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Shona Traditional Religion and Medical Practices: Methodological Approaches to Religious Phenomena

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Abstract

This article reviews select principal literature on traditional religion and medical practices in Zimbabwe with a view to demonstrating how this subject has been dealt with through the contributions of scholars from a variety of disciplines. In so doing, it paves the way for phenomenology, which is the alternative approach used in this study. The article explores the relationship between anthropology and sociology as used by previous scholars to study religion and medicine in the context of the Shona people in Zimbabwe on the one hand, and phenomenology on the other.

Résumé

Cet article fait une relecture de la littérature principale sur la religion traditionnelle et les pratiques médicales au Zimbabwe. Ceci, dans l'optique de démontrer la façon dont ce sujet a été abordé dans différentes disciplines académiques. Cet article jette les bases d'une approche alternative : la phénoménologie. En quoi faisant ? En explorant la relation entre l'anthropologie et la sociologie telles qu'utilisées par les chercheurs pour l'étude de la religion et de la médecine dans le contexte des Shona au Zimbabwe d'une part, et de la phénoménologie d'autre part.

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Introduction

In Zimbabwe, several anthropological and sociological studies have been undertaken on Shona medical practices. Studies by M. Gelfand (1956; 1962; 1965; 1985), M.F.C. Bourdillon (1976), H. Bucher (1980), H. Aschwanden (1987), G. Chavunduka (1978), M. Daneel (1971, 1974) and O. Dahlin (2002) examined patients in the religious and medical context in Mberengwa while T. Shoko (2007a, 2007b) studied health and well-being in Karanga indigenous religion. Using different approaches, these studies have demonstrated that health and illness behaviour and health and medical care systems are not isolated but are integrated into a network of beliefs and values that comprise Shona society. As a result, we have at our disposal a reasonable number of high-quality studies that cover the more important aspects of Shona medico-religious beliefs and practices.

The studies of the late Michael Gelfand, an empathetic medical doctor and lay anthropologist in Zimbabwe dealing primarily with religion, medicine and culture in the Shona context, feature as the earliest contribution in this field.¹ The bulk of his material appeared at the peak of colonialism when little had been done in medical anthropology.

In discussing the Shona mode of living in Zimbabwe, especially that which pertains to the Shona medical system, Gelfand pays attention to the theme of Shona 'hygiene' which includes food and dietary habits in the traditional context (1964:90-122). Information is centred on the main foodstuffs, staple diet and subsidiaries, the methods of obtaining food and the manner of preparation in an endeavour to sustain the lives of a people. Of special interest is material on Shona 'hygiene' which shows knowledge of how these people generated their own ideas of cleanliness in order to promote health in a tropical environment rife with diseases.

Having lived for a considerably long time among the Shona and possessing the advantage of his medical background, Gelfand seems to demonstrate ample knowledge of Shona problems of disease causation and health restoration mechanisms. In this belief system, it is the spirits that cause sickness and end sickness. Witches are also involved as causal agents. As a result, a *n'anga*² (traditional medical practitioner) seeks the cause and heals disorders, in addition to his several other duties among the Shona people. For instance, he advises the people or patients on the methods and procedure of propitiation and other rituals in order to stop the cause. He prescribes the right herbs for the disorders suffered by the patients. Thus a *n'anga* medical practice is 'partly spiritual and partly homeopathic (1965:25).

Gelfand (1965) even goes to the extent of recommending that his patients consult a *n'anga* for help. This provides evidence that the anthropologist

worked towards a consensus approach in the medical profession, a step necessary for the achievement and total realisation of health in the traditional Shona world. Gelfand thus has considerable confidence in the value of the *n'anga*. However, he concludes that the future of the *n'anga* as a medical practitioner is bleak since, in his view, the *n'anga* tends to hinder progress by failing to acknowledge modern technology. Thus the presence of a *n'anga* in medical treatment may be viewed as a handicap to the work of the Western doctor (1965:25-45).

In a more recent study, Gelfand (1985) demonstrates his own intricate and profound knowledge of the Shona *n'anga* in Zimbabwe. With an intention to restore the lost dignity of the Shona people, Gelfand considers the term 'witch doctor', with reference to a *n'anga* as inappropriate. He also aims at redressing Shona values from before the Europeans so as to avoid further misunderstanding. In the text, Gelfand points out that most *n'anga* are spiritually endowed and have the gift of healing and divining. Their special powers are shown to be bestowed upon them by a *mudzimu* (spirit of a departed relative) or a *shave* (spirit of someone unrelated who had a talent for healing). His most illuminating contribution is the remark that the *n'anga* features in the medico-religious scene as a 'diagnostician' and 'therapist' at the same time, but whose diagnosis contrasts with the perception of a Western trained doctor in that he will look for a spiritual cause of the disease. As such, Gelfand's observations may relate to the Karanga medico-religious views explored in this study.

Michael Bourdillon, an anthropologist who has conducted extensive research among the Shona, has also written on their medical beliefs. Bourdillon (1986) basically distinguishes between two kinds of illness conceived of by the Shona, the 'natural' and 'serious' illnesses. The Shona are not very worried about the former since they resolve themselves over time. These include coughs, colds, influenza and slight fevers (Bourdillon 1987:149). It would seem that when people are suffering from such illness, they are regarded as healthy and may go about their day-to-day activities. The Shona are also not thrown off their stride by more serious ailments of known origin, such as venereal diseases. When confronted with a complicated case, the Shona concept of causation plays a dominant role: 'A prolonged or serious illness is presumed to have some invisible cause and a diviner should be consulted to determine it and state the necessary remedy' (Bourdillon 1987:149).

Bourdillon (1987:149) maintains that at the heart of Shona medical beliefs lies the belief that serious illness is caused by the spirits or by witchcraft or sorcery. It is generally felt that if the spirits are discontented with human beings' behaviour, they may cause one of them to fall ill. In this case, the

relatives seek the advice of a diviner and appropriate rituals are carried out. Bourdillon shows that some Shona people claim that quarrelling and bickering can be the cause of sickness. Bad luck is thought to be caused by 'loose living' or witchcraft but largely it is thought that it is sent purposely by spirits or by fellow humans. Thus, in Bourdillon's conviction, the relationship that exists between a person and the spirits determines one's fate. *N'angas*, therefore, play a mediatory role and are able to put right the relationship, thereby restoring health (ibid.).

Bourdillon notes that the Shona are not only interested in being healed but go further to seek the 'ultimate cause' of the illness. It is clear from his writings that the main cause has to do with spirits, leading to the necessity for an explanation as to why the spirits have acted in such a way. Bourdillon asserts that he is not an expert on Shona culture but says the Shona themselves have provided him with the observations. He then applies his training in social analysis to interpret Shona social life and behaviour. On the whole, Bourdillon has covered a wide range of Shona activities and beliefs.

Hubert Bucher, a Roman Catholic Bishop in Southern Africa, adopts a sociological approach in assessing Shona cosmology. Bucher (1980) argues that the whole traditional cosmology has been seen to be a 'philosophy of power'. He contends that the Shona believe that spirits live, act and share their feelings toward life, well-being and sorrow. As such, spirits are 'symbolic representations or conceptualisations of those manifestations of power which are looming large in their daily lives' (Bucher 1980:13). Shona chiefs, spirit mediums, ancestral spirits and stranger spirits, witches and diviner-healers as well as independent churches are, according to Bucher, subject to one basic notion of 'power'.

In his assessment of Shona cosmology, Bucher identifies spirits and witchcraft which he believes are central to understanding matters of health. He quotes I.M. Lewis to show that spirit possession and witchcraft represent different strategies of attack, the first being a mild and less disruptive type than the second. In contrast, witchcraft accusations tend to operate in a wider sphere of interaction and can be utilised as a strategy of attack in general contexts of hostility, particularly between equals (Bucher 1980:105-115).

According to Bucher, the Shona perceive witchcraft as the 'paradigm' of all evil and anti-social behaviour, and they readily suspect it to be able to work wherever something unpleasant or very much out of the ordinary occurs such as serious illness and persistent ailments, misfortune or death. Only sometimes may a diviner-healer be able to 'neutralise' the effect of the witch's medicine. Occasionally, some of the Shona with elementary knowledge of 'throwing bones' may do some divining on behalf of others with minor troubles

and anxieties. The professional *n'anga*, however, needs a special divining or healing spirit as help, just as the 'real' witch is distinguished by her being the host of a special witchcraft *shavi* (alien spirit) (Bucher 1980:105-115). As such, Bucher places the activities of the *n'anga* on the same 'continuum' as a witch. Most *n'anga* in his view, use one of the following two divining methods or, sometimes both together: they either consult the divining dice (*hakata*) or deal with clients while possessed by the healing spirit. On disorders involving sickness, Bucher argues, these are today increasingly handled by Western medicine and thus tend to be taken away from the immediate sphere of responsibility of the *n'anga* (ibid.).

Bucher further contends that the Shona express very firm belief in the rationality of their quest for the cause of evil spirits. The Shona belief system also indicates where the person is to seek help after he (and his family) has been struck by misfortune. This normally is the diviner who supplies his patients with 'medicines' and treatment for situations which his Western counterpart has to admit lie outside his professional competence. Such 'medicines' are to be seen as belonging to the same category as those powers which the Shona visualise as spirits. Moreover, ambiguity also lies in the power to protect and power to harm (Bucher 1980:105-115).

Bucher seems so interested in the witchcraft 'component' of the Shona that he puts it at the centre of all 'discord' in Shona society. Causal explanations involve spirits in one way or another, since there is nothing that befalls a person without an explanation that will involve some link with one's spirits or someone else's spirits that would have been provoked. It would seem that all illnesses, regardless of their nature, are caused by a spiritual breakdown somewhere and somehow (ibid.). For Bucher, it appears Shona religion is centred on the spirits, hence their health or ills are determined mainly by how they relate to the spirits. Such a state of affairs, in his opinion, characterises the independent churches that have taken over the traditional concepts of power (1980:204).

Another prominent scholar relevant to this study is Herbert Aschwandan (1987). He looks at the causes of death and the nature of disease among the Karanga people who are part of the Shona and explores the cosmological perspectives of the Shona people. 'For the Karanga, God is the *fons et origo* (source) of everything, and that includes disease and death' (1987:13). However, since evil cannot be attributed to God, disease is normally attributed to humans and spirits who are regarded as active carriers of disease. His research found the following: 'As far as potential causes are concerned, the Karanga distinguish between three kinds of diseases: there are diseases sent by God (*zvirwere zvaMwari*), those caused by spirits (*zvirwere zvemweya*),

and finally the most dreaded kind, diseases through witchcraft (*zvirewe zvavaroyi*)' (Aschwanden 1987:13-22). The diseases sent by God are really an equivalent of the 'natural illness' of Bourdillon and Gelfand and, as we shall see, the 'normal' illness of Chavunduka which is harmless.

Aschwanden maintains that disobedience towards ancestors or inattention is punishable by disease. The origin of the disease is normally deduced because it is held that the dead man often makes the living ill by symptoms from which he himself suffered when he died. However, there is no disease which is specifically attributed to the ancestors: 'Any disease can be so caused, be it measles, typhoid or broken leg' (Aschwanden 1987:19). Some illnesses may result in mistakes in sexual behaviour, for example, a man may become ill if he has sexual intercourse with his wife while she breast feeds. Aschwanden observes that certain diseases are interpreted in the context of social misconduct and concludes that, 'modern somatic medicine, neglecting the relevance of social factors, has probably in its time fallen victim to even greater misconception' (Aschwanden 1987:22). Some diseases, however, come from alien spirits seeking a home.

In Aschwanden's presentation, other diseases are attributed to dirty spirits (*mweya yetsvina*). These are held responsible for three diseases: leprosy, epilepsy and tuberculosis. These diseases are associated with evil spirits and have a stigma attached to them. People who suffer from them are held in awe and in traditional society leprosy patients were marginalised. However, as Aschwanden notes, through Western civilisation and modern medicine, the fear of dirty spirits has lessened. On the whole, Aschwanden concentrates on the social outlook of the Shona. There also seems to be a degree of strong Christian influence which affects his interpretation. However, his book provides pertinent observations on the manner in which the Karanga people experience and interpret their world.

An important contribution to this subject has been made by Gordon Chavunduka. In one of his influential texts, his major preoccupation is 'to discover some of the important sociological determinants of behaviour in illness' (Chavunduka 1978:1). The social causes of 'abnormal' illness, Chavunduka states, are believed to be displeased ancestors, an aggrieved spirit and the *shave* (alien spirit). Witchcraft is also perceived as another cause of ailments. According to Chavunduka, witches are conceived by the Shona as people who have the ability 'to harm others through some inherent power, or through the use of charms and medicines' (Chavunduka 1978:14). The witches cause illness by planting poison or poisonous objects on a path or any place and contact results in people becoming sick. On matters related to healing, Chavunduka identifies two ways in which one can become a

healer. One may inherit the healing spirit from his lineage or from a *shave* or both (Chavunduka 1978:19). In this instance, all the knowledge of medicine is attributed to the guidance of the spirit. However, others are apprenticed to other healers and gain their knowledge of medicine through instruction. When a person is possessed by the spirit of an ancestor he becomes ill and it soon becomes apparent that the illness is 'abnormal'. In this instance, a diviner is consulted and a ceremony is held to accept and honour the spirit. It is generally agreed among the Shona that failure to accept the spirit results in the persistence of the illness or may lead to mental problems.

Chavunduka's subdivision of traditional healers into four main types is very informative. He enumerates the types of traditional healers thus: diviners, diviner-theraputists, theraputists and midwives (1978:21). He says the diviner is only concerned with the cause of illness although other diviners may treat patients. The theraputists are mainly oriented towards the treatment of physical symptoms and not the cause of the illness.

Of the different kinds of 'medicines', Chavunduka identifies three main types: 'simple' medicines administered to the sick by anyone, medicines prepared with an intention to injure some specific person, and preventive medicine. He describes in general terms how traditional medicines are administered. Some medicine is crushed into powder while some is taken in liquid form. An illuminating distinction between disease, illness and sickness is also made. The difference is presented thus: 'Disease refers to the medical entity, defined in terms of biological or physiological functioning. Illness is the social entity or status, defined in terms of social functioning; and sickness is the reaction of the individual, defined in terms of his own feeling state and the reactions of others towards his illness' (Chavunduka 1978:28).

From his interviews, Chavunduka concludes that the presence of mild ill health is regarded by many people as a normal part of life. While it was generally agreed that it was impossible for anyone to be really healthy due to the presence of witches, some families could protect themselves from the 'diabolical' machinations of the witches. The charm for protecting the household is an animal's horn filled with powdered medicines which is placed in the house. If a witch manages to overpower this defensive mechanism and illness befalls a family member, the recourse is to a medical practitioner. Chavunduka's research further analyses the responses to the two forms of therapy open to the Shona patient: traditional medicine and scientific medicine. In general, what are considered 'normal' illnesses are treated with herbs or are referred to scientific medical practitioners while 'abnormal' illnesses are referred to traditional healers.

Chavunduka's research is full of informative case studies and statistics. His overriding conviction in undertaking such research is brought out clearly: 'The object of this book has been to call attention to the barriers to communication between scientific and traditional healers, and between scientific healers and their Shona patients' (Chavunduka 1978:97). His tabulation of the data is quite helpful in the analysis of the options taken by the patients.

Research on independent churches in Zimbabwe is inspired by the scholar Martinus Daneel who looks at Shona medical beliefs and conceptions in the context of indigenous religious trends. His assertion that independent churches are an attempt to link traditional practices and Christianity is crucial. The following has been said of them: 'They represent on the whole a positive effort to interpret Christianity according to African insights, especially at the point where indigenous customs and world views are challenged by the new world of the Bible' (Daneel 1977:184). He says the greatest contributory factor to the growth of these churches is the healing treatment by African prophets. He maintains that this healing is modelled on traditional patterns. He compares the diagnosis and therapy in the healing treatment of the *n'anga* and of the prophet and notes striking parallels.

According to Daneel (1977:189), most problems, particularly those threatening life and health, are ascribed to 'stereotype conflict patterns'. This includes a living enemy who causes illness through witchcraft, an ancestral or alien spirit who causes illness as a sign of calling the afflicted person to carry out some duty, and a spirit with a legitimate claim to some form of restitution. However, unlike the traditional medical practitioner who advises the patient to give in to the demands of the spirits, the prophets reject them and claim that through the Holy Spirit they drive them away.

Daneel (1977:191) also states that prophets undertake ventures to control or eradicate wizardry (*uroyi*). This service is rendered to society at large and nowadays both the *n'anga* and the prophets are consulted and used to detect cases of witchcraft. However, 'other prophets specialise in treating the bewitched through the removal of *uroyi* medicines from the patient's body' (1977:191). Other prophets exorcise dirty spirits. Before holy communion is taken, the prophets catch out witches. This, Daneel notes, is 'yet another attempt to introduce Christian notions into the deeper recesses of traditional beliefs' (1977:192). The case studies presented by Daneel (1970) show that the prophetic role of healing and dealing with evil powers is really a pulling factor. When accompanying the prophet and the *n'anga*, 'while the *n'anga* seeks a solution which accedes to the conditions of the spirits, the prophetic therapy bases itself on a belief in the Christian God, which surpasses all other powers' (1970:43).

A monograph by Olov Dahlin (2002), a scholar of social anthropology and history of religions, deals with patients in the religious and medical context in the Mberengwa district. '*Zvinorwadza*' is a common expression among patients in the district which means 'it is painful' or 'it hurts' (Dahlin 2002:17). Dahlin's aim is to study what it means to be a patient in the Mberengwa district. In an attempt to expose the religious and medical plurality and to contextualise the patients' situations, he follows multi-episodic cases, examines their social situation, their religious affiliation, how they seek help, their views on sickness, what aetiologies they hold, their views on the various practitioners and their experiences of care (2002:11).

Dahlin's study raises two basic questions: What does it mean to be ill in this part of the world and what do patients' experiences look like? He found that patients' illness experiences are described with the words 'pain', 'anxiety' and sometimes 'despair'; their social situations are often marked by 'vulnerability', 'exposedness' and 'insecurity' which apply to both sexes, but particularly to women; their help-seeking behaviour is characterised by 'pragmatism', 'complementarity' and 'plurality'; their conceptions of illnesses and aetiologies involve qualities of 'uncertainty', 'flexibility' and 'multi-dimensionality'; and finally, patients' treatment experiences can be explained in three words: some experience it as 'ease', others as complete 'healing' while a significant number experience it as 'non-deliverance' (Dahlin 2002:211). The study concludes that the phenomena of illness and healing need to be regarded holistically and that it is of crucial importance to acknowledge the patients' own ideas concerning these issues.

Dahlin's approach is largely based on an effort to interpret the experiences of the patients, explicating what it means to be a patient. The study's success largely depends on the scholar's means of interpretation. He relies on personal experiences of the phenomena he studies.

Shoko (2007), a historian of religion, did an empirical study of the indigenous religion of the Karanga people in Mberengwa district in the South-Western part of Zimbabwe. The author contends that religion and healing are intricately intertwined in Africa. Matters pertaining to health and welfare constitute a fundamental component in African life and religious experiences. Shoko notes that in Africa, scholars in theology, anthropology, sociology, history and other disciplines have conducted studies on religion and healing. In Zimbabwe prominent scholars in social science and medicine have made substantial contributions on traditional medical views and praxis. However, the subject of African traditional religion and healing has attracted little attention in departments of religious studies in African universities. The dynamic interaction between religion, viewed as a scientific discipline, and healing as

a phenomenon of religious experience has not been fully explored. In Zimbabwe, virtually nothing has been developed on the basis of the medical views and practices of specific ethnic groups. This trend has created a vacuum in scholarship that deals with ethnic religion (Shoko 2007:xi).

In order to fill this gap, Shoko examines religion and healing in a specific Shona-speaking group called the Karanga from within the academic discipline of empirical scientific study. The author first sets the book in the broad context of African religions and themes, goes into different religions and regional comparisons and then provides a context/background with material from a wider geographic context accompanying more focused material on Karanga religion.

Shoko next examines traditional Karanga views on the causes of illness and disease, the mechanism of diagnosis at their disposal, and the methods and resources which the Karanga use to restore health. The book compares Karanga perceptions with some religious traditions of Africa in order to determine how Africans in general perceive and experience the world. The book identifies the core concern of traditional religion as health and well-being and finally draws the implications for the study of religions in Africa (Shoko 2007:xii).

In his more recent phenomenological study, Shoko (2008) discusses indigenous medicine and its potential for curing various health problems in present day urban environments in Zimbabwe. It attempts to explore the dynamism of Shona traditional healing predominantly in Harare. It examines the view that traditional medical beliefs influence urban healing praxis. This involves case studies of healing practices in the traditional context as perceived by the traditional healers' association, ZINATHA, its membership and clients, and its projects such as constructing a traditional healing training college and hospital; introduction of a medical aid scheme; administration of healing programmes; conduct of conferences and workshops and its dissemination of services in urban areas. The study argues that urban healing arguably derives its orientation from traditional religion and culture (Shoko 2008:15).

From the above assessment, all the anthropological and sociological scholars of Shona medical views and practices seem to be in factual agreement. Accordingly, I acknowledge the wealth of contribution on the subject offered by social science. A framework for apprehending other indigenous perceptions is thus envisaged. However, what characterises the bulk of anthropological and sociological studies is a general description of facts without discerning general or essential meanings from the descriptions.

In light of the above, I suggest an alternative approach that I have applied in my research which examines religion and healing in a specific Shona

ethnic group, the Karanga people in Mberengwa, from within the academic discipline of the scientific study of religion, which takes an empirical point of view (Shoko 1994). This is prompted by the fact that aside from the contributions of social science and medicine on matters of religion and healing among the Shona, it has been noted above that the subject has captured little attention in departments of religious studies in African universities. Furthermore, from an alternative discipline, virtually nothing has been specifically developed on the medical views and practices of subgroups of the Shona people of Zimbabwe.

Besides, I was born and bred in Mberengwa and speak Karanga. So, I am familiar with traditional beliefs and practices. However, I am also conscious of the fact that an 'insider' may not be free of certain prejudices. Nevertheless, I believe my approach has the potential to offer a fresh understanding of Shona traditional religious practices and the implications of their relevance for religious studies. However, I do not seek to elevate one method over others, but rather to complement 'kindred' research methodologies.

In order for us to understand the context in which an alternative approach is applied, it is important that we discuss my empirical research.

Empirical Study

In my empirical study of the Karanga people in Mberengwa, a sub-group of the Shona people of Zimbabwe, I develop an argument which contends that the core concern of Karanga religion is 'health and well-being', and that this central concern is logical, rational and consistent (Shoko 1994:4). The study discusses a methodology which has developed out of and partly in response to the scientific approach to the study of religion in the late nineteenth and early twentieth centuries called the phenomenological method, which seeks to identify essential structures within religious phenomena. Through a case of illness, I demonstrate the conceptions of disease and healing as identified through interviews and observations in a specific field research area in Mberengwa. The phenomenological approach is employed to examine key religious phenomena related to illness and health through expressions of beliefs, ritual activities and the role of sacred practitioners.

View from the Inside: the Phenomenological Approach

The methodology adopted focuses on the internal perspective, based on phenomenology, a philosophical movement attributed to the German philosopher Edmund Husserl (1859-1938). Certain concepts refashioned by Gerardus van der Leeuw and other early phenomenologists are applied, namely *epoche* and 'eidetic vision'.

As explained by Eric Sharpe (1986:224), *epoche* is derived from the Greek verb *epecho*, 'I hold back'. In effect it means 'stoppage', suspension of judgement, the exclusion from one's mind of every possible presupposition. It is also called 'bracketing' an object which is present to consciousness. Its importance in this connection is that it emphasises the need to abstain from every kind of value-judgement, and to be 'present' to the phenomena in question purely as an impartial observer, unconcerned with questions of truth and falsehood.

According to Sharpe, the other concept, 'eidetic vision' is derived from the Greek noun, '*to eidos*', 'that which is seen', and hence 'form', 'shape' or 'essence'. This concept refers to the observer's capacity for seeing the essentials of a situation, or in the case, of a phenomenon, its actual essence as opposed to what it has been, or ought to be. In fact, 'eidetic vision' means a form of subjectivity. It implies, given the acquisition of objective and undistorted data, an intuitive grasp of the essentials of a situation in its wholeness (Sharpe 1986:224).

Acknowledging the controversies surrounding the viability of '*epoche*' and 'eidetic intuition' in the study of religion, especially on how a subjective observer finds access to knowledge of an objective phenomenon, I endeavour to maintain the positions of earlier phenomenologists such as W. Brede Kristensen and van der Leeuw who, in different ways altogether, saw *epoche* as a vital tool for avoiding preconceived ideas and theories or pre-judging the phenomena in order to understand religion from the inside, the believer (Cox 1992:25). C. Jourco Bleeker (1963:3), a renowned historian of religions, testifies to the importance of maintaining *epoche*.

In my research, I try to see into the very essence of the phenomena themselves by employing two techniques, first by performing *epoche* by suspending previous judgments about the Karanga and/or Shona world, academic theories, bias, presuppositions and related stances previously perpetrated by pioneer missionaries and explorers in the heyday of colonialism. That necessitates practising impartiality and allowing pure phenomena to speak for themselves.

Second, I use the 'eidetic intuition' whereby only the essential structures of phenomena are seen. Without overlooking certain practical constraints, that entails penetrating or 'entering into' phenomena sympathetically in order to unearth the meaning or essential aspects of religion that are true to Karanga believers. By observing phenomena internally, the 'essence' of the Karanga religion seems to be health and well-being.

Although my indigenous status proved a great asset in this context, I certainly admit that being insider on one hand and having been exposed to

Western education on the other hand, had considerable methodological effects. This simply confirms the fact that the objectivity attainable through this method is only approximate reality rather than pure, exact or final.

At this point, I turn to the methods that were used to collect material in the field. They consisted of (a) interviews and (b) participant observation.

Methods of Data Collection

The material used in the study was collected through interviews of elders, patients and healers in both the traditional and church contexts, and participant observation of rituals in Mberengwa between 1989 and 1991. Some more recent research was conducted on the influence of traditional worldviews in a modern setting in an urban context, drawn mainly from Harare between 1992 and 2006. In both cases, interviews were conducted in Shona and translated into English. Only qualitative interviewing methods were used because quantitative procedures were beyond the scope of this paper. Qualitative methods derive from 'quality', they attempt to examine inherent traits, characteristics and qualities of objects of inquiry, and are more interpretive in nature. Quantitative methods derive from 'quantity' and pertain to numbers, the production of data that can be counted, measured, weighed, enumerated, and so manipulated and compared mathematically. Quantitative methods are used to determine patterns and relationships among variables (Grix 2004:173). For this article, unstructured interviews proved effective. The unstructured interviews appeared in diverse forms but offered considerable freedom in the questioning procedure. An interview schedule was used with a general outline of the questions aimed at eliciting relevant data. At times, question-and-answer sessions could not be differentiated from ordinary conversations and maintained the respondents' perspectives. In total, ninety people were interviewed, representing various categories of healers, patients and members of Karanga society.

Besides interviews as a mode of data collection, participant observation of rituals was undertaken in certain relevant situations. I obtained first-hand information by observing and engaging in the activities of the Karanga. This helped me to feel the phenomena from within so as to attain an empathetic explanation of what fundamentally constitutes the subject phenomena. I was able to partake, at a personal level, in therapeutic rituals and other significant experiences. This methodological device enabled me to see Karanga medico-religious beliefs and practices from the point of view of the believers. This was accomplished by staying with them, and through constant interaction, assessing their actions and behaviour and recording all activities. Interviews and observations were supplemented by material obtained from published sources in the departments of anthropology, sociology and medicine.

Research Results

The research findings documented in the empirical study reveal an illuminating theory of causation of illness and disease embracing spiritual entities, witches and sorcerers, socio-moral factors and natural conditions of the afflicted. Such causal factors are established by a specialist traditional medical practitioner, a *n'anga*, using a variety of systematic diagnostic techniques such as possession, throwing of the bones, dreams, omens, ordeals or a combination of these. Then diagnosis is followed by traditional therapy most conspicuous in ritual activity but also seen in the treatments administered by the *n'anga*. In this respect, I try to demonstrate that the numerous possible causes of ailments, the system of diagnosis by a specialist practitioner and the different prescriptions and therapies applied in a ritual context portray the Karanga religion as one whose fundamental concern is 'health and well-being', and also that such a concern is logical, rational and consistent from the believer's perspective (Shoko 1994:162-72).

In a case study that I present in the research, I also show that Afro-Christian or independent churches in the field area owe their power of attraction to this fundamental concern with health and well-being as exemplified by the views of St. Elijah Chikoro Chomweya, an Apostolic church, on the causes, diagnosis and therapy of illness and disease. As such, this becomes the centre of orientation of both Karanga traditional religion and the Afro-Christian Church. The research confirms that 'health and well-being' are related fundamentally to the central concern of the Karanga which the adherents perceive as systematic, meaningful, internally structured and vital in their religious life (Shoko 1994:172-4).

Some recent studies conducted on the influence of traditional worldviews in an urban context (mainly Harare) show that urban healing arguably derives its orientation from traditional religion and culture. In that respect, indigenous religion exerts tremendous influence on some of the urban population (Shoko 2008:15).

Conclusion

From anthropological and sociological studies, certain basic facts collected through previous research have a significant bearing on my findings about Karanga views of illness and the curative system. Their views provide an important basis for an understanding of Karanga religious and medical life, in particular, their interpretation of illness and disease in relation to their cosmology.

By utilising the phenomenological method, therefore, the study hopes to complement current knowledge on the aetiology of illness and disease in

Shona religion. By making use of insights and analytic tools from phenomenology, it also seeks to introduce new modes of empirical research into the study of African traditional religions in departments of religious studies.

Notes

1. I cite examples of Michael Gelfand's major publications: (1947; 1956; 1962; 1985; 1965).
2. I adopt the term n'anga because it is the new Shona orthography, originally designed by Charles Doke, a language specialist. Also several scholars such as M. Gelfand (1956; 1962; 1985; 1965), M.F.C. Bourdillon (1976), H. Bucher (1980), H. Aschwanden (1987), G. Chavunduka (1978), O. Dahlin, (2002) and T. Shoko (2007) used this term to refer to a traditional medical practitioner. These scholars conducted their research on Shona religion in Mashonaland, Masvingo and Midlands provinces of Zimbabwe. M. Daneel (1971) uses the old orthography – nganga – but that has since been revised. Notably, his research on Zionist independent churches is based on the Shona of Masvingo in Zimbabwe, an area in which the language centre was originally located. Despite this variation in spelling, the terms are synonymous in depicting the practitioner's role as divining and healing. Use of the term n'anga as 'witchdoctor' is erroneous, for the function of a n'anga is not to harm but to heal.

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