

Sanctified Silence: Denial and the Hidden Wounds of Substance Abuse in Shona Christian Families

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Abstract

This qualitative study explored the complex impact of substance abuse on Shona Christian families in Zimbabwe, focusing on how denial and silence are shaped by intertwined theological and psychological factors. Drawing on interviews with 15 Shona Christian families affected by addiction and 5 faith leaders. The research applied family systems theory, which examines family dynamics; and theological anthropology to analyse how addiction is experienced and managed within deeply religious contexts. Findings reveal a prevailing pattern of 'sanctified silence' - a culturally and spiritually sanctioned denial that protects family honour and spiritual identity, but exacerbates emotional and psychological burdens. Caregivers often bear this hidden struggle alone, balancing the demands of faith with the realities of addiction. Theological interpretations commonly frame addiction as moral failure or demonic influence, delaying or preventing engagement with psychological or medical interventions. Resistance to integrated care models combining pastoral and mental health support further entrenches stigma and isolation. The study underscores the urgent need for collaborative, culturally sensitive interventions that respect religious beliefs while addressing mental health needs. Recommendations include training clergy in mental health literacy, promoting open dialogue within faith communities and involving religious leaders in public health strategies. This research fills a gap in understanding the intersection of faith, culture and addiction in African contexts and advocates for integrative approaches that bridge spirituality and psychology to support healing and resilience in Shona Christian families.

Keywords: substance abuse, denial and silence, Shona Christian families, mental health stigma

Introduction

Substance abuse continues to be a pressing public health concern globally, with far-reaching social, psychological and economic consequences (World Health Organisation [WHO], 2023). In sub-Saharan Africa, the phenomenon is deeply embedded within complex sociocultural frameworks, where traditional beliefs, community norms and religious values play a significant role in shaping perceptions and responses to addiction (Moyo, Dlamini, & Chirwa, 2022).

Zimbabwe, predominantly inhabited by the Shona ethnic group, exemplifies this intersection of culture and religion, with Christianity serving as a central element of community identity and everyday life (Chikafu & Mufune, 2021).

Within the Zimbabwean society, particularly among the Shona people, the family is regarded not only as a social institution, but also as a spiritual unit tasked with upholding honour, dignity and tradition (Chikafu & Mufune, 2021). Substance use disorders (SUDs) represent a hidden crisis that directly challenges these deeply rooted values. In Christian households, where religious beliefs emphasise morality, divine intervention and healing, substance abuse often remains cloaked in silence, secrecy and stigma (Dube, 2021; Mpofu, Sibanda, & Ncube, 2022). This culturally and theologically reinforced phenomenon, referred to as '*sanctified silence*', reflects the tendency to conceal substance abuse issues in order to protect family reputation, spiritual purity and social standing (Mpofu et al., 2022). Consequently, families, especially caregivers, carry the heavy emotional, psychological and spiritual burden of supporting a loved one while maintaining the appearance of a "God-fearing" and orderly household (Chirume & Banda, 2023).

Psychological denial emerges as a key defence mechanism that allows families to avoid confronting the realities of substance abuse while preserving their social and spiritual equilibrium (Levine, Moyo & Patel, 2023). At the same time, Christian doctrine often frames substance abuse as a moral failing or sin, which further complicates acknowledgment and the pursuit of support by reinforcing repression and stigma (Gumbo & Shoko, 2019; Nyamunda & Maradzika, 2020). This interplay of faith and denial produces a complex environment in which emotional distress is heightened, and intervention is frequently delayed, exacerbating the psychological trauma experienced by individuals and families.

Recent research advocates for integrative approaches that combine psychological insight with theological sensitivity to address substance abuse in faith-based communities effectively (Mhlanga & Tichagwa, 2024). Such models recognise religion's dual role as both a source of resilience and repression and promote pastoral care that encourages openness, vulnerability and healing alongside clinical intervention (Zhou & Mafukidze, 2023). To break the cycle of sanctified silence and foster holistic well-being, interventions must be culturally nuanced, attending to the spiritual, emotional and social dimensions of substance abuse in Shona Christian families.

Statement of the problem

Substance abuse within Shona Christian families in Zimbabwe remains a largely hidden and underexplored issue due to culturally and theologically driven silence and denial. Despite the growing prevalence of substance use disorders, families often conceal these challenges to protect spiritual purity, family honour and social reputation. This *sanctified silence* not only prevents timely acknowledgment and intervention, but also compounds the emotional, psychological and spiritual suffering experienced by both the individual with substance abuse and their family members. The intertwining of faith-based beliefs and stigma creates significant barriers to accessing mental health and social support services, leaving families to navigate complex challenges in isolation. There is a critical need to understand how theological teachings and cultural values shape denial and secrecy around substance abuse, and how these factors impact the psychological well-being of affected families. Without this understanding, interventions risk being culturally insensitive or ineffective, perpetuating cycles of suffering and silence. This study sought to fill this gap by exploring the dynamics of denial and *sanctified silence* in Shona Christian families and by advocating for integrated pastoral and psychological approaches that address both the spiritual and emotional dimensions of substance abuse.

Objectives of the study

- i) To explore how theological beliefs influence the perception and response to substance abuse within Shona Christian families.
- ii) To examine the psychological impact of denial and secrecy on family members caring for individuals with substance abuse disorders.
- iii) To identify cultural and religious factors that contribute to the practice of *sanctified silence* around substance abuse in Shona Christian communities.
- iv) To recommend integrative pastoral and psychological strategies that address both spiritual and emotional needs in managing substance abuse within these families.

The significance of the study

This study holds considerable importance as it addresses the complex relationship between religious beliefs, cultural practices and psychological factors in shaping family responses to substance abuse among Shona Christian communities. By uncovering how *sanctified silence* and denial function within this context, the research sheds light on critical barriers that hinder the timely identification and treatment of substance use disorders. The study's interdisciplinary approach bridges psychology and theology, contributing to scholarly discourse by emphasising

the need to consider spiritual dimensions alongside emotional and mental health challenges. From a practical standpoint, the insights gained ought to assist mental health professionals, clergy and community stakeholders in developing culturally and theologically sensitive interventions that honour faith while addressing psychological needs. This is crucial for fostering environments where affected families feel supported rather than stigmatised. Moreover, the research highlights the broader social impact of breaking silence and reducing stigma, which can improve access to care and promote healthier family and community dynamics. Ultimately, the study sought to empower Shona Christian families to move beyond denial and secrecy, encouraging open dialogue and integrated support systems that facilitate healing and recovery.

Theoretical framework

This study is informed by an interdisciplinary theoretical framework that draws on both psychological and theological perspectives to explore the dynamics of substance abuse within the Shona Christian families. From a psychological standpoint, family systems theory (Bowen, 1978) offers a foundational lens. The theory posits that the family operates as an interconnected emotional unit, wherein the dysfunction of one member such as substance abuse, affects the entire system. In such cases, behaviours like denial, secrecy and role reassignments emerge as adaptive mechanisms intended to maintain family stability. Within the Shona context, where family identity is closely linked to social and religious reputation, the collective tendency to suppress or deny the problem can be understood as an attempt to protect the family's spiritual and moral image. Emotional triangulation, a key concept in this theory, helps explain how caregivers may absorb psychological stress in order to preserve external appearances, often at the expense of their own well-being (Goldenberg & Goldenberg, 2020).

Theologically, the study is informed by theological anthropology, a framework that reflects on the nature and dignity of the human person in relation to God, community and moral responsibility (Sanks, 2002). In many Christian traditions prevalent among the Shona, substance abuse is viewed not merely as a psychological disorder, but as a moral or spiritual failing, often interpreted as a sin, a weakness or even demonic influence (Nyamunda & Maradzika, 2020). This worldview shapes how families respond to substance abuse, resulting in what can be termed '*spiritualised denial*'. In such cases, families may prioritise prayer, fasting or deliverance over medical or psychological treatment, while avoiding public acknowledgment of the issue. The pursuit of spiritual purity and the fear of moral judgment

contribute to an atmosphere where open dialogue is stifled and emotional burdens remain unaddressed (Dube, 2021).

Bridging these psychological and theological insights is the concept of *sanctified silence*, which this study proposed as a central analytical construct. *Sanctified silence* refers to the culturally and religiously reinforced practice of concealing substance abuse in order to preserve family honour and spiritual legitimacy. By integrating family systems theory with theological anthropology, the study sought to illuminate the relational, emotional and spiritual mechanisms that sustain this silence within Shona Christian families. This dual-theoretical lens provides a foundation for understanding not only how denial is maintained across family systems, but also how culturally appropriate interventions can be developed. In doing so, the research advocates for integrative pastoral and psychological approaches that attend to both spiritual conviction and emotional healing, thereby fostering more holistic care for families affected by substance abuse.

Literature review

Substance abuse in sub-Saharan Africa and Zimbabwe

Substance abuse remains a growing public health concern across sub-Saharan Africa, affecting individuals and deeply impacting familial and communal structures (Moyo et al., 2022). While global literature often emphasises biomedical or behavioural models of substance use disorders (SUDs), African societies, particularly in Zimbabwe, require more culturally and spiritually contextualised frameworks. Among the Shona people, the family functions not only as a cultural unit, but also as a spiritual institution (Chikafu & Mufune, 2021). Within this context, addiction represents both a psychological and moral challenge, often clashing with community expectations of order, dignity and religious devotion.

Despite the increasing prevalence, literature focusing on the intersection of faith, culture and substance abuse in Zimbabwe is sparse. Existing studies tend to either generalise African spiritual worldviews or overlook how Christian theology, especially in post-colonial African societies, shapes the experience and management of addiction (Dube, 2021). This gap is critical because faith-based interpretations often determine whether addiction is acknowledged, addressed or suppressed. Thus, this study responds by exploring how addiction is internalised and concealed within Shona Christian families, where spiritual identity is closely tied to moral reputation and family honour.

Religious interpretations and stigma

Christianity plays a dominant role in shaping moral values and behavioural norms in Zimbabwean communities. As in many conservative Christian settings globally, addiction is often viewed through a theological lens as a moral failure, sin or evidence of demonic influence (Nyamunda & Maradzika, 2020; Dube, 2021). Such interpretations promote stigma, shame and silence. The present study introduces the term "sanctified silence" to describe how religious and cultural frameworks encourage the concealment of substance abuse to maintain a public image of moral and spiritual integrity.

These dynamics are not unique to Zimbabwe. Comparative research from Latin America and Southeast Asia has documented similar trends in Pentecostal and Catholic families, where addiction is spiritualised and often interpreted as a test of faith or a sign of divine punishment (Garma Navarro, 2019; Rafael, García, & Lópe, 2021). In these contexts, families often delay or avoid psychological interventions, relying instead on prayer, fasting or exorcism. While these responses offer spiritual comfort, they may inadvertently perpetuate emotional isolation and delay clinical support thus echoing the same patterns observed in Shona Christian communities. This comparison highlights the need for theological engagement in the addiction discourse beyond Western biomedical paradigms.

Denial and coping in family systems

From a psychological perspective, denial is a well-documented coping mechanism in families managing chronic or stigmatized issues such as addiction (Levine et al., 2023). In family systems theory, denial functions as a stabilizing force, preserving equilibrium by minimizing conflict or distress. However, in Shona Christian families, denial operates within a complex spiritual ecosystem. It is not merely psychological avoidance; it is spiritually and socially reinforced. Doctrinal teachings that emphasise divine healing, moral righteousness and the redemptive power of suffering can suppress emotional openness and discourage the acknowledgment of addiction as a legitimate health concern.

This is mirrored in other conservative religious contexts. For instance, in some ultra-Orthodox Jewish and Evangelical Christian families, mental illness and substance abuse are often perceived as spiritual weakness or lack of faith, leading to similar patterns of concealment and caregiver burnout (Greenberg & Witztum, 2013; Griffith, 2010). These global parallels strengthen the argument that theology is not peripheral but central in understanding denial mechanisms within faith-based families.

Gaps in integrated addiction support

While international models increasingly emphasise holistic, community-based care for addiction, their relevance to African religious contexts remains limited. Existing models often fail to incorporate the deep theological narratives that shape help-seeking behaviours in faith communities. The limited success of conventional interventions in African Christian settings underscores the need for culturally and theologically adaptive frameworks.

The present study contributes to closing this gap by focusing on the lived experiences of Shona Christian families and examining how religious doctrines and family roles converge to shape both silence and resilience. By building on global insights and grounding the analysis in Zimbabwe's unique socio-theological environment, the research advocates for integrative care models that include religious leaders as partners in mental health support. This approach aligns with similar calls in cross-cultural psychology and pastoral theology for context-sensitive, spiritually-informed responses to addiction (Koenig, 2012; Mhlanga & Tichagwa, 2024).

Methodology

This study employed a qualitative research design to explore the lived experiences and coping mechanisms of Shona Christian families affected by substance abuse. A qualitative approach was deemed appropriate given the study's interest in complex personal and cultural narratives surrounding addiction, faith and family systems. This design allowed for rich, in-depth engagement with participants' experiences, enabling the researcher to uncover the subtle dynamics of *sanctified silence*, denial and theological interpretations of substance use.

Population and sampling

The study targeted Shona Christian families in Zimbabwe who had either previously supported or were currently supporting a relative with a substance use disorder. Participants were drawn from both urban and peri-urban areas, particularly communities where churches played a significant role in social and spiritual life. Using purposive sampling, 17 participants were selected, including primary caregivers, adult relatives and church leaders (pastors and elders). This sampling strategy ensured variation in denominational affiliation, gender, and age and supported thematic saturation within the data (Guest, Bunce, & Johnson, 2006).

Data collection

Data were collected through semi-structured interviews, which allowed participants to speak openly while enabling the researcher to maintain focus on key thematic areas. The interview

guide included questions on perceptions of addiction, religious and cultural coping strategies, experiences of family stress and interactions with both spiritual and professional support systems. Interviews were conducted in English, Shona or a combination of both, depending on participants' preferences. Each session lasted approximately 45 to 60 minutes and was audio-recorded with participants' consent. Interviews were transcribed verbatim for analysis.

Data analysis

Data were analysed using thematic analysis following the six-phase model by Braun and Clarke (2006). A combination of inductive and deductive coding was used to identify and refine emerging themes. The theoretical frameworks of family systems theory and theological anthropology informed the coding structure while also allowing space for unexpected patterns. The key themes that emerged included denial as spiritual protection, the burden of caregiving, religious interpretations of addiction, stigma within faith communities and the absence or presence of integrated support.

Trustworthiness

To enhance trustworthiness, strategies such as member checking, peer debriefing and researcher reflexivity were employed. Participants were given the opportunity to review and validate summaries of their interviews. A reflective journal was maintained throughout the research process to capture positionality, emerging insights and any potential biases. Triangulation was also achieved through collecting perspectives from both family members and church leaders, offering a fuller understanding of the community's response to substance abuse.

Ethical considerations

Informed consent was obtained from all participants, who were fully informed of the purpose, procedures and voluntary nature of the study. Anonymity and confidentiality were strictly upheld. Given the sensitive nature of the topic, participants were provided with access to pastoral counselling or mental health referrals where needed.

Findings and discussion

The thematic analysis yielded four interwoven themes that shed light on how substance abuse is experienced and managed within Shona Christian families: (1) denial as spiritual and social protection; (2) the burden of sanctified caregiving; (3) theological framing of addiction; and,

(4) resistance to integrated care. These themes are discussed below, situated within family systems theory and theological anthropology, and contextualised through relevant literature.

Denial as spiritual and social protection

Denial emerged as a key mechanism families used to protect their spiritual identity and social standing within faith communities. Participants consistently described minimising or concealing the severity of addiction to avoid stigmatisation and judgment. One caregiver expressed, “*We couldn’t tell the church because people would say we failed as Christian parents*” (Participant 7). This aligns with Bowen’s family systems theory, which conceptualises denial as a strategy to maintain family equilibrium and emotional stability (Bowen, 1978; Goldenberg & Goldenberg, 2020). However, in this context, denial was compounded by theological expectations that associate family disorder with spiritual failure or sinfulness. From this perspective, it can be concluded that the religious frameworks often promote silence around moral lapses to preserve a “God-fearing” family image while reinforcing psychological suppression. This study’s notion of *sanctified silence* highlights how denial is not merely psychological avoidance, but a socially and spiritually sanctioned response that complicates open engagement with addiction.

The burden of sanctified caregiving

The data revealed that caregivers, often women, bore heavy emotional and spiritual burdens, managing the dual pressures of supporting addicted relatives while maintaining appearances of faithfulness and order. One participant shared, “*At home, we prayed every day, but no one knew how broken we really were*” (Participant 12). This reflects family systems theory’s recognition of caregiving roles that absorb family dysfunction silently (Chirume & Banda, 2023). The sanctity attached to maintaining silence around addiction intensified caregiver isolation and distress, confirming findings by Levine et al. (2023), who emphasise the psychological toll of unacknowledged family struggles. The current research adds to this discourse by demonstrating how spiritual obligations intersect with emotional labour and amplifying caregiving challenges.

Theological framing of addiction

Addiction was predominantly interpreted through theological paradigms; seen either as a moral failure, demonic influence or divine punishment. A pastor explained, “*Substance abuse is a result of the devil’s influence; what they need is deliverance, not therapy*” (Participant 3). This reflects the theological anthropology perspective, which situates human suffering within a spiritual–moral framework (Sanks, 2002). While such beliefs provide meaning and hope, they

also risk spiritualising addiction to the exclusion of psychological intervention, echoing critiques by Gumbo and Shoko (2019). The research exposes how this *spiritualised denial* prolongs suffering by discouraging professional help-seeking, as families rely solely on prayer or deliverance.

Resistance to integrated care

Despite awareness of addiction's psychological impact, many participants expressed reluctance toward integrated care combining pastoral support and mental health services. One caregiver noted, "*If we take them to the clinic, people say we don't trust God's healing*" (Participant 14). Others recounted experiences of judgment within church settings when seeking psychological help, deepening their reticence. These findings parallel Mhlanga and Tichagwa's (2024) assertion that without bridging theological discourse and mental health services, faith communities may unintentionally alienate those in need. This gap leaves families navigating between faith commitments and mental health needs, underscoring the urgency for culturally and theologically sensitive care frameworks.

Synthesis

The findings collectively illustrate a complex interplay between faith, family dynamics and psychological defence mechanisms, where addiction is simultaneously concealed, moralized and endured. The concept of *sanctified silence* captures how silence is not merely denial but a culturally and spiritually endorsed stance that preserves familial and religious identity. This study contributes to literature by calling for integrative models that respect religious beliefs while addressing emotional and psychological needs. Grounding therapeutic interventions in family systems theory and theological anthropology could empower Shona Christian families to move beyond silence towards holistic healing.

Implications

This study highlights the urgent need for integrated, culturally sensitive responses to substance abuse in Shona Christian families. The concept of *sanctified silence* reveals how theological beliefs and family dynamics reinforce denial and stigma, delaying access to care and intensifying emotional burdens especially for caregivers. Mental health practitioners must engage with spiritual worldviews rather than overlook them, while clergy require training in mental health literacy to avoid framing addiction solely as moral failure or demonic influence. Policymakers should include faith communities as active partners in addiction awareness and

intervention efforts. Drawing from global parallels in other conservative religious contexts, the study supports developing holistic care models that combine theological sensitivity with psychological support, fostering healing that respects both faith and mental health.

Conclusion

This study has illuminated the complex interplay between substance abuse, denial, and faith within Shona Christian families, revealing how deeply embedded cultural and theological beliefs shape family responses. The concept of *sanctified silence* captures the ways in which addiction is both hidden and moralized, intensifying the emotional and spiritual burdens on caregivers. By integrating family systems theory and theological anthropology, this research contributes a nuanced understanding of how religious and psychological dimensions coexist in the lived experiences of affected families. Ultimately, these insights underscore the need for holistic, culturally sensitive approaches to support healing and resilience in this context.

Recommendations

Based on the study's findings, the following recommendations ought to improve support for Shona Christian families affected by substance abuse. These focus on bridging psychological and theological approaches to foster more effective, culturally sensitive interventions.

- i) Creating integrated support programmes combining mental health care and pastoral guidance tailored to Shona Christian families.
- ii) Training the clergy in mental health literacy to reduce stigma and enable effective referrals within faith communities.
- iii) Encouraging open, non-judgmental conversations about addiction in churches to break the cycle of silence.
- iv) Including faith communities in public health policies to ensure culturally sensitive substance abuse interventions.
- v) Conducting further research on combining family systems theory and theological anthropology in addiction support models.

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