' residences and Johane Masowe shrines like Micho's Chiweshe shrine, Wimbo's Goora shrine, Nzira's Seke shrine, Lawrence's Marondera shrine, and Tenzi's Mbare shrine, amongst others, are used to offer rehabilitation to sick members of the church.

Efficacy and Limitations of Methods Employed by JMCC

Non-commodified form of healing

A core strength of JMCC healing lies in rejecting profit-driven healthcare. Healing, utilizing local resources (miteuro), and rehabilitation in the sowe are typically free. Madzibaba Paul (Member, 38) noted the ideal:

When John the Baptist brought this worship, he disallowed prophets from demanding any form of payment from believers since the gift of the holy spirit is free. However, today, unruly JMC prophets are demanding a token of appreciation from believers.

From the fieldwork, it emerged that rehabilitation is provided in the sowe for no payment at all and over a short period of time. Applying [24], this non-commodified approach resists the necropolitical commodification of life and health. [27] frames it as decolonial efficiency, challenging expensive capitalist health models. The findings are in tandem with [11] who found out that in Kenya faith based volunteer Substance Use Disorder support groups contribute up to \$316.6 billion in savings to the US economy every year at no costs to taxpayers. This offers significant economic advantages, echoing findings on FBO cost-effectiveness. In support of this, [31] avers that drugs have serious economic implications like the need for highly costly rehabilitation services. In this sense the use of healing techniques in JMCC to fight the drug scourge will help to reduce financial losses to the country. To this end [17] posits that healing practices in the Johane Masowe Chishanu Church involve stones, leaves of the hissing tree, burying the problem, singing, and pointing to the east, with potential for Afrocentric social work in African initiated church communities.

Proactive and reactive Holism

From the fieldwork, it emerged that, JMCC's methods are both preventative (laws, prophecy, counselling) and interventive (deliverance, treatment, rehab), addressing perceived root causes (spiritual bondage, idleness, demonic influence). This counters the culture of silence, particularly among men reluctant to seek help. Madzimai Memo (Youth, 21) highlighted the prophets' role:

In this congregation, we are blessed since we have prophets who can easily unmask those who abuse drugs, and can easily tell the causes of such behaviour.

In concurrence with the above excerpt, [13] avers that all of us, beginning at birth, possess the hedonistic drive to act in the kinds of selfish and aggressive ways that lead to criminal behaviour. Thus JMCC provide social control so that its members will not fall into drug abuse. According to [8] surveillance facilitates breaking this silence, where prophets in JMCC track and unearth hidden behaviours of believers under their jurisdiction, offering corrective measures and breaking the culture of silence. Prophets unmask hidden addiction, disrupting masculine stigma [43, 45], viewed by [1] as ritualized disruption. The importance of the spiritual approach is underscored by [11] who observe that youths involved in faith-based activities exhibited better resilience and the ability to cope without using drugs when compared to their counterparts. Thus JMCC's holistic, culturally syncretic approach counters barriers to biomedical care like cost and stigma.

Inclusivity

Data shows that JMCC welcomes diverse individuals seeking help, including the poor, criminals, and non-believers. Madzibaba Soidier (Prophet, 45) stated:

Within JMCC, we accommodate the poor, the rich, sinners, believers, non-believers, members from other Christian groups, and even criminals because God sent us on a mission to Africans.

[27] interprets this inclusivity as border thinking, transcending colonial social hierarchies. JMCC's policy of inclusivity helps them to deal with drug abuse among the youth in society. This broad accessibility enhances community reach [22, 4]. It is noteworthy that JMCC's spiritual panopticism reveals how embodied discipline counters neoliberal health commodification, yet its dogmatic rigidity risks excluding non-believers, highlighting tensions in decolonial praxis.

Limitations of Surveillance and Counter-Surveillance

Data from JMCC revealed that the efficacy of confessional discipline and prophetic surveillance is not absolute. Some members, particularly seasoned adherents, develop strategies to subvert control. Madzibaba Tyson (Musondosi, 19) observed:

In the past, prophets were holy and mighty and could monitor every fibre of believers' lives. However, today most prophets are no longer holy and cannot monitor their believers, even if they do not confess, most of them cannot detect that.

Findings reveal that some members of JMCC may even take drugs without anyone knowing them. Seasoned members of JMCC have mastered the game of public confession and the spiritual power wielded by prophets and are now doing selective confession hiding their drug abuse practices. To this end, some members have developed what [8] called resistance and counter-surveillance. Younger adherents subvert surveillance via selective confession, illustrating Foucault's resistance [8]. Older members subvert confession via selective admissions. [27] reframes such selective confession or concealment as epistemic disobedience against prophetic authority perceived as compromised by colonial modernity, revealing tensions between authority and agency. This shows that believers are not always passive actors but agentic beings who devise everyday forms of resistance to planned interventions [42]. Counter-surveillance, however, reveals tensions between authority and agency. This limits the effectiveness of the methods used by Johane Masowe Chishanu in dealing with drugs.

CONCLUSION AND RECOMMENDATIONS

This ethnographic research concludes that the Johane Masowe Chishanu Church constitutes a critical intervention in Zimbabwe's drug abuse epidemic. By analysing its practices through the lenses of Foucauldian discipline, Mbembian necropolitics, and Mignolian decoloniality, the study demonstrates that the JMCC's spiritual warfare framework is more than a treatment program; it is a form of epistemic resistance. Through spiritual panopticism, communal accountability, and non-capitalist healing, the church provides a culturally coherent system that actively decolonizes public health. Ultimately, in a space of state abandonment and social death, the JMCC creates a counter-sovereign community that offers not just rehabilitation, but a complete social and spiritual rebirth for its members.

Consequently, this study recommends formal integration of JMCC's methodologies into national drug policies as complementary decolonial therapeutics, advocating for hybrid models that combine the church's strengths in community reintegration with biomedical approaches to detoxification. Future research should adopt longitudinal, co-designed studies to quantitatively measure spiritual efficacy while respecting indigenous epistemologies. Ultimately, addressing Zimbabwe's drug crisis requires epistemologically pluralistic solutions that honour both scientific evidence and African spiritual wisdom, transforming public health strategy into an act of epistemic justice.

Ethical Considerations

1. Ethical Approval: Ethical approval for this research was obtained from the congregational leaders of the studied Johane Masowe Chishanu Church prior to data collection.
2. Conflict of Interest: The author declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data Availability

1. The datasets generated and analysed during the current ethnographic study are not publicly available due to the need to protect the confidentiality and privacy of the research participants. Anonymized data may be made available from the corresponding author upon reasonable request.

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