Beyond Doctrinal Assent: A Bowen-Informed Review and Contextual Pastoral Framework for Addressing Witchcraft Anxiety among Seventh-Day Adventists in Mashonaland East, Zimbabwe

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ABSTRACT

Witchcraft anxiety remains a pastoral and missiological challenge in many African Christian communities, yet it is frequently addressed either through denial or through practices that may intensify fear, stigma, and accusations. This article examines how Seventh-day Adventist ministry in Mashonaland East, Zimbabwe, can respond to witchcraft-related fear without dismissing Shona interpretations of misfortune, endorsing unverifiable accusations, or reducing medical and psychosocial suffering to spiritual causation. Using Bowen's qualitative document-analysis method, the study reviews biblical texts, selected writings of Ellen G. White, African theological and missiological scholarship, Zimbabwean contextual studies, and Adventist ministry research. Documents were appraised for relevance, authenticity, credibility, representativeness, and meaning; data were then coded and synthesized thematically. Five interacting findings emerge from the literature: witchcraft anxiety is sustained by relational accounts of causation; baptism does not automatically displace inherited plausibility structures; ecclesial silence creates a pastoral vacuum; power-centred responses can reproduce the fear they seek to cure; and durable care must integrate theological, communal, psychological, medical, and safeguarding resources. In response, the article proposes the Christ-Centred, Contextually Intelligent Pastoral Care framework, organized around listening, discernment, theological re-narration, multidisciplinary care, congregational formation, and accountable evaluation. The framework treats fear as pastorally real while suspending judgment about alleged occult agency. It rejects consultation with diviners as inconsistent with Adventist faith, but also rejects coercive deliverance, public naming of alleged witches, treatment interruption, and victim blaming. The article contributes an Adventist model of spiritual care that is biblically grounded, culturally attentive, ethically bounded, and empirically testable.

Keywords: witchcraft anxiety; Shona cosmology; pastoral care; Seventh-day Adventism; Zimbabwe; document analysis; spiritual warfare; contextual theology

INTRODUCTION

Christian conversion does not occur in a cultural vacuum. People receive the gospel within inherited languages of causation, danger, kinship, morality, and protection. In many Shona settings, an illness, death, crop failure, infertility, conflict, or repeated economic setback may therefore invite two questions at once: *what happened?* and *who or what stands behind it?* Biomedical or material explanations can answer the first question without necessarily satisfying the second. Where misfortune is interpreted relationally and morally, a clinically adequate diagnosis may coexist with anxiety about witchcraft, an avenging spirit, a curse, or offended social bonds. The resulting fear is not removed simply by declaring it irrational.

This problem becomes acute within churches that strongly prohibit divination and occult practice but provide little space for members to articulate spiritual fears. A believer may affirm Christ's lordship in public and still seek a traditional healer or prophetic intermediary in private. Such behaviour is often labelled syncretism or weak faith. Those categories may identify a doctrinal inconsistency, but they do not by themselves explain why the inconsistency persists. Nor do they equip pastors to distinguish spiritual concern from trauma, grief, anxiety, neurological illness, family violence, fraud, or the social consequences of accusation.

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The Seventh-day Adventist tradition has substantial resources for addressing the issue: a cosmic-conflict theology, an emphasis on Christ's victory, a holistic understanding of human life, commitment to health ministry, disciplined Bible study, and a strong congregational structure. Yet these resources can be weakened when spiritual warfare is communicated as an inventory of Satanic threats rather than as a Christological account of divine sovereignty. Pastors may also inherit ministerial models developed in contexts where witchcraft fears receive little sustained attention. Bauer (2016) identifies silence, inadequate biblical formation, pastoral fear, and a perceived "powerless Christianity" among factors that complicate Adventist responses. Ministry studies in Burundi and Kenya similarly indicate that believers may seek help outside Adventism when church responses appear unavailable or ineffective (Motaroki, 2014; Rwasa, 2018).

Zimbabwean scholarship makes the challenge more specific. Magezi and Myambo (2011) argue that pastoral ministry among Shona Christians must take the feared spiritual world seriously while developing a biblical response. Banda's (2018) study of Zimbabwean Christians shows that awareness of witchcraft and fear of its destructive power can continue within Christian identity. More recent work on Shona interpretations of suffering likewise demonstrates that moral, social, and spiritual accounts remain important alongside other explanations (Museka & Manyonganise, 2025). These studies caution against two symmetrical errors. The first is dismissive rationalism, which treats the believer's interpretive world as beneath theological attention. The second is uncritical spiritualization, which treats every allegation or unexplained affliction as evidence of occult attack.

This article asks: "*How can Seventh-day Adventist pastoral ministry in Mashonaland East respond to witchcraft anxiety in a manner that is biblically faithful, culturally intelligent, psychosocially responsible, and ethically safe?"* Three subsidiary questions guide the discussion: (1) How does the literature explain the persistence of witchcraft anxiety among African Christians? (2) What theological and pastoral tensions arise when churches respond to such anxiety? (3) What components should a contextual Adventist framework contain?

The article makes a conceptual rather than empirical claim. It does not estimate the prevalence of witchcraft belief among Adventists in Mashonaland East, report interviews that have not been conducted, or infer occult causation from testimony. Instead, it uses systematic document analysis to construct a framework that can guide ministry and later empirical testing. This distinction is crucial. Claims about prevalence require representative data; claims about pastoral usefulness require implementation and evaluation. The present contribution establishes a reasoned model and its ethical boundaries.

Conceptual Clarifications and Analytical Position

From "witchcraft" to "witchcraft anxiety"

The term *witchcraft* carries different meanings across historical, cultural, legal, and religious settings. In this article, it refers to locally meaningful claims that a person or spiritual agent uses hidden power to cause harm. The study does not adjudicate the empirical truth of particular accusations. Its direct object is *witchcraft anxiety*: fear, vigilance, distress, explanatory uncertainty, or protective behaviour associated with perceived occult harm. This analytical move neither affirms nor mocks a claimant's worldview. It identifies an observable pastoral reality—fear and its consequences—while keeping causal judgment appropriately modest.

This distinction matters ethically. Once a pastor treats an accusation as established fact, an alleged witch may face ostracism, assault, dispossession, or family rupture. Conversely, when a pastor ridicules the concern, a distressed member may withdraw, conceal help-seeking, or move to less accountable practitioners. Pastoral care must therefore validate suffering without validating every explanation of suffering. "I believe that you are afraid and that the experience is painful" is different from "I know who caused it."

Worldview persistence without cultural essentialism

Mbiti's (1969) classic account of African religions helped theology recognize the interpenetration of visible and invisible worlds. Nyirongo (1997) later emphasized the divided allegiance that can result when Christian

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teaching does not address African questions of power and causation. These works remain influential but must be used carefully. "African worldview" is not a timeless, uniform system, and Shona communities are internally diverse. Urbanization, education, Pentecostal media, migration, biomedical experience, family history, and denominational formation produce varied configurations of belief. Individuals may also use several explanatory registers pragmatically rather than synthesize them into one coherent worldview.

The language of "dual worldview" is therefore diagnostically helpful but incomplete. It names tension between public doctrine and crisis behaviour, yet can imply that Christianity is culturally neutral while African assumptions are intrusive residues. Christianity itself is always culturally mediated. The pastoral task is not to remove culture but to submit every inherited interpretation—including Western individualism and African relational causality—to biblical, empirical, communal, and ethical discernment.

A critical-realist pastoral posture

The article adopts a modest critical-realist posture. Human suffering has dimensions that may be material, psychological, social, moral, and spiritual; knowledge of any particular case remains fallible. Scripture permits belief in spiritual evil but does not authorize speculative certainty, scapegoating, or neglect of ordinary causes. This posture avoids the false choice between metaphysical denial and credulous attribution. It allows the church to pray, teach, and offer spiritual support while also pursuing medical assessment, mental-health care, legal protection, and investigation of interpersonal harm.

METHODOLOGY: BOWEN-INFORMED QUALITATIVE DOCUMENT ANALYSIS

Design and rationale

This study uses qualitative document analysis as articulated by Bowen (2009). Document analysis is a systematic procedure for reviewing and interpreting documents to elicit meaning, develop understanding, and generate empirical or conceptual knowledge. It combines elements of content analysis and thematic analysis: relevant material is identified and organized, then examined iteratively for patterns, tensions, omissions, and relationships.

The method is appropriate for three reasons. First, the research question concerns the integration of several bodies of discourse—biblical theology, Adventist thought, African cosmology, Zimbabwean pastoral studies, and psychosocial ethics—rather than the measurement of a population. Second, the source manuscript was a proposal and contained no completed field dataset. Document analysis enables a publishable conceptual contribution without converting expectations into fictional findings. Third, Bowen's approach encourages transparent appraisal of documents rather than an unstructured sequence of author summaries.

Document corpus and selection

The purposive corpus comprised five categories: (1) biblical passages concerning spiritual powers, fear, discernment, prohibited ritual consultation, healing, and congregational care; (2) selected writings of Ellen G. White on the great controversy, spiritual vigilance, health, and compassionate ministry; (3) foundational African theological works addressing cosmology and Christian allegiance; (4) peer-reviewed scholarship on witchcraft fear, Shona interpretations, pastoral care, and Zimbabwean Christianity; and (5) Adventist theses and articles addressing occult fear, demon-possession narratives, and ministerial responses in African settings.

Documents were included when they directly illuminated at least one analytical domain: causation, fear, Christian identity, pastoral response, ethical risk, contextualization, or ministry evaluation. Priority was given to peer-reviewed scholarship, identifiable institutional repositories, and primary denominational or scriptural texts. Foundational older works were retained because of their field-shaping influence, but they were read alongside later contextual studies. Materials focused primarily on Western neo-pagan practice, sensational media accounts, or unsupported popular testimony were excluded because they did not address the article's conceptual object or meet credibility requirements.

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Appraisal and analysis

Following the logic of Bowen (2009), documents were assessed for authenticity, credibility, representativeness, and meaning. Authenticity concerned identifiable provenance and textual integrity. Credibility concerned the basis of claims and the distinction between testimony, theological assertion, and empirical evidence. Representativeness concerned how far a source could illuminate Mashonaland East rather than merely another African context. Meaning concerned conceptual clarity and interpretive usefulness.

Analysis proceeded in three cycles. In the first, passages were coded descriptively under terms such as *relational causation*, *fear*, *crisis reversion*, *pastoral silence*, *Christ's victory*, *deliverance*, *health referral*, *accusation*, *community*, and *formation*. In the second, related codes were grouped into explanatory themes and compared across source types. In the third, the themes were synthesized abductively into a pastoral framework. Negative-case attention was applied by searching for material that complicated dominant claims—for example, warnings that deliverance practices can intensify demonological imagination, or evidence that biomedical and spiritual interpretations may coexist rather than compete.

Reflexivity and limitations

The authors write from within an Adventist theological location. This provides denominational literacy but can predispose the analysis toward harmonization or apologetic conclusions. Reflexive safeguards included distinguishing theological commitments from social-scientific findings, retaining critical Zimbabwean voices, and refusing to present denominational texts as empirical proof. The corpus is purposive rather than exhaustive, and it cannot determine prevalence, causality, community experience, or intervention effectiveness. Because no interviews, focus groups, or observations were conducted, the study cannot claim that pastors, church members, traditional leaders, or persons affected by witchcraft anxiety would interpret or use the proposed framework in the ways anticipated here.

English-language documentary sources may also underrepresent Shona oral knowledge, women's experience, rural voices, and differences associated with age, gender, education, disability, church role, urban–rural location, and socioeconomic security. The thematic synthesis identifies plausible mechanisms and questions for investigation; it does not establish demographic effects. Accordingly, the CCIPC framework should be treated as a defensible, ethically bounded hypothesis for ministry that requires participatory field validation and pilot evaluation before broader adoption.

Findings from the Thematic Synthesis

Misfortune is interpreted through relational causation

The first theme concerns causation. Mbiti (1969) showed that many African religious systems do not sharply separate sacred and secular domains. Nyirongo (1997) observed that, in crisis, the question "who caused this?" can become more compelling than the impersonal question "what caused this?" Among Shona communities, fear of *ngozi* and other spiritual threats can locate present suffering within unresolved moral and kinship histories (Magezi & Myambo, 2011). Museka and Manyonganise (2025) similarly note that Shona interpretations of suffering may connect affliction with broken taboos, ancestral displeasure, or witchcraft.

This relational logic has pastoral strengths and dangers. It recognizes that suffering occurs within relationships and that wrongdoing can have communal consequences. Western clinical models can overlook betrayal, envy, inherited conflict, and social isolation. Yet relational causation can also personalize random tragedy, assign blame without evidence, and produce a search for a human culprit. Theologically, Scripture itself includes diverse accounts of suffering. Some suffering follows human wrongdoing; some arises from structural injustice; some reflects creaturely fragility; some remains mysterious. The book of Job explicitly resists the assumption that suffering reliably reveals personal guilt. John 9:1–3 rejects a direct blame calculation for congenital disability. Luke 13:1–5 challenges the inference that victims of disaster are morally worse than survivors.

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Accordingly, contextual ministry should broaden rather than merely reverse causal imagination. It can acknowledge relational wounds and spiritual concern while teaching that not every misfortune discloses an occult perpetrator. Pastoral maturity includes the capacity to live faithfully with unanswered causation.

Conversion may change confession faster than plausibility structures

The second theme is the persistence of inherited interpretive structures after conversion. Baptism marks a decisive ecclesial and theological commitment, but it does not instantly reorganize every habitual response. Nyirongo (1997) describes how Christians may affirm biblical teaching and still revert to traditional protective strategies during crisis. This is not unique to African Christianity. Across cultures, people can publicly affirm providence while privately relying on nationalism, wealth, technology, or charismatic personalities for ultimate security. The specific substitute varies; the human search for controllable protection remains.

For Adventists, the tension may intensify when doctrinal instruction emphasizes prohibited practices without providing a satisfying theology of vulnerability. Deuteronomy 18:9–14 and Leviticus 19:31 clearly reject divination and consultation with mediums. Prohibition is necessary, but prohibition alone leaves a practical question: what should a frightened family do at midnight when a child convulses, a relative reports threatening dreams, or neighbours circulate an accusation? If the church supplies no trusted pathway, people may seek an accessible intermediary who promises diagnosis and control.

This suggests that discipleship must be formative, rehearsed, and embodied. Members need more than propositions about Christ's superiority. They need practiced habits: whom to call, how to pray without escalating panic, when to seek emergency medical care, how to resist rumours, how to accompany the distressed, and how the congregation will protect accused persons. Christian plausibility becomes durable when doctrine is enacted through a reliable community.

Ecclesial silence creates a competitive pastoral market

The third theme is silence. Bauer (2016) argues that fear among members and pastors, unwillingness to discuss occult concerns, weak scriptural formation, and exposure to occult-themed media can leave Adventist communities vulnerable. Rwasa's (2018) Burundi study reports that some Adventists sought assistance from pastors of other denominations or from traditional practitioners when dealing with perceived possession. Although the Burundi context cannot simply be transferred to Zimbabwe, it illustrates a broader mechanism: when one religious institution does not address a pressing interpretation of suffering, alternative specialists become attractive.

Silence is not neutral. It communicates that the topic is either shameful, unbelievable, or beyond the church's competence. Members then conceal practices, pastors receive distorted information, and rumours become the main theological curriculum. Silence may also protect leaders from difficult cases in the short term while weakening trust in the long term.

Open discussion, however, must be carefully designed. A sensational sermon series can amplify fear, invite public allegations, and make ambiguous symptoms appear demonic. The alternative to silence is not dramatic certainty but disciplined conversation. Churches need confidential pastoral pathways, biblically literate teaching, case consultation, referral directories, and congregational norms against accusation. Motaroki's (2014) intervention at Nyanchwa Adventist College suggests that direct education and trained facilitators can reduce suspicion and strengthen dependence on God, though its project context and reported outcomes require cautious generalization.

Power-centred ministry can unintentionally reproduce fear

The fourth theme exposes a tension in spiritual-warfare ministry. African theologians rightly criticize forms of Christianity that appear unable to speak about spiritual power. Christological proclamation should affirm that all powers are subject to Christ (Col. 1:15–20; 2:15) and that believers need not live under bondage to fear (Rom. 8:15, 31–39; 1 John 4:4). Yet a ministry organized primarily around detecting demons, breaking curses,

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and identifying witches may keep attention fixed on the feared power. Christ is verbally declared supreme while the congregation's imagination is practically discipled by Satanic threat.

Magezi's (2017) critique of Zimbabwean Pentecostal mediation is relevant: a powerful religious specialist can become functionally competitive with Christ when believers depend on that person's unique access to protection. This does not invalidate prayer for deliverance. The Gospels and Acts portray liberation from oppressive spirits. It does, however, require ecclesial safeguards. No minister should use spiritual authority to humiliate, restrain, assault, exploit, or isolate a person. No unusual behaviour should automatically be diagnosed as possession. No medication should be stopped because of a deliverance claim. No person should be named as a witch on the basis of dreams, impressions, illness, disability, dementia, mental distress, or a child's statement elicited under pressure.

Ellen G. White's great-controversy motif supports vigilance without dualism. Evil is real but neither equal nor ultimately competitive with God; Christ's victory governs the story (White, 1888). Her health-ministry emphasis also resists a fragmented anthropology in which prayer replaces competent care (White, 1905). Adventist wholeness is best expressed through prayer *and* appropriate clinical attention, Scripture *and* careful listening, spiritual support *and* protection from abuse.

Effective care is theological, communal, clinical, and protective

The fifth theme is integration. Witchcraft anxiety can involve theological conviction, culturally learned interpretation, physiological arousal, trauma, grief, interpersonal conflict, and material insecurity. Treating only one dimension leaves the others available to reactivate fear. A frightened member may benefit from biblical re-narration, but also from sleep, medical diagnosis, trauma counselling, family mediation, police protection, or relief from economic exploitation.

Integration does not imply that pastors become clinicians or investigators. It clarifies role boundaries. Pastors provide spiritual assessment, prayer, theological teaching, confidential accompaniment, and referral. Clinicians assess physical and mental-health conditions. Social workers and safeguarding officers address vulnerability and abuse. Police and legal professionals address credible threats and criminal conduct. Congregations offer belonging and practical support. Collaboration is not unbelief; it is an expression of creaturely humility and the church's holistic vocation.

Community is particularly important. Individualized counselling alone may not repair a social world shaped by rumour and accusation. Ephesians 2:19–22 portrays believers as members of God's household, while 1 Corinthians 12 emphasizes interdependence and protective honour for vulnerable members. A pastoral response must therefore form congregational speech, not only soothe private fear. Gossip, public accusation, and stigmatizing testimony should be treated as discipleship failures.

Shona communities are internally differentiated

The documentary corpus does not support a single, uniform account of "Shona belief." Banda's (2018) urban Zimbabwean setting, Magezi and Myambo's (2011) treatment of ngozi, and Museka and Manyonganise's (2025) discussion of a suffering-related ritual illuminate different settings, questions, and social locations. Read together, they show why pastoral practice should begin with inquiry rather than assume that ethnicity predicts an individual's interpretation. A person may combine biomedical, economic, relational, Christian, and spiritual explanations without regarding them as mutually exclusive.

Age and generation may shape the sources from which spiritual explanations are learned. Older adults may draw more readily on family histories, remembered ritual obligations, and kinship narratives, whereas younger people may encounter witchcraft discourse through peers, migration, Pentecostal preaching, or digital media. These are analytical possibilities, not findings of the present study. Pastors should therefore ask how a particular belief was learned, how strongly it is held, and whether it changes across worship, home, school, work, and crisis settings.

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Gender and household power also require attention. Women frequently carry caregiving burdens and may be the first to interpret illness or behavioural change, yet women, widows, older adults, children, and socially isolated persons can also be especially vulnerable to accusation or exclusion. Men may experience pressure to demonstrate control, provide protection, or conceal fear. Such patterns must not be presumed; they should be investigated through gender-sensitive interviewing that permits participants to describe both vulnerability and agency in their own terms.

Education and biomedical familiarity may alter the language of explanation without necessarily removing spiritual concern. Likewise, poverty, unemployment, crop loss, insecure housing, and limited access to health services may intensify uncertainty and make accessible spiritual specialists more attractive. Conversely, formal education and income do not automatically eliminate fear. The pastoral implication is to assess social position, service access, and material stress alongside theology. The research implication is to compare these factors empirically rather than use "the Shona worldview" as a proxy for individual belief.

Theological Synthesis

Christ's supremacy as the controlling centre

A responsible Adventist theology begins not with a catalogue of hostile powers but with the identity and work of Christ. Colossians 1:15–20 situates every visible and invisible power within creation and reconciliation through Christ. Colossians 2:15 depicts the cross as divine triumph, and Ephesians 1:20–23 places Christ above every rule and authority. These texts do not promise Christians a life without suffering; they relocate suffering within a reality where evil lacks final sovereignty.

This distinction corrects triumphalism. Psalm 91 is often invoked as an unconditional guarantee that no faithful believer will experience harm. Read within the whole canon, however, trust in God does not function as a technique for controlling outcomes. Jesus' wilderness temptation shows that Psalm 91 must not be used to test God (Matt. 4:5–7). Paul endured danger, illness, and imprisonment without interpreting these as proof that Christ had failed. Pastoral teaching should promise God's presence and ultimate fidelity, not immunity formulas that blame victims when suffering continues.

Discernment rather than diagnostic certainty

Biblical discernment tests claims and attends to fruit (Matt. 7:15–20; 1 Thess. 5:19–22; 1 John 4:1). It is neither reflexive disbelief nor immediate acceptance. In a witchcraft-anxiety case, discernment asks multiple questions: What happened? What evidence supports the account? What bodily or psychological symptoms require assessment? Is anyone in immediate danger? What family conflict or material interest is present? What theological meanings are being assigned? What response increases truth, freedom, safety, and love?

Such discernment is consistent with Adventist caution concerning deceptive spiritual claims. It also protects the church from making the same epistemological move as divination: claiming hidden knowledge about who caused misfortune. A pastor who confidently names an alleged witch may condemn divination in principle while reproducing its social function.

Human wholeness and the refusal of scapegoating

Adventist anthropology emphasizes the unity of the person. Distress is not neatly partitioned into spiritual, mental, and physical compartments. This supports interdisciplinary care and challenges the stigmatization of mental illness. A seizure, psychosis, dementia, sleep paralysis, substance-related episode, or trauma response may be interpreted spiritually by observers; the person nevertheless deserves competent assessment and compassionate treatment.

The gospel also resists scapegoating. Jesus restores socially excluded persons and refuses easy blame. Pastoral responses must protect children, older people, widows, persons with disabilities, and socially isolated

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individuals who can become accusation targets. The church's witness is compromised whenever spiritual language licenses coercion or conceals abuse.

The Christ-Centred, Contextually Intelligent Pastoral Care Framework

The synthesis supports a six-domain framework abbreviated "*CCIPC"*. The domains are sequential enough to guide a case but recursive enough for continuing care.

Listen without ridicule or premature agreement

The first pastoral act is attentive, confidential listening. The caregiver invites the person's account, emotional experience, perceived causes, previous help-seeking, and immediate needs. Listening lowers shame and reveals whether the issue includes violence, self-harm, medical emergency, child risk, or exploitation. The pastor validates distress but does not confirm an alleged perpetrator. Documentation should be minimal, factual, secure, and consistent with applicable privacy and safeguarding policies.

Discern risk through a multidimensional assessment

The second domain uses a simple assessment covering spiritual concerns, physical symptoms, mental state, relationships, material stressors, and safety. Red flags—suicidal intent, violent threats, altered consciousness, severe dehydration, seizures, psychosis, suspected poisoning, child abuse, or mob action—require urgent referral. Prayer may accompany referral but must not delay it. Pastors should work from an approved directory of health, mental-health, social-service, legal, and safeguarding contacts.

Re-narrate fear through Christ-centred theology

Third, Scripture is used to relocate fear within the gospel story. Teaching emphasizes God's sovereignty, Christ's victory, the Spirit's presence, the legitimacy of lament, and the church's solidarity. It also corrects automatic blame and magical uses of Christian practice. Prayer, Bible reading, anointing, and communion are means of relationship with God, not techniques that force a predictable outcome. The member is helped to distinguish trust from certainty about immediate circumstances.

Coordinate holistic and accountable care

Fourth, the pastor develops a care plan with the person rather than for the person. The plan may include medical evaluation, counselling, family mediation, financial assistance, legal advice, and structured pastoral follow-up. Consent is obtained before sharing information except where law or immediate safeguarding duties require escalation. Where a deliverance prayer is requested, it should be non-coercive, conducted by trained and accountable leaders, free of spectacle, and never used as a substitute for clinical care.

Form a congregation that does not traffic in fear

Fifth, prevention occurs through congregational formation. Churches can offer biblically balanced teaching on spiritual conflict; seminars on grief, trauma, mental health, and common neurological conditions; small groups trained in confidential support; and explicit norms against rumours and witchcraft accusations. Pastors and elders require cultural humility as well as theological knowledge. Training should include scenario-based practice: responding to a child accused after a death, an older adult with cognitive decline, a member hearing voices, or a family interpreting repeated illness as a curse.

Evaluate outcomes and revise practice

Sixth, ministry must be accountable. Evaluation should not count dramatic manifestations or testimonies as its primary evidence. More defensible indicators include change in validated fear or anxiety measures; timely clinical referral; reduced use of unaccountable intermediaries; member trust in pastoral care; pastoral self-efficacy; absence of coercion and accusation-related harm; continuity of prescribed treatment; and qualitative

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accounts of spiritual peace and congregational belonging. Adverse events must be recorded and reviewed. The framework should be piloted before region-wide adoption.

DISCUSSION

The CCIPC framework advances the literature in four ways. First, it shifts the unit of concern from proving witchcraft to caring for witchcraft anxiety. This does not evade theology; it disciplines pastoral knowledge. Churches can affirm the biblical reality of spiritual conflict without claiming access to the hidden cause of every misfortune.

Second, the framework reframes contextualization. Contextual ministry is sometimes imagined as translating an already complete Western answer into local language. Here, context questions the adequacy of the answer itself. Shona relational insights expose the limits of hyper-individual pastoral care, while biblical and ethical critique exposes the danger of personalizing unexplained suffering. The resulting theology is neither cultural accommodation nor cultural rejection; it is reciprocal critical engagement under the gospel.

Third, the model places safeguarding inside theology rather than adding it as an administrative appendix. Protection of the accused, the sick, children, and distressed persons follows from Christian claims about truth, neighbour-love, human dignity, and the limits of ministerial authority. A response cannot be called Christ-centred if its method humiliates or endangers the person it seeks to help.

Participatory qualitative field validation

Fourth, the framework makes the conceptual proposal testable. A frequent weakness in pastoral models is the movement from plausible theological principles to claims of effectiveness without evidence. CCIPC specifies implementable domains and measurable outcomes, but this conceptual specification is not itself evidence that the framework works.

The next phase should use maximum-variation qualitative fieldwork in selected urban, peri-urban, and rural congregations in Mashonaland East. Semi-structured interviews should include pastors, elders, female and male church members across age groups, health and mental-health practitioners, traditional community leaders, and adults who have personally experienced witchcraft-related fear or accusation. Separate focus groups for women, men, youth, and pastoral leaders would reduce status pressure and make differences easier to identify. Purposive sampling should vary age, gender, education, socioeconomic position, church responsibility, location, and length of Adventist membership; recruitment should continue until thematic sufficiency is reached and important minority accounts have been examined.

Fieldwork would require independent ethics approval and a robust distress, disclosure, referral, and safeguarding protocol. Researchers should not ask participants to identify alleged witches or treat narratives as proof of occult causation. Interviews must use neutral, non-leading language; participation must be voluntary; and researchers who are also pastors must address power imbalance and the possibility that participants may perceive research as discipline or spiritual assessment. Consent procedures should be available in Shona and English, and identifiable narratives should be protected because disclosure may expose accused or distressed persons to harm.

Analysis should combine reflexive thematic analysis with a demographic comparison matrix. The matrix would not convert a qualitative sample into prevalence statistics; it would show whether themes cluster, diverge, or take different meanings across social locations. Member checking with a diverse community advisory group and triangulation across interviews, focus groups, and pastoral case-process observations would strengthen credibility. Findings should be used to revise the framework's language, referral pathways, training cases, and safeguards before implementation.

Pilot implementation and outcome evaluation

After field validation, a small pilot could be implemented in four to six congregations selected to reflect urban–rural and resource differences. Pastors and elders would receive a standardized CCIPC training package

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covering listening, multidimensional risk assessment, Christ-centred re-narration, referral, safeguarding, and congregational formation. A short preparation period would establish local referral directories, baseline data, adverse-event reporting, and a community advisory mechanism. The pilot should run for approximately six months, with structured supervision and monthly fidelity checks, before any regional expansion.

Evaluation should use a mixed-methods pre–post design with a comparison or staggered-start group where feasible. Primary outcomes should include change in a culturally adapted and cognitively tested fear/anxiety measure, self-reported psychosocial well-being, perceived spiritual peace, trust in pastoral care, and willingness to use appropriate health or safeguarding services. Community outcomes should include reported accusation-related conflict, social exclusion, and relationship repair. Service indicators should include referral appropriateness and completion, continuity of prescribed treatment, response time to high-risk cases, and follow-up completion.

Implementation outcomes should include reach, participation, pastoral competence, fidelity to the six CCIPC domains, acceptability, feasibility, and the resources required per congregation. Safeguarding outcomes are non-negotiable: any coercive prayer, public naming, treatment interruption, financial exploitation, violence, or deterioration associated with the intervention should be recorded as an adverse event and independently reviewed. Anonymous interviews with participants and non-participants should explore unintended effects, including whether public teaching increases attention to witchcraft or suppresses honest disclosure.

Because no universally validated local instrument for witchcraft anxiety is assumed, measurement development must precede claims of effectiveness. Candidate items should undergo translation and back-translation, cognitive interviewing, expert and community review, pilot testing, and assessment of reliability and construct validity. Results should be disaggregated cautiously by age, gender, education, socioeconomic position, and location, with confidence intervals for quantitative estimates and transparent reporting of missing data. Progression beyond the pilot should require both evidence of benefit and the absence of unacceptable safeguarding harm.

Implications for Adventist Mission and Ministerial Education

For mission, the central implication is that proclamation and care must remain connected. When evangelism announces Christ's authority but congregational life cannot accompany frightened people, the message appears abstract. Conversely, when the church offers accessible, safe, and competent care, it embodies the gospel without marketing fear.

Ministerial education should therefore include African cosmologies, contextual biblical interpretation, trauma-informed pastoral care, mental-health literacy, safeguarding, referral practice, and theological reflection on suffering. Students need supervised case discussion, not only lectures. Faculty must also address the minister's own fear; an anxious caregiver can communicate alarm, avoid cases, or overcompensate with certainty.

Church policy should establish minimum safeguards for spiritual-care encounters: informed consent; prohibition of physical force and humiliating exposure; no fees or personal enrichment; no naming of alleged witches; no interruption of prescribed treatment; protection of minors and vulnerable adults; at least two accountable caregivers where appropriate; confidential records; referral thresholds; and review of complaints. These standards do not extinguish spiritual ministry. They make it trustworthy.

Finally, discipleship resources should be developed in Shona and English through participatory processes. Local believers should help identify idioms of fear, common crisis pathways, and scriptural questions. Health professionals, safeguarding practitioners, biblical scholars, and experienced pastors should review the materials. Contextual ownership will be stronger when communities are not treated merely as recipients of expert solutions.

CONCLUSION

Witchcraft anxiety among Christians in Mashonaland East cannot be addressed adequately by ridicule, silence, prohibition alone, or sensational deliverance. The reviewed literature indicates that fear persists where

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inherited accounts of causation remain pastorally unanswered, where Christian confession is not supported by embodied crisis practices, and where alternative specialists appear more accessible than the church. Yet attempts to demonstrate spiritual power can deepen fear when they rely on accusation, coercion, or the exceptional authority of a religious intermediary.

Using Bowen's document-analysis method, this article has synthesized biblical, Adventist, African theological, Zimbabwean, and pastoral scholarship into the CCIPC framework: listening, multidimensional discernment, Christ-centred re-narration, coordinated holistic care, congregational formation, and evaluation. Its governing conviction is that Christ's supremacy frees the church both to take spiritual fear seriously and to refuse speculative certainty. Pastoral care can pray without delaying treatment, discern without scapegoating, contextualize without romanticizing culture, and proclaim victory without promising immunity from suffering.

The framework remains a conceptual proposal. Its effectiveness must be tested with ethically designed research and transparent outcome measures. Even before such testing, however, its safeguards establish a necessary threshold: no pastoral response to witchcraft anxiety should intensify fear, expose an alleged perpetrator, obstruct competent care, or exploit vulnerability. A church that embodies truth, compassion, humility, and accountable power offers a more compelling witness to Christ than one that merely speaks loudly about spiritual warfare.

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