

Karanga Indigenous Religion in Zimbabwe

Health and Well-Being

Tabona Shoko

KARANGA INDIGENOUS RELIGION IN ZIMBABWE

Tabona Shoko contends that religion and healing are intricately intertwined in African religions. This book on the religion of the Karanga people of Zimbabwe sheds light on important methodological issues relevant to research in the study of African religions. Analysing the traditional Karanga views of the causes of illness and disease, mechanisms of diagnosis at their disposal and the methods they use to restore health, Shoko discusses the views of a specific African Independent Church of the Apostolic tradition. The conclusion Shoko reaches about the central religious concerns of the Karanga people is derived from detailed field research consisting of interviews and participant observation.

This book testifies that the centrality of health and well-being is not only confined to traditional religion but reflects its adaptive potential in new religious systems manifest in the phenomenon of Independent Churches. Rather than succumbing to the folly of static generalizations, Tabona Shoko offers important insights into a particular society upon which theories can be reassessed, adding new dimensions to modern features of the religious scene in Africa.

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Karanga Indigenous Religion in Zimbabwe

Health and Well-Being

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To the late

Angella Shoko
Samantha Shoko

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Foreword

This significant book by Tabona Shoko on the religion of the Karanga people of Zimbabwe sheds light on important methodological issues relevant to field research in the study of African religions. The conclusion he eventually reaches about the central religious concern of the Karanga people is derived from detailed, empirically testable studies. Shoko's research thus confirms once again that generalizations in the study of African religions can be made, but only with great care and after a sufficient number of comprehensive analyses of limited and well-defined cases has been conducted.

One such generalization often proffered, and confirmed in this book, suggests that religions in Africa share a common preoccupation with healing. For example, in his summary of the characteristics of African traditional religions, J.G. Platvoet argues that African religions are 'pragmatic' and thus 'seek tangible salvific goods in this life only'. By this Platvoet refers to the central African concern that 'unseen beings [should] take care of their wellbeing, remove misfortune and provide protection against those who cause it'.¹ I have arrived at a similar conclusion in my book, *Rational Ancestors* (1998), but there I focus on the protective and benevolent role of ancestor spirits in maintaining community well-being.²

Through a detailed account of the perceptions of the causes, diagnosis and treatment of illnesses among the Karanga, Shoko, who lectures in African Traditional Religions in the University of Zimbabwe, provides in this book a meticulous study that largely confirms Platvoet's general observation about the pragmatic nature of African religions and my contention that ancestors play a vital role in maintaining the health of the community. He does this by summarizing for the reader the results of many years of field research consisting primarily of intensive interviews among believers and participatory observations of various diagnostic and healing rituals.

The largest ethnic group in Zimbabwe, consisting of approximately 8 million people, is the Shona, of whom the Karanga form a distinct sub-group. Like the term 'Shona', 'Karanga' refers not only to ethnic identity, but also to the language spoken by the people, in the case of the Karanga, a dialect of the Shona language. The Karanga comprise approximately 30 per cent of the total Shona population of Zimbabwe occupying an area between Gweru in the northwest, Bikita in the northeast, Chiredzi in the southeast and West Nicholson in the southwest.

1 Jan G. Platvoet, 'African Traditional Religions in the Religious History of Humankind', in Gerrie ter Haar, Ambrose Moyo and Simon J. Nondo (eds), *African Traditional Religions in Religious Education: A Resource Book with Special Reference to Zimbabwe* (Utrecht, 1992), pp. 11–28 (23). This has also been published as an article under the same title in *Journal for the Study of Religion* 6 (1993): 29–48.

2 James Leland Cox, *Rational Ancestors: Scientific Rationality and African Indigenous Religions* (Cardiff, 1998).

The research conducted for this book was undertaken primarily among the Karanga communities located near Mberengwa, a village situated approximately 24 km southwest of Zvishavane. As such, Shoko's study provides us with valuable research concerning a particular African ethnic community (the Shona) by focusing on a well-defined sub-group (the Karanga) living in a clearly delineated geographical region (Mberengwa).³ By itself, such a study would not support broad generalizations about religions throughout Africa, but it offers valuable insight on a particular society against which general theories can be evaluated and, if necessary, revised.

Shoko has also included a chapter in his book on how healing forms a vital component in the beliefs and practices of an indigenous Christian church, called St Elijah Chikoro Chomweya. His findings demonstrate how the emphasis on healing so evident in traditional beliefs and practices has been adopted by an African Christian community and adapted to fit into Christian concepts. St Elijah Church is classified as a Spirit-type movement, characterized, according to Marthinus Daneel, by 'their special emphasis on the work of the Holy Spirit, manifested in speaking in tongues, prophetic activity of diverse kinds and faith healing'.⁴ Shoko's research adds further evidence to Platvoet's observation that adaptability is 'a striking feature of the modern religious scene in Africa in which most believers have expanded their traditional religion with an imported religion'.⁵

It will be clear from these brief comments that this book represents an important addition to field studies in African religious expressions. It also shows conclusively that the indigenous religions of Zimbabwe persist in their own right and in a complementary way alongside Western medical approaches and Christianity. More broadly, religion in contemporary Africa is shown by this work to be a dynamic force influencing, as well as being influenced by, political, social, economic and historical factors. We thus could not conclude after reading Shoko's work that African indigenous religions are 'traditional' in the sense of belonging to the past. Rather, his research suggests that indigenous religions perpetually resurface in new forms and under new conditions, and thereby continue to play a central role in the lives of African peoples throughout the continent.

James L. Cox
University of Edinburgh

3 For a discussion of the historical derivation of the terms 'Shona' and 'Karanga', see the article by Solomon Mutswairo entitled, 'Who is Mbire?', in S. Mutswairo et al. (eds), *Introduction to Shona Culture* (Eiffel Flats, 1996), pp. 16–39. Mutswairo suggests that 'Shona' is a derogatory term based on the Zulu word '*ukoshona*', meaning 'to sink or disappear', which was applied to the people conquered during the Ndebele invasions of the early nineteenth century. Later this word was adopted by Europeans and eventually has come to designate the Kalanga, Karanga, Korekore, Manyika, Ndaue and Zezuru ethnic groups of contemporary Zimbabwe.

4 Mathinus L. Daneel, *Quest for Belonging: Introduction to a Study of African Independent Churches* (Gweru, 1987), p. 37.

5 Platvoet, 'African Traditional Religions', p. 25.

Preface

Negative publicity of African religions by travellers, missionaries and explorers contributed immensely to the overt misconceptions and distortions of Africa and its people. African religions, once stigmatized as ‘primitive’, ‘savage’, ‘barbaric’, ‘pagan’, ‘superstitious’, ‘from a dark continent’ and many more pejorative terms, are increasingly gaining recognition by both Western and African scholars as central to African culture. Matters that pertain to health and well-being constitute a fundamental component in African life and religious experiences. These are acknowledged as important African religious and cultural values. It remains the task of this book to explicate an essential phenomenon of folk medicine. In this book the author contends that religion and healing are intricately intertwined in African religions.

The book marks the end of a long research journey that started in 1988 when I started teaching and research for my D.Phil. thesis (1994) in the Department of Religious Studies, Classics and Philosophy at the University of Zimbabwe. It took me through several years of work as a research fellow at various academic institutions: namely the University of Utrecht, The Netherlands (1988–1989 and 2002); the University of Botswana (1997–1998); the University of Edinburgh, United Kingdom (1994, 1999 and 2004) and the African Study Centre, Leiden, The Netherlands (2006).

The book has been completed with the help of many people and financial assistance from the aforementioned institutions. However it would be impossible to thank everyone who contributed to the realization of this book. It suffices to single out a few and acknowledge their outstanding contributions:

I would like to express my gratitude to Dr J. Platvoet for drawing my attention to the subject of religion and healing and to indicate its academic value within the UZ/RUU (University of Zimbabwe/Rijks Universiteit Utrecht) Religious Education Project conducted jointly by the two universities between 1986 and 1993. When I commenced this new field of interest I received tremendous support from members of this project, especially Prof. Dr J.A.B. Jongeneel, Prof. J.M. Schoffeleers and Prof. Gerrie ter Haar during my year of study at Utrecht University.

I am grateful to Prof. J.L. Cox for his excellent guidance and inspiring methodological vision so influential in this book, both at the University of Zimbabwe and also during my research at Edinburgh University. Sincere appreciation is equally made both to Prof. Cox and Prof. ter Haar for their insightful comments on the draft of this book.

I am also indebted to the principal scholars who offered extensive comments on preliminary manuscripts of the book, namely Prof. G. Chavunduka in its initial stages, Prof. F. Verstraelen and the late Prof. C. Hallencreutz in its final stages. I also wish to thank the chairmen and staff in the Department of Religious Studies, Classics and Philosophy at the University of Zimbabwe, particularly Dr A. Moyo and Dr E. Mandivenga for providing moral and material support. Students in the department also require special mention for contributing to the discussion of vital

issues so critical to the ideas presented in this book. A special word of thanks is extended to all the people who granted me interviews in the field and to all well wishers.

Finally, I am particularly grateful to my late wife Angella and my mum *Mai* Magondo who would have loved to see this book, to my father Revd A. Magondo Shoko and the Magondo family for their remarkable enthusiasm and unflinching support throughout my research and during the production of this book.

Harare, Zimbabwe
2006

Introduction

Religion and healing are intricately intertwined in a way that stimulates scholarly interest and concern. In the past few years, scholars within the disciplines of medicine, epidemiology, psychiatry, anthropology and sociology have occupied themselves with the study of religion and healing. According to P.S. Yoder, in Africa, social scientists, for instance, have given increasing attention to exploring the relationship between healing, medicine, culture and society.¹ In Zimbabwe, outstanding scholars in social studies have contributed on Shona aetiologies of illness and healing.² In the field of medicine, significant contributions on Shona medical views and praxis have been made.³ Whilst the above disciplines of social science and medicine have already made substantial contributions to our understanding of religion and healing among the Shona, the subject of religion and healing has captured little attention in African Traditional Religions in Departments of Religious Studies in African Universities. Furthermore, virtually nothing has been specifically developed on the medical views and practices of sub-groups of the Shona people of Zimbabwe from other disciplines.

This book is therefore intended to explore the above issues and fill in the resultant gaps by examining religion and healing in the form of illness and disease in a specific Shona ethnic group from within the academic discipline of the scientific study of religion, which takes an empirical point of view. The book aims to explore the traditional Karanga views of the causes of illness and disease, the mechanisms of diagnosis at their disposal, and the methods and resources which the Karanga use to restore health. It also discusses how a specific African independent church of the apostolic tradition called St Elijah views the causes, diagnosis and therapy of illness and disease.

The Karanga are a group of Shona-speaking people in the southern part of Zimbabwe. Most of them live in the Mberengwa district in the Midlands province. But there are several other groups in the neighbouring Zvishavane and Shurugwi districts in the Midlands province and Chivi and Zaka districts in the Masvingo province. Mberengwa covers an area of about 7,800 km² between the 20th and 21st

1 Stanley Yoder, 'Issues in the Study of Ethnomedical Systems in Africa', in Stanley Yoder (ed.), *African Health and Healing Systems* (Los Angeles, 1982), pp. 1–17.

2 See M.F.C. Bourdillon, *The Shona Peoples: An Ethnography of the Contemporary Shona, with Special Reference to their Religion* (Gweru, 1976) and G.L. Chavunduka, *Traditional Healers and the Shona Patient* (Gweru, 1978).

3 See M. Gelfand, *Medicine and Magic of the MaShona* (Cape Town, 1956); M. Gelfand, *Witch Doctor: Traditional Medicine Man of Rhodesia*, (London, 1964); M. Gelfand et al., *The Traditional Medical Practitioner in Zimbabwe: His Principles of Practice and Pharmacopoeia* (Gweru, 1985); and J. Mutambirwa, 'Health Problems in Rural Communities, Zimbabwe', *Social Science and Medicine* 29(8) (1989): 927–32, who have contributed significantly to the study of Shona medical beliefs and practices.

parallel. The altitude is about 1,000 feet (330 m) above sea level in the southern part and 5,377 feet (1639 m) at the peak of Mount Mberengwa.⁴ Geographical features portray Mberengwa as a 'hot and dry' area, a 'natural veld suitable for ranching'.⁵ Mberengwa is also marked by erratic rainfall and droughts. Administratively the area is divided into sixteen chiefdoms under the leadership of a chief and headman who report to the district administrator. The economy comprises agriculture and stockholding.⁶ As documented in the Portuguese records, the term 'Karanga' was used to refer to the ancestors of the present Shona people.⁷ The meaning of the term 'Shona' is very controversial. It derives from the designation 'Svina', which means 'dirty', introduced by the Ndebele to scold the Shona captives. The Shona were also called derogatorily 'Holis', which means 'captives', 'bushdraggers' and 'Shabi', 'peddlars'.⁸ Initially the Shona did not like the use of this term, but the Europeans adopted it and applied it to all dialectical groups namely the Zezuru in the central part of the country, the Korekore in the north, the Karanga in the south, the Manyika in the east, the Ndau in the southeast and the Kalanga in the southwest.⁹

The book focuses especially on the Karanga of Mberengwa for special reasons. Not much has been produced on Mberengwa in Departments of Religious Studies. The most in-depth studies are from D.Phil. theses by Per Zachrisson on 'Mberengwa an African Area in Change' in the Department of History, University of Gothenburg,¹⁰ and Olov Dahlin's on 'Zvinorwadza: Being a Patient in the Religious and Medical Plurality of the Mberengwa District'.¹¹ Gurli Hansson's PhD thesis focused on the condition of women.¹² Students in Departments of Religious Studies have produced dissertations with themes which relate to religious traditions of Mberengwa.¹³ Zachrisson referred to the unpublished records at the National

4 Per Zachrisson, *An African Area in Change: Belingwe 1894–1946: A Study of Colonialism, Missionary Activity and African Responses in Southern Rhodesia* (Gothenburg, 1978), p. 1.

5 Ibid.

6 Ibid.

7 Stan Isaak Mudenge, 'An Identification of the Rozvi', *Rhodesian History* 1 (1974): 19–25 (19), cited in Zachrisson, *An African Area in Change*, p. 13.

8 Harald von Sicard, 'The Derivation of the Shona', *African Studies* 8 (1950–51): 138–43. See Zachrisson, *An African Area in Change*, p. 13.

9 Bourdillon, *The Shona Peoples*, pp. 31–4.

10 See Zachrisson, *An African Area in Change*.

11 See Olov Dahlin, *Zvinorwadza: Being a Patient in the Religious and Medical Plurality of the Mberengwa District, Zimbabwe* (Frankfurt am Main: Peter Lang, 2002).

12 Gurli Hansson, *Mwana ndi Mai: Toward an Understanding of Preparation for Motherhood and Child Care in the Transitional Mberengwa District, Zimbabwe* (Uppsala, 1996).

13 See E. Nhongo, 'An Assessment of the Shona's Traditional Understanding of Nature Spirits with Specific Reference to the Karanga People of Mataka Area in Mberengwa District' (BA Hons diss., University of Zimbabwe, 1991); N. Zijena, 'The Cult of Ancestors: A Survey of the Beliefs of the Shona People of Zimbabwe with special reference to the Karanga of Mataruse Area in Mberengwa' (BA Hons diss., University of Zimbabwe, 1990); E. Dube, 'A Tradition of Abstinence and Ritual Identity: A Study of the Ruling Sadiki Branch of the Remba of Mposi (Mberengwa)' (BA Hons diss., University of Zimbabwe, 1993); E. Chirenje,

Archives of Northern Rhodesia consisting of native-affairs reports and reports of the Native Commissioner of Mberengwa. But he admits the scarcity of material which relates to Mberengwa.¹⁴ Researchers concur that not much has been published that links directly with Mberengwa. D.N. Beach and T.O. Ranger made reference to Mberengwa in connection with the 1896 rebellion. A prominent missionary in the district, Harald von Sicard in the 1930s and 1940s dealt with the oral history of the people in Mberengwa published in the *Native Affairs Departmental Annual (NADA)*. A Swedish missionary Hugo Soderstrom concentrated on missionary activities.¹⁵ A historian originating from Mberengwa, Ngwabi Bhebe, profiled the history of the Evangelical Lutheran Church operating in the district.¹⁶ All this confirms that the Karanga offer a viable case for study.

The present author was born and bred in Mberengwa at Mnene Mission Hospital. He speaks Karanga and is at home with traditional beliefs and practices in the district. So the book is based on an 'internal perspective'. But the author is also conscious of the position that an 'insider' may not free himself of certain prejudices and thus may not be as 'objective' as anticipated.

This book utilizes insights from the phenomenological method in the study of religions, such as *epochē*, an unbiased and direct way of studying religion in order to establish the *eidos*, the essence of religious phenomena.¹⁷ This involves suspending prejudice or presuppositions and entering into the phenomena sympathetically in order to unearth essential structures of religious phenomena that are authentic to the Karanga.

This approach emphasizes the believer as the primary source of data. That means the Karanga believers are understood, respected and credited in order to refrain from imposing on them the author's own value-judgments and with the aim of understanding Karanga perceptions. Admittedly, the use of the believer as the first testimony of phenomena means that the initial understanding is subjective. However, by putting this approach into practice, the author endeavours to do full justice to the Karanga from the inside view in order to arrive at a scientific description with testable conclusions.

Instead of confining this book to pure descriptions of the causes, diagnoses and therapy of illness and disease, the phenomenological method allows for hermeneutics, the art of interpretation. Here the principles formulated by phenomenologists play a crucial part in analysing the implications and symbolism embedded within religious

'An Investigation of the VaRemba Circumcision Ritual as a Form of Cultural Identity' (BA Hons diss., University of Zimbabwe, 1993); C. Mabuwa, 'The Komba Ritual of the VaRemba Tribe' (BA Hons diss., University of Zimbabwe, 1993).

14 Zachrisson, *An African Area in Change*, p. 6.

15 Hugo Soderstrom, *God Gave Growth: The History of the Lutheran Church in Zimbabwe 1903–1980* (Gweru, 1984).

16 See N. Bhebe, *Christianity and Traditional Religion in Western Zimbabwe 1859–1923* (London, 1979); and *The ZAPU and ZANU Guerrilla Warfare and the Evangelical Lutheran Church in Zimbabwe* (Gweru, 1999).

17 Claus Jouco Bleeker, 'The Relation of the History of Religions to Kindred Religious Sciences', *Numen* 1(2) (1954): 142–52 (148).

phenomena.¹⁸ Such an approach does not decipher symbols as if their meanings were unknown but relies on believers to suggest meanings which are then used by the author in the hermeneutical task. However, I acknowledge the limitations of relying on believers as the source of data as noted by V. Turner's levels of symbolic reference: namely, the manifest sense, of which the subject is fully conscious; the latent sense, of which the subject is only marginally aware but could become fully aware; and the hidden sense, which is completely unconscious.¹⁹ So this method endeavours to identify the central features of religious phenomena by relying on interviews and observations of believers, by reflecting believers' perspectives and then by using a hermeneutical process which is consistent with, or at least not offensive to, the believer's own point of view. Since an interpretation is involved, however, the conclusion presented will not necessarily be identical with what a believer would consciously state.

The material used in this book has been collected through interviews with elders, patients and healers in both traditional and church contexts and participant observation of rituals in Mberengwa between 1989 and 1991. Interviews were conducted in Shona and translated into English. Only qualitative interviewing methods were used because quantitative procedures were complex and invested with numerous problems. In practice, 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 as a guide towards relevant data. At times question-and-answer sessions could not be differentiated from ordinary conversations. Also unstructured interviews upheld the respondents' perspectives. In total, 90 people were interviewed representing various categories of healers, patients and members of the Karanga society. In conformity with the traditional Karanga social norms stressing confidentiality on health matters, I refrain from revealing private identities.

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 the therapeutic rituals and other significant experiences. This methodological device enabled me to see the Karanga medico-religious beliefs and practices from the point of view of the believers. This was accomplished through staying with them, attaining constant interaction, assessing their actions and behaviour and recording all activities by technical devices. Interviews and observations were supplemented by material obtained from published sources in the areas of anthropology, sociology and medicine.

By utilizing the phenomenological method, therefore, this book hopes to complement knowledge already acquired on the aetiologies of illness and disease

18 See Bleeker, 'The Relation of the History of Religions to Kindred Religious Sciences'; Claus Jouco Bleeker, 'The Future Task of the History of Religions', *Numen* 7 (1960): 221–34; and M. Eliade, *The Sacred and the Profane* (New York, 1959).

19 Victor Turner, *Revelation and Divination in Ndembu Ritual* (Ithaca, 1975), p. 176.

Chapter 1

Ethnography

Karanga ethnography comprises several elements such as historical background, economy, kinship system and customs.

Historical Background

Mberengwa was originally inhabited by early Stone Age people belonging to a Macrolithic culture.¹ These were the ‘Bushmen’ or ‘San’, who had extensive knowledge of edible fruits and roots and hunting animals. Their food-gathering economy involved a nomadic life with temporary shelters. They lived in roving bands in groups of about 30–60 people. They had no political organization, no inequality between sexes and had an open and flexible kinship system.² Some of the distinguishing marks of the Bushmen are rock paintings depicting features of hunting and fishing as discovered at Mnene, Matibi, Buchwa and other sites in the area. The first Bantu people displaced the Bushmen most of whom retreated to the Kalahari desert in Botswana. The Bantu then settled in Mberengwa in the beginning of the second millennium BC.³ The oldest Bantu group in Mberengwa is the Gove clan under the present Chief Negove. The northern and southern parts of Mberengwa came under the influence of the Changamire dynasty called the ‘Rozvi’ which means destroyers or despoilers. Their totem is *Moyo* (heart). Centred at Great Zimbabwe, the Rozvi ruled the entire area between the Zambezi and the Limpopo until 1830 when the Nguni invaders from the south interrupted their rule.⁴ Rozvi became the standard totem adopted by chiefs who were given permission to settle in Mberengwa by the Rozvi rulers.⁵ But today the Karanga groups use original totems like *Shoko* (monkey), *Shava* (eland) *Hove* (fish), *Shumba* (lion), *Shiri* (bird), *Gumbo* (leg), etc. In the southern parts of Mberengwa, influence came from another group of people,

1 Per Zachrisson, *An African Area in Change: Belingwe 1894–1946: A Study of Colonialism, Missionary Activity and African Response in Southern Rhodesia* (Gothenburg, 1978), p. 10.

2 Jan Platvoet, *Essays on Akan Traditional Religion: A Reader* (Harare, 1985), p. 7.

3 Olov Dahlin, *Zvinorwadza: Being a Patient in the Religious and Medical Plurality of the Mberengwa District, Zimbabwe* (Frankfurt am Main, 2002), p. 45. In this chapter I am indebted to Dahlin, who provides up to date information on Karanga ethnography.

4 Zachrisson, *An African Area in Change*, p. 14.

5 See Zachrisson, *An African Area in Change*, pp. 10–45 for a detailed description of Karanga ethnic groups and their patterns of migration into Mberengwa.

the Pfumbi of Venda origin, with the totem *Mbedzi* or *Dziva*.⁶ Then other groups like the Mhari, Duma, Shangaan migrated and settled in the area.

One group which arrived in Mberengwa and settled in the south was the Remba. Their totem is *Zhou* (elephant). These were allowed settlement by the Rozvi. Originally the Remba had established contact with the Arab traders in Sena in the Zambezi valley and they intermarried and adopted some of the Arabic cultural traits and names. They practice circumcision and ritual killing in which members of the group can only eat meat slaughtered by one of them. They entertain marriage from within the group. They have adopted Arabic names like Hamisi, Hasani, Bakari, Sadiki. This shows tremendous influence from a Semitic culture. The Remba have established their own chieftainship in Mberengwa. However these people are not only confined to Mberengwa, they are also found in the Masvingo province and among the Venda, Sotho and Thonga in the Transvaal in South Africa.⁷

In 1860 the Ndebele, a Nguni-speaking group displaced by the Zulu from South Africa migrated into the western part of Mberengwa. They established small-scale settlements. They constructed villages (*imisi*) most of which were clustered into political units under decentralized chieftainship (*isigaba*). Their economy was based on shifting cultivation of millet (*inyaouti*, *amabele*, *rapoko*). The family rather than the village formed the basic economic unit. Cattle rearing was also practiced but was secondary to cultivation. Their economy also included manufacturing and hunting.⁸ Some of the Karanga were incorporated by the Ndebele in varying degrees and subjected to paying tribute. Constant raids were also conducted on the neighbours. This prompted the victims to perceive the Ndebele as 'bloodthirsty savages' always harassing the Shona.⁹ Perhaps this was part of a strategy to obtain sympathy from the Europeans who had started to arrive in the area. In Mberengwa some Karanga groups such as the Rozvi, Remba and Ngowa allied with the Ndebele and were entrusted with keeping cattle. There was mutual influence between the Karanga and Ndebele in terms of language and cultural traits. Since Ndebele became the 'lingua franca' in the area the Karanga converted some of their totems into Ndebele: for example, *Shoko* changed to *Ncube*, *Hove* to *Siziba*, *Shumba* to *Sibanda*, *Shava* to *Mpofu*. The Karanga also adopted piercing of ears. Since the influence was not only one way, the Ndebele also became influenced by the Karanga in terms of religion of the Mwari cult at Matonjeni.¹⁰

All the people who migrated into Mberengwa thus formed different ethnic groups in the area. Notably the groups had a common language, economy, law, customs and religion but grouped under different chieftainships.

6 Dahlin, *Zvinorwadza*, p. 45.

7 Zachrisson, *An African Area in Change*, p. 20. See also Dahlin, *Zvinorwadza*, p. 48.

8 Zachrisson, *An African Area in Change*, p. 27.

9 Ibid., p. 25.

10 Ibid., p. 30.

Political Structure

The traditional political organization is based on the village or kraal (*musha*). Members of the clan live together as a group in a village community. The headman is the head of the village. The village consists of a cluster of homesteads. The homes are made of pole and dagga in round shapes and thatched with grass. Today people have adopted four-cornered houses. They are plastered with cement and thatched with asbestos or iron sheets. Iron sheets form natural gutters to collect rain when it falls. This supplies clean water for drinking. The four-cornered houses are deemed spacious and are a sign of prestige since they are associated with modernity. Each homestead has specially allocated houses for members of the family. The wife has her own bedroom. In a polygamous set-up each of the wives has a house for herself in which she administers her household programmes. Boys and girls too have their own separate houses which they occupy in their early teens. They are expected to leave these houses when they mature and get married.¹¹ The male house is called *gota* while the female one is known as *nhanga*. Granaries for storing crops are constructed on rock surfaces (*ruware*). The kraal which accommodates domestic animals like cattle and goats is made of crisscrossed poles. It is situated at a reasonable distance from the central home and usually at the back. Tight security is maintained to ensure the beasts are protected against wild animals and thieves at night. A fowl run and goat pens are located in front of the homestead. Communal grazing lands are situated some distance away from the homestead. When land becomes scarce some grazing land is found in the mountains at a considerable distance away from the homestead. The fields that are cultivated are near the homestead. The husband who is the head of the family acquires his own special plot in the fields but allocates some portions of land to each of his wives. Whilst the husband's field produces the main crop the land allocated for wives is expected to yield supplementary crops. It is the responsibility of every wife to manage her own household affairs independently of other women.¹²

The size of a village varies from place to place. Rivers and streams form the natural demarcations of villages between neighbours. When the village grows bigger, the increasing population results in splits among the kinsmen. Some migrate to places nearby. Several factors aggravate splits and migration in the family. The expansion of the village impacts on the land which gets diminished both in terms of cultivation and grazing. Also some social problems trigger splits: such as tensions and accusations of witchcraft, and conflicts of authority and leadership.¹³

The village headman is the principal head of the family. He is *baba* (father) and the villagers are *vana* (children) to him. The village headman performs several duties in the community. He ensures the sustenance of people in the community. He allocates and distributes land amongst the people. The land is of paramount importance. It is never considered an individual property but a collective unit. The

11 See Dahlin, *Zvinorwadza*, p. 56.

12 Zachrisson, *An African Area in Change*, p. 37.

13 Michael Bourdillon, *The Shona Peoples: An Ethnography of the Contemporary Shona, with Special Reference to their Religion* (Gweru: 1976), pp. 76–7.

whole village has the right to use the land. The village headman is also responsible for conducting religious rituals that yield rain and good crops. But today some of these functions have been affected by government administration. The government has bunched some chiefdoms together for the purposes of collecting taxes. In the process the village headman has become a 'tax collector'. The traditional title *samusha* (owner of the village or home) has changed to *sabhuku* (one who owns the book: the tax register).¹⁴

The ward (*dunhu*) constitutes another unit in the political organization of the Karanga. This comprises a number of villages grouped together and varies considerably in size and population. The ward has distinct, clearly marked borders such as rivers, hills and mountain ranges. Members of the village in the ward enjoy communal rights to grazing land and natural resources such as 'firewood, wild fruits, honey, game and water'.¹⁵ An important element in the ward are the graves of deceased relatives. This feeds a sense of belonging and is of religious value for the Karanga.

Originally the chiefdom was divided into wards ruled by representatives of the chiefly family. But modern structures have effected changes. After independence in 1980 the government divided chiefdoms into wards which included about 6,000 people. Mberengwa which has a population of 192,000 people obtained 32 wards with six villages of 1,000 inhabitants each.¹⁶ The ruling ZANU-PF party has devised its own structures based on party districts represented in parliament.¹⁷

The chiefdom (*nyika*) is a grouping of wards under the domain of a chief (*ishe*). It consists of thousands of subjects ruled by a traditional ruler. Natural features like hills and rivers form the boundaries of a chiefdom. Each chiefdom is based on the legends and history of its foundation. Most traditions explain the history of migration and ascribe special powers to the founding member of the chiefdom. These powers may be in the form of medicine, magic and witchcraft to strengthen one's position. This legendary power is associated with spirits who are the guardians of the chiefdom. People from the chief's clan constitute the largest group in the chiefdom. But people from other lineages (*vatorwa*) exist within the chiefdom. Members of the chief's clan in the chiefdom adopt a special insignia, totem (*mutupo*) which is defined by a sub-clan name (*chidawo*).¹⁸

The chief performs several functions in society. He is the 'guardian of fundamental values of *rupenyu* (life) and *simba* (strength), vitality, well-being'.¹⁹ His power and authority are invested in the jurisdiction of land which is linked with ancestor spirits, the guardians of the land. His major role is to mediate between the people and the spirit guardians in the chiefdom. He organizes appropriate rituals such as *mukwerere*,

14 Ibid., p. 77.

15 Zachrisson, *An African Area in Change*, p. 38.

16 Gurli Hansson, 'Vashandiri, Mbuya and the Impact of the Second Chimurenga' (Licentiate diss. University of Uppsala, 1992), p. 169. Cited in Dahlin, *Zvinorwadza*, p. 51.

17 Dahlin, *Zvinorwadza*, p. 51.

18 Charles Bullock, 'The Origin and Nature of Totemism among the MaShona', NADA 28 (1951): 45–51. Cited in Zachrisson, *An African Area in Change*, p. 40.

19 Bourdillon, *The Shona Peoples*, p. 131.

which is celebrated as thanksgiving after a bumper harvest. The ceremony is a colourful occasion marked by ritual propitiation, music and dance. Then in the case of a drought the chief liaises with spirit mediums (*manyusa*) in the area and sends gifts to the Mwari cult at Matonjeni. Consultation of spirits is done to ensure rain and fertility of the land. The chief becomes a 'religious and political ruler'.²⁰

The chief presides over the traditional court (*dare*). He exercises full jurisdiction over all land and people in the ward. He acts as the last court of appeal for cases referred by the village headmen. In executing his duties, the chief is assisted by his personal advisors (*machinda*) comprising some elders of the community. They give advice to the chief and help to maintain unity in the chiefdom. In Chief Mataruse's area Mr Hove from the clan of the ruling family Musaigwa was installed as *muchinda* in August 2002.²¹

The chief's court deals with many cases that involve divorce, quarrels, compensation and breaking taboos. From experience, tensions are prompted by various factors. Divorce is caused by misunderstanding in the family. It may be a result of adultery, usually when the wife is caught red-handed with another man. Divorce may also be a result of domestic quarrels between couples on issues like treatment of children. The chief also deals with some tensions which arise between fathers- and sons-in-law from exorbitant charges of *roora*. The father-in-law overcharges as a way of compensating for the loss of the girl, her potential to bear children in the family of the husband and educational expenses incurred on her. The chief also grapples with arguments over compensation in the loss of life through murder. *Ngozi* (spirit of revenge) which comes from the spirit of a murdered person usually demands compensation of a person (*soro*, lit. 'head'), in the form of a virgin girl. The chief also deals with plenty of other cases such as theft of cattle. Some specialized thieves *mazungura* are believed to operate under the influence of *shavi* (alien spirit) responsible for theft. Other cases may involve breaking of taboos. The most serious taboo is working on a resting day (*chisi*: short form of *chisingarimwi*),²² which restricts ploughing and weeding. A special day every week, Wednesday, is set apart and people are not allowed to work in the fields or collect firewood. They are confined to performing domestic chores at home. Once a week spirits need rest and any work on the land done on the day of rest incurs the wrath of the spirits. The chief who has jurisdiction over the land ensures that any violation is rectified according to the norms and tradition.

Succession to chieftainship is collateral. The first priority are members of the founding ancestors and the ruling chief in order of seniority. When the eldest son dies the next-eldest son is expected to succeed his father. He takes his personal name and position and all responsibilities held by the father. After his death the next-eldest brother or half-brother succeeds until the generation is exhausted.²³ The spirits of

20 Ibid., p. 137. See also Zachrisson, *An African Area in Change*, p. 39.

21 The author observed the last part of the installation ceremony at Makandangwena on 16 August 2002.

22 Hebert Aschwanden, *Karanga Mythology* (Gweru, 1989), p. 84, cited in Dahlin, *Zvinorwadza*, p. 51.

23 Zachrisson, *An African Area in Change*, p. 39.

the chiefdom have a responsibility to nominate potential candidates. Usually the qualifications involve age and position in the genealogy. But one may undergo certain tests to determine his endurance. The tests are vigorous and involve immersion in a pool whilst carrying the predecessor's corpse on a slippery rock, exposure to a sacred and dangerous spot at night, smearing sacrificial blood over the grave of a predecessor or climbing blindfolded up a steep rock.²⁴ In most chiefdoms succession to chieftainships are marked by disputes within the families. Disputes may relate to matters of seniority, position in the genealogy and the decision of the spirit mediums who are believed to have a final say on the choice of the candidate. In some cases the spirit mediums may show special inclination towards a certain candidate and this has resulted in endless disputes. On the whole spirit mediums are invested with the power to make the final decision. Such decision receives approval from the spirit guardians or the oracle of the Mwari cult.²⁵

In one chiefdom in the Karanga area descendents of a deceased chief were embroiled in a succession dispute whose history dates back to the period of the coming of the Europeans to Mberengwa. Upon arrival the Europeans summoned the chiefs to have them registered by the Native Commissioner for administration purposes. The chief did not oblige. He was scared of interaction with the white man. So he sent his policeman to represent him at the Native Commissioner's offices. The administrators wasted no time and registered the police representative as the real chief. This matter sparked disputes over the years with people from the chief's clan claiming the chieftainship. This triggered accusations and counter accusations of witchcraft. A number of people in the chief's family lost their lives. It is a common Karanga belief that an authentic chief requires support from the senior spirits of the chiefdom in order to guarantee protection against witchcraft practiced by jealous rivals. Once this protection is lacking then the contestants are vulnerable. Also any successor to chieftainship must wield magical power associated with the founding ancestors. After independence the government stepped in to resolve this succession dispute, but a leading minister in the cabinet who belongs to the families in the dispute was unacceptable to the people. He was accused of showing bias against certain candidates. His decisions lost favour and the dispute mounted. It was only recently that new government officials intervened and solved the matter. They summoned all contesting sides and together reviewed the history of the genealogies putting them down on paper for future reference. The people finally reached an agreement and the appropriate candidate was installed as chief.²⁶

The land is invested in the chiefdom and the individual has few rights in the land. This is expressed in the African customary law which governs the tenure of land. The thrust of this law is no private ownership of the land, security of tenure for each individual and land for everyone in the community.²⁷ Traditionally people in the chiefdom are not required to pay tribute or taxes but only court fines. Instead

24 Charles Bullock, *The MaShona* (Cape Town, 1928), p. 289, cited in Bourdillon, *The Shona Peoples*, p. 129.

25 Bourdillon, *The Shona Peoples*, pp. 124–9.

26 B. Hove, personal interview, 2 December 1990.

27 Zachrisson, *An African Area in Change*, p. 40.

they contributed *zunde ramambo* (chief's allocation) from their game or agricultural produce. Nowadays the people pay taxes and the chief also gets a salary paid by the government.

The installation of a chief is an important occasion in the Karanga society. The occasion attracts people in the Mberengwa district from all ward headmen, village headmen and representatives from the chief's family. Today government officials from the district administration attend the function. In the past the installed chief was given 'a handful of soil' which signifies ownership of the land, 'a ritual headdress and a spear or staff of office'.²⁸ Now the chief receives 'a cloak, a pith helmet, a stick and a large brass pendant'.²⁹ The installed chief also gets a red-purple gown which symbolizes royalty. The installation is conducted by government officials whilst a senior member of the chief's family confers the dynastic title. The occasion provides a colourful ceremony with feasting, music and dance.³⁰

The Karanga emphasize the link between the chief and the spiritual powers. This is manifest at the death and burial of a chief. In the past when a chief died, news of his death was withheld as top secret in the chief's family for a period of one month. Relatives are not expected to mourn the death of a chief. The chief's family arranges the burial process. The chief's body is mummified and placed in a sacred grave: *ninga* (cave). The process of mummification indicates that the chief is immortal. In the cave the chief joins the other deceased members of the family and ensures his presence in the spirit world. After the stipulated period of one month, a senior member of the chief's family makes a public announcement with the expression, '*gomo rawa*' (mountain has fallen). A mountain is often associated with the power and might of the chief. Despite the chief's death, it is strongly believed that his spirit remains invincible as a spirit guardian.

After independence the position of the chief was affected by government policies and administration. The government formed the African rural councils to facilitate administration and development. The Council Act of 1957 became the District Council Act. The Mberengwa district administration offices shifted from Mberengwa town to Mataga growth-point in the heart of the district. The district councils were empowered to plan local development programmes. Chiefs were allowed to exist but lost some of their power. In fact their position became ambiguous. While the government retained chiefs their functions diminished. The government was sceptical of chiefs in a new political dispensation. During the liberation struggle chiefs were considered as *vatenges*i (sell-outs) of the land to the whites. Although the chief remained as the 'traditional father' of his people with spiritual powers to control the land, practically he became a 'government employee' with a personal salary.³¹

The chiefs express discontent about their rank and position. While they continue to operate as traditional leaders in a new context, they have reservations about the government administration. They complain that the government is run by *mabvakure*

28 Bourdillon, *The Shona Peoples*, p. 130.

29 Ibid.

30 Ibid.

31 Ibid., p. 139.

(foreigners) at both the national and district levels who are not well-versed in traditions and customs. While the district council deals with development programmes the chiefs are responsible for traditional customs. The chiefs are irritated by unfulfilled government promises. They expected a national cleansing ceremony after the liberation struggle to cleanse the blood of people spilt during the war. Since the ritual has never been held the chiefs are disgruntled. Their complaints are worsened by the recurrent drought and economic problems at national level. For Christians, a religious process of reconciliation is vital.³² In an effort to improve the situation the government has incorporated some representative chiefs in parliament.

Economy

The Karanga economy is based on land. As stated earlier the chief holds dominion over the land but administers it on behalf of the spirit guardians who are the real owners. The spirits are able to control rainfall and fertility and so are honoured with ritual beer. Because of the importance of the land, subsistence agriculture forms the basis of the economy. This is practiced through cultivation of maize which forms the staple food.

Sadza is the staple diet of the Karanga. This is thick porridge produced from maize which is dried and ground into mealie-meal. The maize meal is mixed with boiled water and stirred. *Sadza* is eaten twice a day, in the afternoon and in the evening. Thin porridge is made from maize meal which is taken in the morning. Thin porridge or leftover *sadza*, *muradza* may also be mixed with millet. After fermentation the mixture forms *maheu* which is a non-alcoholic beverage. This is taken as supplementary food especially at work in the fields and at home during the hot season.³³ Maize is so important that it makes various combinations of foodstuffs. Dried maize is cooked and eaten as *mungai*. Fresh maize can be roasted and eaten as it is. Whilst dried maize can be cooked and eaten as *magwadya*, roasted maize produces *maputi*. Maize is so essential that it can constitute three-quarters of the entire crops in the fields. Some families apply *rukwa* in the fields to enhance production. *Rukwa* is medicine acquired from a *n'anga*. It may be a tortoise or any other creature which is medicated and put at the centre of the field. In some cases a father sleeps with his own daughter in order to ensure high yields in the field.

The staple food *sadza* is taken with relish. The relish is normally vegetables grown in the fields by the housewives. They cultivate vegetables in their own plots for supplementary food. The husband's piece of land is set apart for the main crops. Some common vegetables produced are *rudhe*, *muchacha* and *mufere*. Pumpkins, melons, cucumbers and *makavhu* are also grown. Some crops which are cultivated include sorghum, millet and finger millet. The grains are used to make *doro* (beer) for the propitiation of spirits. Other crops cultivated on the field include *nzungu* (peanuts), *nyimo* (monkey nuts), *bhinzi* (beans). Peanuts can be dried, roasted and crushed into powder to make *dovi* (peanut butter) used as relish soup. Fresh or dried

32 Dahlin, *Zvinorwadza*, pp. 52–3. See also Hansson, 'Vashandiri', p. 160.

33 Ibid., p. 56.

monkey nuts and beans make *mutakura*, a supplementary food when cooked. Beans which have been dried and grounded can also form *rupiza* (a form of porridge).³⁴ Now crops like cabbages, potatoes, onions, tomatoes, carrots and sugar cane are cultivated in small gardens for consumption and sale at the market. Maize and cotton sell very well at the Grain and Cotton Marketing Boards at Mataga growth-point and other depots in Zvishavane. Relish may also come from milk from cows and meat from domestic animals and birds. Beef from cattle is valued, but cattle are generally slaughtered on special ritual occasions. Cattle hold a religious significance, but they are also valued for social purposes as *roora* (lobola) in marriage. Goat meat and mutton are other forms of relish. Chicken provides special meat and is normally reserved for visitors.³⁵

The Karanga diet is also dependent on roots and tubers like *hwenha* and *chechekunde*. These are extracted from the ground using simple instruments like the digging-stick and hoe. *Tsangamidzi* is a bitter tuber used for medicinal purposes. *Mbambaira* (sweet potatoes) are also grown in the plots close to the homestead and are a source of food. Excess potatoes may be transported to the market for sale.

Fruits are important for Karanga nourishment. It is common to find fruit trees cultivated at nearly every home. Common types are mangoes, oranges, bananas and lemons. At certain homes where the owners have competent agricultural knowledge, fruits like avocado pears and grapes are cultivated. The natural environment also provides fruits and other resources consumed by the people. Mushrooms grow just after rainfall and they are a delicate relish. Wild fruits are plenty and these include *matamba*, *shuma*, *nyii*, *matobwe*, *mapfura*, *sosoti*, *bhubhunu*, *tsvoritoto*. *Mapfura* (amarula) can be squeezed and the liquid extracted to form *mukumbi* (an alcoholic beverage).³⁶

Rearing of cattle is an important branch of the Karanga economy besides agriculture and gathering wild fruits and plants. Cattle are the 'life blood'³⁷ of the Karanga such that many people strive to keep as large a herd of cattle as possible. The practice of rearing cattle originates from interaction with the Ndebele when the Karanga served as cowherds. So they adopted the practice. The importance of cattle is seen in several services rendered at home. They are a sign of prestige and status. Cattle are used as draught power for cultivation in the fields. They are also yoked and made to pull cut-down trees and logs and scotch carts. Cattle also provide essential food like milk and beef. Milk can be taken fresh (*mumbishi*) or it can be preserved into *mage* (clotted milk). The juice from clotted milk (*mutuvi*) forms good relish. Beef is an important food, however cattle cannot be killed randomly, but only at important rituals. Nowadays cattle are slaughtered to honour important family occasions like weddings and funerals.

Cattle also provide resources for religious and medicinal purposes. The bull is the 'father' of the family and represents the ancestors. The bull is given the name of

34 Ibid.

35 Ibid.

36 Ibid.

37 Clive Kileff and Peggy Kileff (eds), *Shona Customs: Essays by African Writers* (Gweru: 1970), p. 20.

the deceased spirits and like a guardian spirit it protects the family. The bull is not supposed to be tampered with and its behaviour can be amazing. It can control the cattle herd and does not break into other people's fields. It moos as a way of putting across a message from the ancestors to the people. A bull is so important that it can only be slaughtered at old age at rituals approved by the ancestors. When cattle are slaughtered people allocate certain parts of the meat to specific categories of people in the family. A bull's testicles are men's meat. *Gwatata* (pancreas) is meant for *muzukuru* (a nephew). *Chasusu* is eaten raw. Clotted blood is cooked and forms *mushiya*. Most of the meat is eaten by the men. Some parts are also designed for special functions. The animal skin makes traditional clothes which cover the genitals and can be wrapped around the body. The skin may also be used for making drums, which are played at ritual functions. The tail, horns and bones are special instruments used by the *n'anga* for medical purposes. But witches may also use the horn to pack medicines which harm other people. The skull is kept by the head of the family for an indefinite period.³⁸ So cattle serve an important religious function.

At a social level cattle are important as payment for *roora* (bride-price). When the stage is set for marriage a *munyai* (intermediary) approaches the father-in-law to negotiate marriage and to arrange payment. Some money is charged for *roora*. The most important charge is *danga* (head of cattle) which must be passed on to the in-laws. In addition both father- and mother-in-law each get a special beast of his or her own. The mother's beast is compulsory. Cattle for *roora* are meant to thank the parents for bringing up the girl who will help multiply the clan. A link with the spirits is manifest.

Cattle are also important for economic reasons. Because of the value attached to cattle from traditional times, they are an economic asset. Cattle are used as compensation for the loss of life. Cattle can be fattened and sold to individuals and at the market. The income acquired is used for paying debts, school fees and other important projects. For most people cattle provide a good form of investment.

The Karanga also keep a lot of other animals. They keep donkeys as beasts of burden. Donkeys are used to draw ploughs in the fields and perform jobs like carrying sick people, bags of maize and pulling scotch carts. Some people use donkeys for joy-riding. Despite their importance in society donkey meat is inedible. Dogs are also kept at home. They provide security against invaders, and are also used for hunting purposes. Dogs are treated like human beings. They are given names with meanings like *Wadawapfira* (anyone can spit). Today modern names are used like *Hampies* and *Bhingo*. Dogs feed on the food left by people, but dog meat is not eaten. Goats are kept for their delicious meat. In some homes sheep are also reared. In a modern set-up pigs are kept for the supply of pork and for sale. All these animals provide meat for the people. Goats and sheep may be used for ritual purposes in lieu of cattle on certain occasions. The Karanga also practice poultry-keeping. *Jongwe* (cock) is head fowl and controls all the others. Chicken provides meat for the family and is normally killed in honour of visitors to the home. Chicken forms a special meal which excites everyone at home. When the meat is cooking children sing and dance in anticipation of a good meal. *Chiteretere* is a special reserve for the father.

38 Observed in Karanga homes.

Some greedy fathers are known to tie certain pieces of chicken which they want to be served by the wife. Because of the speciality of chicken people now order and rear poultry from Abbor Acres and Crest Breeders for both consumption and commercial purposes. In some well-to-do families people keep pigeons and ducks.

Hunting constitutes an important source of food. The practice is a relic of the Bushman communities, who used bows and arrows to hunt game. The Karanga practice a variety of methods for hunting. In the past the people made hunting camps in the jungle for months. They used dogs to hunt animals. They also relied on traps and snares (*zvidzingi*). They used weapons like *mapfumo* (spears), *tsvimbo* (knobkerries) and *uta* (bows) and *miseve* (arrows) to kill the animals. Hunters believe game meat is a gift from the spirits provided for in the forest. So hunters practise certain observations and taboos like sexual abstinence before the hunting expedition. In the forest they do not utter obscene words or despise any plant or creature they come across. They receive food and drink from trees and the ground. Any violation of the rules incurs spiritual anger and may lead to loss of life.³⁹ Hunting is important in that it provides food for the family. When the hunters return home they are received with pomp. Hunting may also involve traps to catch small animals like *mbeva* (mice) and rabbits. Birds such as *njiva* (doves), *dhimba* and *nhengure* are trapped by *urimbo* (sticky substance) or shot by catapults. *Uchi* (honey) is extracted for consumption. Insects like *maximbi*, *magandari* (caterpillars) and *mhashu* (locusts) are caught and may be roasted and eaten with peanut butter. Also some insects like *majuru* and *pwarara* (ants) are popular.

Fishing forms an important supplementary diet in the family. Fish are caught by *matuvu* (reed traps) or *zviredzo* (hooks). Some unscrupulous people use poison to kill fish, but this practice is illegal and is condemned by society. Some common delicate types of fish favoured by the people are *magwaya*, *mhatye* and *musunde*. Fish provide relish in the home but they are also sold to raise an income.

Mining is an important sub-branch of the economy. In the traditional past the Karanga practised *mhizha* (iron-making) but the skill is closely associated with the VaRemba people in Mberengwa. When they arrived in the district they brought with them special skills in iron-making. They developed the skills into a small-scale trade in hoes and axes. When the Ndebele people arrived the skill developed further such that VaRemba supplied spears and copper bangles to the Ndebele.⁴⁰

Mberengwa is associated with precious minerals like *zvibwe* (emeralds), *goridhe* (gold), *koromu* (chrome) and iron. The Europeans established mining centres at specific places with minerals: such as Sandawana for emeralds and Buchwa for iron. At one time Buchwa was one of the largest iron-ore producing companies in the world. People have explored their own *migodhi* mines and formed formal and informal mining cooperatives. They sell the minerals at lucrative prices. Gold panning is a common traditional practice which today thrives in the rivers such as Ngezi and has earned the name DANIDA (Danish International Development Agency). Families leave their homes and establish make-shift dwellings at the river. They organize themselves to find food and equipment for digging. They dig deep tunnels to extract

39 M. Shumba, personal interview, 18 April 2001.

40 Zachrisson, *An African Area in Change*, p. 42.

gold. Some of the mines have collapsed and large numbers of people perished, but survivors are not put off. They express their determination by a phrase: '*Kusiri kufa ndokupi*' (either way you die). This means mining is a sacrifice, and if you indulge in the practice you can possibly die, but if you do not, you may also die from hunger. So either way you are threatened with death. Emerald mines are a common sight in the Mwezha range at Masaga and several other spots. Smuggling forms the order of the day. Some are arrested, but they are not deterred from the practice. Minerals are sold for high prices to mobile buyers in the district, who in turn get higher prices at the markets in town. Some sellers also travel to towns or local business centres. The business of selling and buying minerals can be risky. One can either be arrested or obtain *mambara* (fake minerals) with no value. In Mberengwa the centre of attraction is Mataga growth-point which is the centre for Mberengwa rural district council and the business centre for local markets.⁴¹

Kinship

The Karanga kinship system is patrilineal. It is based on the father as the central figure in the family. The father represents the ancestor spirits. So the traditions and customs follow the father's line. The people are divided into patrilineal clans each with its own clan names (*mutupo*) and sub-clan names (*chidawo*). These are based on the history and origins of the clan. But clan names are associated with some animal or bird. Some common animal names are *Shoko* (monkey), *Shumba* (lion), *Shava* (eland) and *Hove* (fish). Names of birds used in the clan names are *Shiri* (bird). Then specific type of birds also feature like *Hungwe*. In some cases certain parts of animals have been adopted as clan names like *Moyo* (heart) and *Gumbo* (leg). *Chidawo* is used as a praise name. In most cases women express their gratitude to their husbands when they receive game from hunting and in bed during sex, for instance, '*Maita* ["thank you"] *Shoko*, *Vhudzijena*, *Makwiramiti* [praise names]'.⁴²

Clan names are important. They bear a religious meaning. They are characterized by certain taboos which must be observed at all costs. Members of the clan are not supposed to eat meat from their clan animal or bird. These creatures have links with the clan's history and spirit guardians. So the clan animals and birds represent the spiritual forces. If anyone partakes of the meat of one's clan then they may suffer tooth decay. Also marriage is prohibited between members of the same clan. If people marry in these circumstances, then the couple may produce deformed children such as cripples, albinos and the blind. Deformation is a signal from the spirit world that an evil has been committed. It is also taboo to have sexual relations with a person of the same clan name. The breaking of the taboo is called incest and it is met with serious punishment from the spirits.⁴³ Today some people break these taboos by eating the clan totem or having sexual intercourse with a relative on the pretext that tradition is outdated. The reasons for violating taboos are many. Starvation, which affects people in Mberengwa, forces some of them to consume

41 See Dahlin, *Zvinorwadza*, pp. 54–5.

42 M. Chivandamire, personal interview, 24 March 2002.

43 See Bourdillon, *The Shona Peoples*, pp. 37–8.

their own clan animal. The taboo on marriage is reversible through payment of a beast which is white in colour called *chekaukama* (breaking the relationship). The colour white symbolizes cleansing of the abomination. Only the VaRemba people allow intermarriage within their own clans.

The Karanga kinship system is based on certain patterns of relationships.⁴⁴ The nuclear family comprises *baba* (father), *mai* (mother) and *vana* (children). The husband refers to the mother as *mukadzi* (wife). In a more respectable context she is called *mudzimai* (mother). These days some call the wife affectionately as *madhamu* (madam) following the European system. Children call their father *baba* and their mother *mai*. The father and mother call them *vana* (children). Brothers and sisters are *hanzvadzi*. They refer to each other as *bhudhi* (brother) and *sisi* (sister). Brothers and sisters call each other collectively *vakoma*.

On the father's line, the grandfather, father's father is *sekuru*. The grandmother is *mbuya*. The father's brother is *babamukuru*. His wife is *maiguru*. *Babamukuru* cannot inherit his brother's wife since he is like a father. His children are *hanzvadzi*. The father's young brother is *babamunini* and his wife is *mainini*. *Babamunini* can inherit his brother's wife. He also plays a role in the upbringing and marriage of his brother's sons. The father's sister is called *vatete*. She grooms her brother's daughters and is central in their marriage. *Vatete*'s children are called *vazukuru*. Males are nephews and females are nieces.

On the mother's side the mother's father is called *sekuru*. Her wife is *mbuya*. At times *gogo* is also used. Their son is called *sekuru*. The daughter is *mainini*. *Mainini*'s children are *hanzvadzi*.

The father-in-law is *tezvara*. In some cases *bambo* is used. The mother-in-law is *mbuya*. The sons of the father-in-law are *tezvara*. Some refer to them as *tsano*. Daughters are called *mainini*. The brother-in-law is *mukwasha*. His children are *vazukuru*. Male children play an important role as master of ceremonies at rituals, funerals and weddings. They also mediate disputes in the family. The daughter-in-law is *muroora*. She refers to the mother-in-law as *vamwene*. Her husband is *babamukuru* if he is senior and *babamunini* if he is junior. Her children are brothers and sisters.⁴⁵

Customs

A Karanga man occupies a position of high status in the home. He is the head of the family and the wife is subsidiary. She belongs to a different blood lineage and is only brought to her husband by marriage. A man can marry more than one wife. In the past the wives were related by blood. The elder woman (*vahosi*) is respected and controls the other wives. The husband takes care of his wife and children in terms of food and clothing. He builds and allocates houses for them. Children will have their own houses, *gota* for boys and *nhanga* for girls.⁴⁶ The wife and children respect the father. He is served food on his own called *gunere*. Wives try to impress him

44 Ibid., p. 39.

45 Dahlin, *Zvinorwadza*, pp. 57–8. See also Bourdillon, *The Shona Peoples*, pp. 37–51.

46 Dahlin, *Zvinorwadza*, p. 56.

by supplying the best form of diet. All wives show respect in greeting by kneeling, clapping hands and uttering lineage praises. Survival of the family is dependent on the father. He is responsible for the education and welfare of his children. The father owns the homestead. He is responsible for the cultivation of the land which provides sustenance. He allocates certain pieces of land for himself and his wives. He is in charge of cattle, goats and poultry which are important elements of the economy and provide diet. He ensures security of the family and livestock at home. The man's birthplace is important. He holds the reins of administration which are a heritage of the past. He ensures the rules and norms are followed such as observing one's totem. He is responsible for the administration of the home.

Traditionally, a woman was viewed in a negative sense. A woman is regarded as 'sold' at marriage⁴⁷ because of the bride-price which is paid to the in-laws. A husband can ill-treat and abuse her without complaint. The woman is expected to be docile. The man may be irked by huge sums of money paid for *roora*. The charge may be exorbitant and does not match the value of the girl. But the problem is how to measure the value of someone. Despite the problems the woman cannot return to her home because it is difficult to return *roora*. Her parents may regard her as *hure* (a prostitute). In a way she must stick to her marriage. No matter how hot the iron is she must grasp it.

In cultural beliefs, women are perceived as witches. This is influenced by the fact that a man is 'indigenous'. His history and origin are important. He resides at his original birthplace where his umbilical cord is buried. In this way he has links with ancestors at home. A woman is considered 'foreign'. At marriage she leaves her own home and joins the husband. She loses her totem and acquires the husband's clan name. So her status becomes invidious. She is associated with witchcraft. She bewitches people and exhumes graves at night. She eats human flesh. She also uses *mupfuhwira* to tame her husband who may have extra-marital sex with other women and does not sleep at home. *Mupfuhwira* takes various forms. In one type the woman kills a lizard and mixes its tail with relish. When the man eats the food he will stay at home most of the time. Other forms of *mupfuhwira* are medicines mixed with mucus and vaginal fluid which are made into foodstuff for the husband's consumption. In some cases some medicines have poisoned and killed the husbands. But men also use *runyoka* to prevent their own wives from sleeping with other men. A man, usually a migrant labourer or urban worker who spends a lot of time away from home, will medicate his wife against promiscuity. *Runyoka* can cause serious discomfort and even death. The promiscuous man's stomach will swell or the couple may stick together. In some cases the guilty man may develop a skin rash and scales like a fish. He gets relief when he puts his legs in a dish of water. In other cases a man will develop a complex sexually transmitted disease or lose his genitals. When the culprits are caught punishment is meted out. Instant justice is applied through beating. The guilty man is made to pay cattle as compensation. In some cases the problem may degenerate into divorce.

Women are also associated with evils such as prostitution. In the traditional context a person's personality is measured by *hunhu*. This means practice of behaviour in a

47 Bourdillon, *The Shona Peoples*, p. 68.

‘decent, good, rational, responsible way’.⁴⁸ A woman with *hunhu* has good morals. She exercises self-control in both her passions and instincts. She possesses good manners. But some women are vulnerable and succumb to prostitution. They are weak with loose morals and are called *mahure* (prostitutes). This is caused by lack of satisfaction during sex with her husband. She cannot express her feelings freely and verbally, since the culture does not allow it, and she ends up seeking extra-marital relations. But prostitution is not only confined to married women. It also applies to unmarried women who sleep with several men. For some people it is caused by extra sexual desire whether psychological or biological. Today prostitution is prompted by the desire for money. A woman indulges in prostitution in order to get money to buy food and clothes. Some prostitutes prosper and live well with beautiful houses, nice furniture, vehicles and so on. They can afford to send their children to expensive private schools for education. Prostitutes risk infections such as sexually transmitted diseases and HIV/AIDS, but the majority have an ‘I don’t care’ attitude and think it is better to die of the diseases than hunger.

In contrast men are not associated with prostitution. Sex for man is obvious. A man may have sex with a woman at will. A man is compared to a bull which is in charge of other cattle. A bull has sex with many cows and produces plenty of offspring. Likewise a man can have sex with many women and produce as many children as possible.⁴⁹ Marital fidelity in a man is not questionable, but a man can inform his wife about his extra-sexual contacts. Failure to do so endangers his children. So a man takes precautions to satisfy the sexual needs of his wife.⁵⁰ Sex with another man’s wife is prohibited. The practice is adultery which is evil. The most serious one is for a man to sleep with the wife of a close relative. Such a practice is *uroyi*. The man might not hesitate to kill the husband in order to continue sleeping with the woman.⁵¹ If this is discovered a man pays a heavy fine in form of a beast.

Men use aphrodisiacs (*vhukavhuka*) in order to boost sexuality. The most common one is use of *mazondo* (trotters). These are cooked and mixed with medicine which is taken orally. The effort is to enhance stimulation. The Karanga man believes that a bigger penis and enhanced erection is sexually more effective and desired by women. But aphrodisiacs are also dangerous. In some cases erection has been lowered after taking them. Then in other cases stimulation is uncontrollable. Men enjoy sexual freedom and some make use of *mubobobo*. This is a practice in which a man can have sex with a woman without her knowledge. The man can enter a bedroom where a couple are asleep and have sex with the wife. The man remains in a deep sleep, but the woman feels it is a dream. There are several cases of employers who use *mubobobo* on domestic workers and after sex collect their pants in a plastic bag. This serves as evidence for the practice of *mubobobo*. Some men boast about this practice, but the Karanga society thinks it is sexual abuse.

In the traditional set-up a woman does not participate in some social and cultural activities. The can attend court cases in which they are involved but they are not

48 Michael Gelfand, *African Crucible* (Wynberg, 1968), p. 53.

49 Dahlin, *Zvinorwadza*, pp. 60–61.

50 Bourdillon, *The Shona Peoples*, p. 66.

51 Ibid.

allowed to speak for themselves. A woman is represented by a man who is a close relative and will speak on her behalf. But nowadays the situation has changed and women have the liberty to speak on their own.⁵² Even minor children in cases of child abuse make use of victim-friendly courts in which they supply evidence to trained officials in the absence of their offenders.

In rituals women's involvement is limited. At a funeral a wife is not allowed to visit the gravesite during burial. She remains at home and takes a bath which is not allowed before burial. Washing of her body is important because it cleanses her from defilement caused by contact with the dead body. After the bath she can also start eating food. In the rain rituals women are involved in making preparations for the ceremony. They grind millet, rapoko and sorghum to prepare beer days before the occasion. They carry beer pots to the point where the ritual takes place. Only women past child-bearing age and young virgins regarded as 'clean' can brew beer. Middle-aged women 'spoiled' by sexual contact become observers. The ritual spells are conducted by a man.

The Karanga acknowledge that there are positive roles performed by a woman in the family and at home. The kitchen is the responsibility of the woman. She cooks regular meals three times a day and supplementary food in between meals. She cleans used pots and plates. The woman sweeps the house and packs the household goods in order. She also sweeps the outside regularly. She fetches firewood from the forest.⁵³ She carries it as a bundle (*svinga*) above her head and forms a heap (*bakwa*) from which she pulls the firewood for use bit by bit. It is taboo for a man to sit on firewood. If that happens then the man risks losing his wife. The woman fetches water from the river.⁵⁴ Rivers are normally situated quite some distance from the home. She faces the risk of crocodiles at the river and dangerous creatures on the way. She carries the tin of water above her head for a long distance. Nowadays villages and homes have boreholes sunk close to their homes which lessens the burden of fetching water. In Mberengwa boreholes were installed by the Lutheran Development Service and the government.

The woman takes care of her husband and children. She does the laundry which involves washing clothes and blankets. She feeds and bathes her children. The woman is also active in agriculture. She works on her plots in which she cultivates crops like millet, rapoko and sorghum. She develops a small garden or irrigation with vegetables, onions and tomatoes for consumption or sale. In some cases the woman shares the labour with the man. The man ploughs whilst the woman sows seeds. But generally the woman is active in 'ploughing, planting weeding and harvesting'.⁵⁵ The children also play an essential role in helping out the woman. The man may assist in organizing work parties and hired labour to work in the fields. He spends most of his time drinking beer. The woman is involved in harvesting crops. After harvest he packs them in granaries for storage. She uses millet in brewing beer. She also prepares *maheu*, a non-alcoholic drink. She prepares food by pounding various

52 Ibid., pp. 70–71.

53 Dahlin, *Zvinorwadza*, p. 58.

54 Ibid., p. 208.

55 Ibid.

crops with mortar and pestle which stand for male and female organs. According to Aschwanden, pounding with a mortar represents sexual intercourse.⁵⁶ These days the practice has been eased by grinding mills (*zvigayo*) available at local townships. But it is the task of a woman to carry the bags of grain (*gokoko*) above her head or on the back of a donkey to the mill. A woman's head is very important. As we noted it carries firewood, water and grain. A good woman is able to balance the load without support from her hands (*kudengezera*). This is a quality which man look for in search of a partner for marriage. Generally women work like slaves.

In the light of social change men are involved in most activities done by women in every sector of life, kitchen and agriculture. Society has changed due to Western influences which introduced women's liberty and equality between sexes. Some men are beaten by their wives and forced to do kitchen work which is traditionally a domain for women.

A woman is valued for marital purposes. She is a partner in sexual relationships. The Karanga enjoy sex and regard it as sacred. Sexual language is taboo. But ironically children master genital terms in their first speech, although they do not sleep with their parents when they start talking. Sex is confined to married people in bed. It is private but is conducted in the presence of light. In the past light from the fire lit the hut. But in the contemporary context couples put on a paraffin lamp, light a candle or switch on an electric lamp in areas where these resources are available in order to brighten sex. Fire is a symbol of sex. It represents God symbolically in the process of creation.⁵⁷ The woman is important in that she produces children. Children are considered as gifts from the spirits: the reason why *roora* must be paid as gratitude to the in-laws. Infertility is viewed as a curse from the spirits. It is a constant worry in the life of a woman. She makes efforts to consult traditional healers and prophets with medicines to help her conceive. While this is successful for some people it has proven otherwise for other people. Some people arrange the marriage of a sister to act as substitute wife. These days some people resort to scientific means like insemination in order to produce children. Men are scared of sterility. It does not promote the growth of the clan. It is an embarrassment for the man and his relatives. In order to cover up for this situation relatives arrange private sexual relationship between the sterile man's brother and his wife (*kupindira*). The products of the sexual encounter, children, belong to the sterile man.

The VaRemba people practice initiation into adulthood for boys and girls. The boys temporarily leave the village and go into bush camps with traditional elders. The boys are trained in skills and customs that pertain to Remba culture like ritual killing and tribal endogamy in marriage. Education involves social, cultural and medical knowledge. Boys are trained to handle a wife in bed. They also practice circumcision. The foreskin is cut in order to enhance sexuality. It is cut with a knife and the piece which is cut and the blood are eaten by the boys. This is a test of endurance. The boys also take medicines to promote their health and strength. They undergo severe tests like bathing in cold water in June, the coldest month of the

56 Hebert Aschwanden, *Symbols of Life: An Analysis of the Consciousness of the Karanga* (Gweru: 1982), p. 207.

57 Ibid., p. 208.

year, as part of the training. The initiates are trained in several disciplines such as hunting, craft and agriculture. They also play games like *tsoro* and do strenuous exercises. In the training the boys are beaten with medicated whips. At the end each one gets his own whip which he keeps. They can be used to beat anyone who does not belong to their culture during the ceremony. They may also be used to hunt animals. The VaRemba activities are so vigorous that some people die. The dead must not be mourned but are buried in graves at the camp. They view this death as a sign of honour: to die for your own clan. So they sing and dance while trampling the grave.

VaRemba girls attend 'weekend courses'⁵⁸ led by some traditional elderly women. Education for women involves preparation for life activities. They are taught skills for sex in order to please their husbands. They are exposed to various forms of sexual styles. As part of the training a girl lies on the ground and raises her body supported by her hands and feet. Needles are placed below her body upright on the ground. One woman sits on top of the girl and imitates sex. In some cases a stone is substituted for the elder woman. The girl must play the sexual act and avoid being pricked by the needles. This ensures excellent skills in sex. The women also stretch the girls labia (*makongo*). Long labia act as sexual stimulants. The initiates receive training on social matters of marital conduct. They are taught the virtues of life which apply to the husband and family: such as kindness, industriousness and moral uprightness; and the vices: such as gossip and greed. They are also exposed to household activities and skills such as pottery, weaving, knitting and sewing. Initiation is not only marked with serious business. Games, such as *nhoda* and *pada*, and entertainment are also part of the ritual. The girls also share stories, proverbs and riddles.

The Karanga form of initiation does not involve elaborate rituals. It is a social and cultural practice which provides education for young boys and girls to prepare them for life as adults. In the traditional past the uncle has the responsibility to educate the boys when they grow up. They check on the boys level of maturity by conducting tests at the river. A boy is made to stand in a pool of water and induced to masturbate, although in daily life masturbation is not encouraged since it is a waste of human seed and fertility. If the sperm he produces floats in water then the elders know that he is immature. He is given medicine to strengthen his manhood. But if the sperm sinks in water then they conclude that the boy is mature.⁵⁹ He is cautioned against sex with girls which may lead to pregnancy. The river test is important. Water is a symbol of life. Other tests also apply. These include use of an egg. A raw egg is broken and given to the boy to eat. If he vomits then he is infertile, but if he does not then he is fertile. Special medicine called *mudanhatsindi* is mixed with water and placed in the boys' hut so that the boys can drink at any time. The medicine is meant to increase the boys' fertility.

For the girls, virginity is greatly emphasized. They receive their education from *vate* (aunt). She takes the girl into the forest and physically inspects her genital organs to check her virginity. She inserts her fingers in the vagina to feel if the membrane is broken or not. A membrane which is not broken means the girl has not

58 Dahlin, *Zvinorwadza*, p. 59.

59 Bourdillon, *The Shona Peoples*, pp. 64–5.

had sex, but a broken one is an indication of pre-marital sex. She strongly cautions the girl against sleeping with boys. Marriage is based on virginity. A man is pleased to discover that the girl he marries is a virgin. He breaks new ground, which is a blessing from the spirit world. In the past virginity was publicized at a marriage ceremony. On the first day of sexual contact a man who finds his wife a virgin would pay a cow to express gratitude to the in-laws and the girl for good behaviour and conduct. Virginity is so important that the Karanga people believe that sex with a virgin will never result in divorce. First sexual contact is indelible in the minds of the couple.

If the man finds the girl is not a virgin, he informs the elders by piercing a hole in a leaf or blanket. This is an indication that the girl has had pre-marital sex. This discovery is embarrassing to the aunt and in-laws. Nowadays some people think virgins are very rare in Karanga society due to modern changes which have affected the social system. The contact between the girl and aunt is limited by urbanization. Education also influences social conduct. However other people believe social cultural norms still apply and some girls still maintain their virginity. So it is possible that virgins still exist. Physical checks on girls also relate to menstruation. The aunt inquired but also checked the girls' organs for signs of menstruation. A girl is advised to be on the look out for menstruation. When the process starts she places a belt at the door of the kitchen. This is meant to inform her mother and get advice on what to do. The girl is also taught menstrual taboos such as avoidance of sex during menstruation. Any sexual contact in this state will endanger the husband. A menstruating woman is prohibited from cooking and serving in the kitchen. Her condition is polluting and causes illness and disease.

The woman plays an important role in religion as a *svikiro* (spirit medium). She plays host to important spirit guardians. When possessed a woman acquires considerable power which she does not have in normal life. If the possessing spirit is male she speaks in a male voice and adopts men's behaviour like sitting on a stool or chair. She wields a knobkerrie and may smoke. She utters messages from the spirit world with powerful authority. Men are obliged to abandon their work in town to attend the ritual. They remove their shoes, clap hands and bend down to instructions from a woman. She becomes more powerful than a man, perhaps as expression of social protest of the imbalance experienced in social and cultural structure. Notably spirit possession is dominated by women in the independent churches. Some women function as prophets and others have founded their own churches.

Marriage is an important institution in Karanga society. In the past the procedure of marriage was simple. A boy set up a trap and caught *mbeva* (mice). He presented them to the mother of the girl he planned to marry. The mother was not expected to raise any objections and normally the marriage would proceed.⁶⁰ He may also hunt for game in the forest and present it to the in-laws as *roora*. In some cases *kuzvarira* (pledging) was practised. A poor family with a daughter negotiated with a rich family and exchanged the daughter for food. The man supplied regular food and crops to the girl's family. The girl remained at her homestead. When she matured she left her

60 Kileff and Kileff (eds), *Shona Customs*, p. 28. A great deal of valuable information on marriage is available in this book.

home to join her husband. It was a form of 'marriage in advance'.⁶¹ This has created problems now when young girls resist marriage with *harahwa* (old people). Another form of marriage is *matenganagudo*. This involves two families exchanging their daughters for marriage. No payment is involved. 'The two roora cancel each other'⁶² and balance the transaction. The payment of *roora* is a development in the process of marriage. The son-in-law paid five goats and corn such as a few bags of maize and rapoko to his in-laws. But in the event that he could not afford this payment he volunteered to work in the fields of the in-laws. *Kutema ugariri* is the name used for this type of marriage.⁶³

Another form of marriage in Karanga society is *kutiza mukumbo* (elopment) This is practised when a man impregnates (*kumitisa*) a girl before marriage. The boy makes arrangements to collect the girl at night and take her to his own home. The girl packs her clothes and sneaks to a meeting point outside the home accompanied by a friend. The spot must be relatively close to the home lest the girls be frightened at night. They meet the boy and start the journey to his home. A few metres from the homestead the girls sit down for short intervals. They rise to continue with the journey only when they are given some money by the boy. The friend collects the money.⁶⁴

At home the people expect their arrival. Upon arrival the girl covers her clothes with a white piece of cloth and sits at the rubbish pit. She leaves the spot when she is given some money. The reception is characterized by singing and dancing the whole night. The next day the girl and her companion fetch water from the river. They boil it and wash the face, hands and feet of everyone in the family. Anyone who washes must put some money in the dish. A similar process is repeated to all relatives in the village.⁶⁵ In Karanga, water is a symbol of life and the dish is a sign of womanhood. Its use in this context is a sign of fertility.

In the end the girls return home and sweep the *chivanze* (courtyard). They also clean the houses. In either case they do not remove the rubbish (*svina*) until they have been given money. At the end the girl's friend returns to her home and leaves the new wife at her husband's home. After some time the father of the boy sends a messenger to the parents of the girl to inform them of their daughter's whereabouts. The messenger is given some money, but it is not paid directly. He stealthily approaches the homestead when people are getting up. He throws a coin through the window or open door. He shouts, '*Tsvakirai kuno*' (look for her from us) and mentions the name of the boy intending to marry her. He avoids detection and runs away at full speed. He is severely beaten if he is caught. The mother of the girl is interrogated by the father and brothers of the girl for masterminding her daughter's elopement. In some cases the girl tells someone about her plans and usually it is the mother but in other cases she tells no one. The mother feels relieved when the money is paid and the marriage starts. As form of punishment the parents of the girl charge

61 Ibid.

62 Ibid., p. 29.

63 Ibid.

64 Ibid., p. 36.

65 Ibid., pp. 36–8.

damages for spoiling the girl. In the past the damage was Z\$30 (US\$0.12) but now it is Z\$10,000 (US\$40). It is a condition that this money must be paid first before *roora* is paid. Damage does not count as part of bride-price.⁶⁶

Musengabere is a type of marriage which involves abduction of the girl. The man identifies the woman of his choice and plans to marry her. He does not communicate with the girl, but he targets the girl when she goes to the river or to fetch firewood from the forest. He kidnaps her. The girl mauls the boy with her nails, but the boy does not let her loose. He perseveres until he reaches home. Then the marriage process starts. In a similar kind of marriage a girl can marry a boy without pre-arrangement. The marriage is called *kuganha*. She identifies the man of her choice and heads to his home straightaway. No one resists her efforts. The man is expected to comply and marry her. In both cases of marriage neither courtship nor preliminary arrangements apply. A husband or wife is a precious gift from the ancestors and must not be resisted. The choice of the ancestors is more valid than human choice.

In the past parents were involved in the choice of a man for the girl. They based their criteria on sound knowledge of the boy's background and family history. Families associated with witchcraft, murder, hostilities and evil practices were ruled out. But today individuals make their own choices. The 1901 Native Marriage Ordinance allows women to choose their own husbands. Choices are usually determined by employment and possession of money and acquisition of high education. Parents can still exert influence to subvert the choices. But some boys and girls defy their parents' advice by impregnating the girl and proceed to marry.

In a formal marriage a boy and girl enter into a contract to marry. The process starts with *kunyengana* (courtship). A boy and girl meet at the river or any convenient point outside the home. Today they meet at the church or business centres. The two fall in love and agree to marry. They exchange tokens (*nduma*) in the form of handkerchiefs and underwear. These are a sign of love and may be required to be produced as exhibit before the elders if the boy refuses to marry the girl. As an indication that the two have had sex the girl beats the face of the boy with her underwear. He feels embarrassed and weakened and agrees to marry. Marriages are encouraged in order to keep families united. Today tokens are exchanged through engagement.⁶⁷ The boy and girl intending to marry arrange a party. They buy rings to exchange at the party. They prepare food for the occasion. They invite the girl's aunt (*vatete*) and relatives especially brothers and sisters from both families. Closer friends are also expected to be present. An official blesses the occasion with prayer. He conducts the ceremony and leads the couple to exchange the tokens of love. People sing and ululate. The celebration picks up gear with feasting. Food in the form of rice, chicken and meat is served. Drinks like Coca-Cola, Fanta and orange juice are provided. At the end people disperse to their homes. The validity of the engagement is expected to last for one year in order to allow the boy and girl to build confidence in each other. Sex is prohibited at this stage although some people break this norm and sleep together which results in pregnancy. Thereafter marriage arrangements can start.

⁶⁶ Ibid.

⁶⁷ Bourdillon, *The Shona Peoples*, p. 56.

Formal marriage is called *kukumbira*. The suitor is invited to the home of the fiancée for preliminary introduction. He becomes an authentic suitor if he agrees to marry. Thereafter the process of marriage begins. The boy's parents find someone in the neighbourhood, a respected old man with wisdom and knowledge of Karanga customs, to act as *munyai* (go-between).⁶⁸ Some intermediaries charge a fee for their services but others feel they perform a social service. It may also depend on the relations between the families involved. The father of the boy (*mukwasha*: son-in-law) sends the intermediary to the father of the girl (*tezvara*). He does not approach the father of the girl directly. He goes through a neighbour who guides him to the homestead. Failure to observe this norm may result in the intermediary paying a fine. He explains the purpose of his visit, the intention to marry. He utters the expression, '*Ndinokumbira kubikirwa*' (I would like some food).⁶⁹

He produces a *badza* (mattock) and hands it over to the father of the girl. This stands for *muromo* (mouth) for permission to speak to the in-laws. In some cases *munyai* pays a certain amount, Z\$3 (US\$0.01) in the past, called *masunungura homwe* (loosening the pocket) to enable him to obtain money. Today the money ranges from Z\$1,000 to Z\$2,000 (US\$4–8). The girl who is about to be married, her sister or friend picks up a certain amount of money. This is expected to be of reasonable value, not too much and not too little either. She is advised to get a figure which is in between.⁷⁰ Next *munyai* pays *makandinzwa nani?* (who told you that I have a daughter?) in which the father inquires from *munyai* how he came to know his daughter.⁷¹ The girl is called upon to confirm knowledge of the suitor. When this is done the father collects a certain amount (*fuma*) called *rugaba* or *rusambo*. In the past it was Z\$60 or Z\$80 (US\$0.25–0.33), but now it amounts to Z\$50,000 (US\$200). Also *rugaba* can be paid later. A number of factors determine this money. Parents consider the burden they underwent in bringing up their daughter. If the daughter was ailing and they sent her to hospital then they expect money in return. They also anticipate reimbursement for educational expenses and costs of food and living.⁷² Parents also take into consideration the fact that after marriage the girl leaves them to stay at the home of the husband and produces children for the husband and the lineage. However some husbands feel exorbitant *roora* is a means of selling the daughter. By paying *roora* they feel they have bought the wife. So they are entitled to treat her the way they like as an object and discard her.

A substantial amount of cattle is paid as *danga* (head). The total number of cattle can be ten. Nowadays some people convert cattle to cash payment, but some cattle are compulsory. The father gets his own *mhindura* (bull) which is dedicated to the paternal spirits. But the most highly valued beast is one for the mother called *mombe youmai*. The beast is dedicated to the maternal ancestors. It is a sign of thankfulness

68 Kileff and Kileff (eds), *Shona Customs*, p. 34.

69 Michael Gelfand, *An African's Religion: the Spirit of Nyajena* (Cape Town, 1966), p. 107.

70 Kileff and Kileff (eds), *Shona Customs*, p. 35.

71 Gelfand, *An African's Religion*, p. 108.

72 Kileff and Kileff (eds), *Shona Customs*, p. 35. See also Dahlin, *Zvinorwadza*, p. 61.

for having brought up the girl. If the mother-in-law dies without getting the beast from the son-in-law then she can express her grievances as *ngozi*.

Roora involves payment of *majazi* (clothes). The boy is expected to buy clothes for the father- and mother-in law. He buys for the father an expensive coat, suit, shirt, tie, pair of shoes, socks and hat. He also gets a mug meant for *maheu* or beer. The mother gets a dress, quilt, pair of shoes, two-in-one blankets, a coat and a cup.⁷³ These items are presented to the in-laws at a special ceremony called *mapinzo*. The ceremony is held when the bulk of *roora* is paid. The father-in-law invites the family of the son-in-law to their home. They bring the goods they have bought and groceries which include items like meat, bread, tea and soft drinks. They spend the whole night (*pungwe*) singing and dancing. On the next day the son-in-law presents the clothes and grocery to the father-in-law. *Munyai* picks up the items and displays them to the public one by one for viewing. The ceremony is marked by feasting, eating and drinking.

A successful marriage culminates in a wedding celebration. The purpose is to solemnize marriage through a marriage officer in accordance with the African Marriages Act. The marriage officer can be the district commissioner or church priest. While the commissioner's marriage accommodates polygamy in line with tradition, the church marriage accepts monogamy as enshrined in Chapter 37 of the Marriages Act. Legally both the traditional and church marriages are allowed to exist. In the past some people found it an advantage to register their marriage for the purposes of buying houses and claims for deceased estates. They believe registering a marriage is more binding and divorce is complicated. But now the traditional customary law and the registered marriages are considered valid.

The preparations for the wedding start when the boy and girl purchase the wedding garments and rings. Two receptions are arranged one at the in-laws home and the other at the boy's homestead. All relatives and neighbours are invited. Invitations are made verbally for respected people and invitation cards are dispatched to all other people. The proceedings start at the church with a service. The bride and bridegroom arrive in the company of *vaperekedzi* (companions). The priest conducts the ceremony and officiates the marriage. The couple make vows, exchange rings and sign the marriage certificate. This is authenticated by witnesses. They cut the cake and the boy gives a piece each to members of the family of his father-in-law. The girl does the same to her in-laws. This trains the bride and bridegroom to be hospitable to relatives from both sides of the families. The church ceremony involves singing. Afterwards the party moves to obtain photographs for their wedding before they head home.

At home the people prepare food. The father-in-law kills an ox which is eaten on the occasion. Food and drinks are served. The wedding party and special guests eat delicious food in the house while the majority enjoy *sadza* and meat in the shed outside. Afterwards the wedding party moves outside to receive *zvipo* (gifts). The people form a queue. The gifts are handed over to a 'shouter' who announces them one by one. The order of presentation starts with the groom and then the bride's parents,

73 Kileff and Kileff (eds), *Shona Customs*, pp. 35–6.

followed by relatives and friends.⁷⁴ The gifts range from money to household items like sewing machines, stoves and refrigerators. The gifts are recorded and counted in the end. Today a good wedding fetches Z\$2,000,000 (US\$8,000) and above. Singing and dances led by the companions heighten the occasion. The majority prefer to dance to the tunes of *rumba* music from Zaire and *kwasa*. People in the crowd can join the dance. A cake is then cut and shared among relatives. The second reception at the son-in-law's is held the next day or much later.

The young wife stays at the in-laws' home for seven months in anticipation of pregnancy. Thereafter when the pregnancy is advanced the husband takes her back to her parents. If the girl was a virgin he presents a cow and money called *masungiro* to his in-laws to thank them for taking care of his wife. He slaughters the cow himself as indication that he is responsible for breaking her virginity. As noted earlier, if the girl was not a virgin then a symbolic message is passed on to her parents, which is an embarrassment for the in-laws. The man prepares the meat of the cow. He roasts it but is not allowed to partake of it. If he does then he is liable to pay a fine. He goes to his home and leaves the wife at the in-laws. When the wife gives birth she takes the child to the father's home in the company of her elder brother. The event is celebrated by a feast.⁷⁵

Sexual intercourse is vital in promoting fertility. In the Karanga's own statement: 'When God created human beings he gave man and woman the sex drive so that there might be procreation'.⁷⁶ But sex is not classified as the most important element in marriage. Sex gives pleasure and satisfaction, but it may not be productive and fail to yield a child. A man who does not produce is sterile (*ngomwa*). The most desirable purpose of marriage is to bear children. This is emphasized in the payment of *roora* which compensates the parents for having brought up the girl, but also anticipates the birth of children who increase the lineage in the husband's home.

Children are important in a number of ways. They provide continuity between the living and the dead. When a child is born the umbilical cord is cut and buried in the hut. All successive births follow suit. The idea is to connect the child and the spirits. The child belongs to the father's blood and patrilineage.⁷⁷ Although children are important some are more important than others. Boys are regarded as the most important by virtue of their ability to produce and increase descendents in the family. The birth of a boy is an investment in the family. As a result parents in the past tended to educate boys at school in order to prepare them to be leaders in the family. Girls are important in that a successful marriage accrues wealth to her parents in the form of bride-price. They are also important in the production of children. But they are second rate to boys. One of the reasons is that women leave their homes and lose their identity when they get married. As a result it is more risky to invest in their education. The husband ultimately benefits from her career. But these days

74 Ibid., pp. 38–9.

75 Ibid., p. 31.

76 Aschwanden, *Symbols of Life*, p. 207.

77 Dahlin, *Zvinorwadza*, p. 61. See also Gurli Hansson, *Mwana ndi Mai: Toward an Understanding of Preparation for Motherhood and Child Care in the Transitional Mberengwa District, Zimbabwe* (Uppsala, 1996), pp. 197–8.

the situation has changed. Parents provide education for boys and girls on equal terms. Some parents think that in a changing society girls are decent and have better potential of progress. Many of them take care of their parents' welfare. Boys are unpredictable. Whilst some progress very well and become disciplined breadwinners, others succumb to society's evils like drug and alcohol abuse. They commit serious crimes like murder and rape, and ultimately fail to support the family. Such errant behaviour is a curse from the spirits. Ancestors can punish for wrong doing.

Modern Change

Karanga society has experienced changes due to the impact of modernization. The colonial government and missionaries had a strong impact on Karanga political organization, economy, kinship system, gender roles and customs. But the beliefs and practices still prevail.

In politics the colonial administration had an effect on the land. The Land Apportionment Act distributed land and affected the traditional set-up. The chief's power and authority was affected. Although he continued to exist, his administration was minimal. He was reduced to tax collection. The traditional structure of chiefdom, wards and villages headed by chiefs, sub-chiefs and kraal-heads was affected. After independence the ruling government introduced new structures, *videcos* and *wadcoss* and councillors to administer alongside the traditional and colonial systems. In the past land was readily available, but with modernity land became scarce. Shifting cultivation ceased and people resorted to land rotation using fertilizers and chemicals to improve the land. Urbanization created towns, farms and irrigations. New crops like maize and cash crops such as cotton came on the scene. Market gardening involving cabbages, onions and tomatoes became fashionable. While the traditional political set-up was survival of the community, the modern context is individualistic and centred on power and profit making.

Some traditional features still prevail but others have been replaced by modernity. The Karanga tend to prioritize the modern. Traditional huts of pole and dagga with grass thatch are giving way to brick and zinc houses with modern furniture. The activities at the traditional meetings involved beer and food. Today schools and employment occupy people. Televisions, radios and films provide entertainment. Beer drinking takes place in beer halls. Instead of hunting and playing traditional games as occurred in the past boys and girls play modern games. Transport which was based on feet now include bikes, cars, buses and trains.

The traditional economy was subsistence. The Karanga survived on plants, roots and hunting animals. They also practised shifting cultivation of crops like millet, sorghum and groundnuts. *Sadza* formed the staple diet. Their food provided a healthy diet. But now new farming methods and crops have been introduced. The diet includes modern foodstuffs like rice and spaghetti. In well-to-do families a three-course meal forms the order of the day. From a traditional point of view some of the modern foodstuffs can cause diseases.

Cattle formed the basis of the Karanga economy. They were used as payment in marriage which promoted the lineage. They were also used for religious purposes in

sacrifices. Today cattle are still important economically. They are a viable investment and support the family in terms of school fees. Cattle are not killed randomly, but at important functions like rituals, weddings and funerals.

The kinship system is functional among the Karanga. The totems are still in use. But it is also true that people violate taboos against totems and incest. Some people experiment with tradition and believe it has lost its value.

Marriage is still practised. The traditional customary marriage of *kukumbira* is thriving, but pre-marital sex and pregnancies are common. The other types of marriages like kidnapping are phasing out. Unlike in the past boys and girls now choose their own partners based on wealth and education. One can also marry a foreigner. Women still adopt the husband's name.

Chapter 2

Religion

Religion plays a central role in the lives of the Karanga. Three types can be discerned namely traditional religion, mainline Christianity and independent churches. Religion comprises various elements which are interlinked with political, economic, social and cultural aspects.¹ It is the basis of the health and welfare of the people.

Traditional Religion

The basis of the Karanga religion is the ancestor cult. They believe their lives are controlled by *vadzimu* (ancestor spirits). *Vadzimu* are spirits of people who died but exist in a spiritual form. The dead include family elders like fathers, mothers, grandfathers, grandmothers, uncles, cousins, aunts, etc. These are family spirit elders who deal with family affairs. *Vadzimu* also include important spirits of chiefs called *mhondoro* (lion spirits). But the Karanga rarely use this term. These are important ancestors symbolized by a lion which is powerful and inspires fear but is guardian of the people. They originate from the spirits of the founding chief of the dynasty and his sister. They deal with matters at the territorial level. But generally *vadzimu* are spirits of patrilineal and matrilineal ancestors. They are referred to as *varipasi* ('those below') and dwell in a spirit world called *nyikadzimu*. They are guardian spirits who are influential in the people's lives.²

There are qualifications which must be met in order to become a *mudzimu*. First the deceased must be elderly people who are mature. Young people cannot become ancestors but can take another form as *chipunha* spirits which provide entertainment. The possessed medium behaves like a child playing and crying. Second the dead must leave children behind who will remember the spirit. They honour the ancestors through millet beer and ritual. Those who die childless cannot become ancestors because they leave no descendents to commemorate the dead. Third, the deceased must also be morally upright in the Karanga culture. This requirement excludes people like witches who destroy the lineage. Spirits of witches can appear in a different form as *shavi* (alien spirits). In the past people who suffered serious diseases

1 Material on the Karanga traditional religion is generally similar to the Shona traditional religion documented by scholars like Michael Gelfand, *Shona Religion* (Cape Town, 1962); Michael Bourdillon, *The Shona Peoples: An Ethnography of the Contemporary Shona, with Special Reference to their Religion* (Gweru, 1976); G.L. Chavunduka, *Traditional Healers and the Shona Patient* (Gweru, 1978); Hebert Aschwandien, *Symbols of Death: An Analysis of the Consciousness of the Karanga* (Gweru, 1987); Clive Kileff and Peggy Kileff (eds), *Shona Customs: Essays by African Writers* (Gweru, 1970), etc.

2 Bourdillon, *The Shona People*, pp. 263, 293. See also Gelfand, *Shona Religion*, p. 51.

like tuberculosis and leprosy did not become ancestors. Their diseases render them unclean. However both witches and seriously diseased people can have cleansing rituals done for them so they can be integrated as *midzimu*. The most important ritual is *kurova guva* (bringing back home ceremony). Some alternative names used by the Karanga for the ritual are *kugadzira* (to repair) and *bira*. They believe that when a person dies the spirit roams around for a specific period of one year. The spirit is then given permission to return to the living to guard its children through ritual action. The family take the initiative to prepare the ritual.

The Karanga observe funeral practices in honour of the dead. Most Karanga burials take place at home. The body must spend the last night in the home in order to bid farewell to the living. Home is important since the umbilical cord lies there and thus establishes links with the spirits. Once burial preparations are done the body is buried in the grave. All relatives are expected to attend and failure is regarded as witchcraft. It will appear as if one who fails to attend the ritual killed the deceased. Attendance is also a sign of respect for the dead. These days preparation of the body for burial is done by funeral undertakers like Doves Morgan. A cleansing ceremony called *doro remvura* (beer of water) is held after some time to cleanse the people who participated in the burial. This sermon is practised by Christians as a memorial service. It is marked by prayer, music, Bible reading and preaching.

In Karanga belief a person possesses two shadows, a white and black shadow. The white shadow (*mweya*) is the soul and the black shadow (*nyama*) is the flesh.³ The black shadow rots and perishes after death. The white shadow is imperishable. It appears in the form of a worm (*chikonye*) which crawls away into a *mudzimu* animal. During burial a hole is made from the coffin to the mound outside using a hollow reed. The reed is left intact or may be closed at the end with a leaf. It is removed when the soil settles and leaves a permanent hole.⁴ The shadow may also appear in the form of a lion or snake. People are not expected to tamper with the animal. They are prohibited from throwing stones or killing the animal. The animal will convert into an ancestor. Its appearance sends signals to the family that the time is ripe to conduct the ritual. The period required is one year after the death of the deceased.⁵

The procedure of the ritual starts with the relatives consulting a diviner who informs the dead of the purpose of the ritual. The diviner also checks if necessary resources like millet beer are in place before the ritual starts. Once the diviner approves then the ritual proceeds. Members of the family brew beer and invite relatives to attend the ceremony. People assemble at the grave. A senior family member usually *muzukuru* pours beer on the grave and addresses the deceased inviting the spirit to come and look after the children. People ululate and break into music and dance. Gay songs and dances are common on these occasions and are believed to attract the attention of the spirits. They also represent procreation. Afterwards the senior fellow leads the procession to the homestead in the midst of music, drumming and dance. In this way the spirit is taken home. But a test is conducted to see if the spirit of the deceased is really home. The official pours beer on the back of a goat. If the

3 Kileff and Killeff, *Shona Customs*, p. 44.

4 Ibid.

5 Ibid.

goat shakes then the spirit has accepted. But if the goat does not shake then the ritual needs evaluation. It may be repeated if mistakes have been made in the preparation. In most cases the spirit is successfully brought back home.⁶

Kurova guva is marked by inheritance and distribution of property. When a man dies the wife is expected to be inherited by the younger brother of the deceased. She remains senior among the wives of the brother and is allowed to continue cultivating land left by her husband. If she refuses to marry she may be forced to leave the home. But a woman can also be inherited by her own son who acquires his father's role of caring for the family. Before the ritual is done a wife is expected to abstain from sexual intercourse with another man. Sex is hot and contact with another man is evil. If she does, she burns the grave (*kupisa guva*), which is a punishable offence. Her fidelity is put to test on the ritual occasion by crossing over the husband's weapons such as the *tsvimbo* (walking-stick) sprinkled with medicine. If she fails to cross then she collapses and dies. If she successfully crosses then she puts water in a dish. The brothers of the deceased man line up for consideration as potential inheritors. She chooses the person who will inherit her by washing his face.

The deceased's property is distributed by the senior member of the family. In most cases the children take over the property in the form of cattle and clothes. The elder brother is in charge of the property. But if the children are still young the deceased's brother takes care of the property until the children mature. The ritual closes with celebration. A bull slaughtered for the purpose provides meat. But meat for sacrifice is taken without salt. Salt is hot and provokes the dead, and hence is to be avoided. People also drink millet beer. In some families *kurova guva* takes a Christian form called unveiling of the tomb. A grave is covered with a white sheet representing holiness and purity. Relatives and the Christian community assemble at the grave. The priest conducts the ceremony. He sprinkles water and prays over the grave. He unveils the white cloth and displays the tombstone. Singing and dancing characterize the occasion. People return home to eat *sadza* and meat served with soft drinks before they disperse.

The land is regarded as a special gift from the ancestors. All the products of the land such as crops, trees and animals emanate from the spirits who own the land. Key products such as maize which provide food come from ancestors. Millet and rapoko are essential for ritual beer. Trees such as *muchakata* are assembly points for ritual occasions. Important animals such as the lion and the baboon are representations of the spirits. The entire kinship system is based on respect for totem animals. The land is essential as it provides sustenance to the people.

Midzimu provide health and wealth. The Karanga enjoy peace of mind when their state of health is in good condition. Health involves physical and spiritual states. Absence of illness and disease bring relief and joy. This is a result of good relationships with the spirits, maintained through a series of rituals. Good relations also originate from the ability of the living to observe traditional and cultural norms. Failure to perform requisite rituals and violation of traditional rules create danger. The living invite spiritual wrath through blunders, negligence and omission of rituals. Serious crimes are breaking of *chisi* (holiday) and incest. Stealing and adultery

6 Ibid. pp. 44-5.

are some of the violations involved. *Midzimu* can bring illness and disease or any misfortune like drought, plague, pestilence, floods and misfortune. El Niño floods have been attributed to ancestors. They can also allow witches to bring in evil and disturb the state of health. In the Karanga's own statements, they 'open the door' and allow evil. But the Karanga are convinced that ancestors are good and benevolent.

Midzimu are associated with wealth. Ownership of many cattle is a sign of power and prestige. Cattle are a heritage from the past. They are essential in *roora*, which multiplies the lineage. They also provide food and meat which sustain the people. Domestic labour is dependent on cattle. Horns and skins are used for religious and medical purposes. Cattle are also dedicated to sacrifice. They are a good investment. All success in life is dependent upon *vadzimu*. In the past, success involved the ability to produce abundant crops in agriculture, hunting and fishing. Now success lies in job security and good pay in employment, a high standard of education, record achievements in sport and prosperity in business.

Another function performed by *midzimu* is to act as intermediaries between the living and God. God is the most powerful and greatest of the living and the spirits. People do not communicate with him directly but through *midzimu*. They channel people's prayers and petitions to God, and rain and all resources from God to the people. In the Karanga social structure, people approach elders through mediators. A person intending to marry approaches the in-laws through a *munyai*. A chief is approached through a sub-chief.⁷ The social organization is a reflection of the religious structure. In practice *vadzimu* are not worshipped but venerated as intermediaries.

The life of the Karanga is characterized by rituals for *midzimu*. This is expressed in the rites of passage. At birth the people commit the child to the spirits. Birth of a child is a blessing from the spirits. A productive marriage which yields children is desirable, and childlessness is a curse from the spirits. So people take precautions to safeguard the health of the child and mother by giving them special medicines. A cord is tied around the waist of the child as protection against witchcraft. The mother takes medicines to stop the flow of blood on delivery and to strengthen her health. In the past a boy had some form of circumcision carried out by the mother. The practice has been abandoned and very few people remember the ritual. A naming ritual gives the child identity. The child is usually named after a deceased relative but now some people adopt new names due to Western and Christian influence. Karanga initiation involves education and preparation on sexual matters. Boys and girls are oriented in the skills and practicalities of life. They are prepared for life as adults. The VaRemba initiation ritual is more elaborate. It involves circumcision and education in bush camps. In the Karanga practice, elders conduct appropriate rituals at marriage. These are meant to ensure that marriage is productive. Invocation rituals are meant to invoke spirits. Some rituals are organized in connection with pregnancy and delivery.

At death, rituals also apply. Burial is conducted in line with traditional norms. A series of rituals take place after burial. *Doro remvura* (beer of water) takes place

7 Ambrose Moyo, 'Religion and Politics in Zimbabwe', in K.H. Peterson, *Religion, Development and African Identity* (Uppsala, 1987), pp. 59–72 (61).

after a month to cleanse the participants from evil transmitted through contact with the dead body. The ritual is also an occasion to thank the people who participated at the burial. *Kurova guva* (bringing back home) is conducted in order to bring the spirit back home to protect the children. The ritual also involves inheritance and distribution of property of the deceased. Some rituals are held every two years in commemoration of the deceased. The rituals may continue until the deceased fades out of the memory of the living. The rituals are known by various names called *doro renyota* (beer of thirst), *doro remusha* (home beer), *doro reChikaranga* (traditional beer) and *doro remidzimu* (beer for ancestors).

Periodical rituals take place in connection with agriculture. At planting, sowing and harvest people consult the spirits. Before planting people gather and offer prayers to bless the seeds. The first fruits of the field are dedicated to the spirits before anyone eats them. At harvest samples of crops like maize and millet are dedicated to the spirits at the shrine. Periodical rituals are vital. They are meant to ensure bumper harvest, prevent pestilences and plagues, and to thank the spirits. Life-crisis rituals occur in the event of illness and disease. Mild illness is not a problem but prolonged illness is a cause for concern. People approach a diviner who identifies the cause of the problem. Ancestors, alien spirits, angry spirits and witchcraft are often identified as the source. Rituals involving treatment and exorcisms are conducted in order to promote the health and well-being of the people.

Most Karanga rituals are feasts which involve the slaughtering of an ox or goat and brewing millet beer. People eat and drink, sing and dance. *Vadzimu* possess the spirit mediums. One of the most important rituals is the request of rain called *mutoro*. Some people call the ritual *mukwerere*. The ritual is held at the beginning of the rainy seasons in early September and late February. The ritual is held when the land is threatened with drought. It is held with the permission of the chief. A spirit medium conducts the ritual. Both represent the spirits who are the owners of the land. The spirit medium observes certain practices. He keeps his hair long. When it is cut the rain stops until new hair emerges. He wears black and red clothes.⁸ The spirit medium is instrumental in inducing rain. The chief invites collections of millet and rapoko to brew beer. Beer is brewed by old women helped by young girls. When preparations are ready the chief leads the people early in the morning to the shrine located outside the home. The spirit medium takes centre stage in the ritual. He sits on top of a blanket and people break into singing and dance. He kneels down, sprinkles tobacco and pours millet beer on the ground. Some beer is passed on to the people in a gourd, but beer for the spirits is reserved. The medium utters prayer pleading for rain, '*Mvura ngainaye ... Tinokumbira Musiki*' (Rain must come, oh we beseech thee, Creator).⁹ Rain falls immediately and everyone celebrates. The spot at which the medium sits is not affected by rain. People disperse in a heavy downpour.

The Karanga's dependence on rain determines major aspects of their religion. According to Zachrisson, in Mberengwa an area with low, erratic rainfall and frequent droughts it is important to receive the right amount of rain at the right time.

8 Kileff and Killeff, *Shona Customs*, p. 72.

9 Ibid., p. 68.

Drought is *shangwa*, which means disaster or misery.¹⁰ So a cult is established in the Matopo Hills which is responsible for rain making. The cult is centred on *Mwari* (God). He is more powerful than *midzimu* and *mhondoro* who are concerned with family and territorial matters respectively. He is responsible for everything including people, land and rain.

The *Mwari* cult first established itself at Great Zimbabwe in Masvingo before its transfer to Matonjeni at Matopo Hills. One tradition explains the *Mwari* cult as associated with the origin of the Shona people at a place called Guruuswa to the north of the Zambezi river. A voice believed to be that of *Mwari* summoned the elders and implored them to leave Guruuswa for another 'promised land'. The voice spoke through natural phenomena like animals, trees and grass. Food was mysteriously served by nature. The voice and the people settled at Great Zimbabwe. Subsequently it shifted to Matonjeni.¹¹

More traditions explain the origins of the cult. According to Shona tradition the cult is linked to Mbire migration from the Lake Tanganyika region. *Muali* led and guided the Bantu people during migration into Zimbabwe. The term *Muali* means sower and is used in the vicinity of Kilimanjaro. According to Van der Merwe, drawing on archaeological evidence, the term *Mwari* relates significantly to *Muali*. The Karanga perceive *Mwari* as the God of fertility petitioned at Matonjeni. He is responsible for the fertility of the land and barren women. The Mbire priests are in charge of the cult.¹² The derivation of *Mwari* is not clear. There are three possibilities. First, according to J.F. van Ordt, *Muali* is derived from the Arabic 'Allah' as a result of Islamic cultural influence in the nineteenth century along the east coast of Africa.¹³ Second, the term *Mwari* came from *Muari* or *Muali* (He who he is) which echoes the biblical Exodus 3:14 when God declared, 'I am who I am'. So the term is of Christian origin. Third, the term is indigenous as evidenced by archaeology. It was also used in linguistic expressions like *kumwararika* (scatter all over, omnipresence). So the term was used from time immemorial. Missionaries adopted and adapted the Shona term *Mwari* during the translation of the Bible at Morgenster.

Mwari is located in Matabeleland in the region of the Ndebele people. It comprises a number of shrines like Njelele, Wirirani and others, but Matonjeni is the most powerful and popular cult. The Karanga also use the term *Zame* for the cult. The cult is controlled by the Mbire lineage. They comprise the high priest and priestess, the voice and keeper of the shrine. Some boys (*hossanah*) and girls (*mbonga*) are dedicated to God and serve as mediums. These communicate directly with the *Mwari* oracle. The primary issue is drought which affects the whole country. The chief organizes his people to consult the cult. He collects money from the villagers through the kraal-heads and sub-chiefs. These are given to special intermediaries *manyusa* to present to *Mwari* and ask for rain.

10 Per Zachrisson, *An African Area in Change: Belingwe 1894–1946: A Study of Colonialism, Missionary Activity and African Responses in Southern Rhodesia* (Gothenburg, 1978), p. 43.

11 Moyo, 'Religion and Politics in Zimbabwe', p. 60.

12 W.J. van der Merwe, 'The Shona Idea of God', *NADA* 34 (1957): 37–63 (42).

13 Cited in Van der Merwe, 'The Shona Idea of God', p. 41.

The *manyusa* observed certain traditional practices, such as travelling to Matonjeni bare-footed with no food, drink or money. They did not use modern transport. But now they have access to some of the resources. At the shrine they kneel outside the cave in which the voice is enclosed. They keep their eyes closed with their backs facing the mouth of the cave. They plead for rain through the priestly intermediaries. They also state moral and other problems affecting the chiefdom. A thunderous voice speaks from the cave in a foreign dialect interpreted by the intermediaries. The delegates present the money collected in a plate and passed behind their backs into the cave. If they turn they risk sand thrown into their eyes or blindness. Rain falls immediately with thunder and lightning. People ululate in praise of *Mwari* with the expression '*Dziva, Dzivaguru*'. They break into singing and dance. Millet beer and the black ox slaughtered for the ritual are served.

In the past some chiefs in Mberengwa established the *Mwari* cult at certain places in their areas. The Romwe people under Chief Chingoma and the Pfumbi people established a cult at Imbahuru hill. In times of drought neighbouring Shona chiefs consulted the cult instead of Matonjeni.¹⁴ Both chiefs belong to the totem *Dziva* (pool). The Karanga use the totem *Dziva* (pool) or *Dzivaguru* (big pool) and also *Chidzivachepo* (perennial pool) as names of praise for God.

The *Mwari* cult is consulted on wider issues which affect the whole country. Apart from rain and drought people visit the cult on the appointment of a chief, new spirit mediums and moral issues. The cult has also been involved in national politics particularly in the 1896–97 rebellion and the War of Liberation.

Mwari is the personal name for God in Mberengwa. The term refers to a God of fertility who is associated with rain. But the Karanga also use other names as descriptive or praise names. He is called *Dzivaguru* (big pool), *Musiki* (creator), *Musikavanhu* (creator of people). *Kusika* is a process which makes fire by rubbing two sticks which has connotations of creation.¹⁵ Some more names are *Muvumbi* (moulder), *Mutangakugara/Muwanikwa* (first to exist), *Samasimba/Chipindikure* (powerful), *Chirozvamavi namauya* (give and take), *Chikara* (one inspiring awe), *Dedza* (lord of the sky), *Nyadenga/Wedenga* (owner of the sky) and *Wokumusoro* (one of the above).¹⁶ God is also referred to as *Mbuya* (grandmother) and *Zendere* (young woman) who originated from *Mwari* and portray God as female. He is also called *Sororezhou* (head of elephant) which means father. He is both male and female.¹⁷ God is not a remote God but an active one. The Karanga approach him at the *Mwari* cult at Matonjeni. He is a powerful supreme being. He is concerned with issues at national level and not individuals. His authority is most felt in times of drought and national crisis. He is also involved in moral and political issues. Black

14 Zachrisson, *An African Area in Change*, p. 44.

15 Van der Merwe, 'The Shona Idea of God'.

16 For details about Shona names of God see Moyo, 'Religion and Politics in Zimbabwe', pp. 59–60; Bourdillon, *The Shona People*, pp. 320–21; Marthinus Daneel, *The God of the Matopo Hills* (The Hague, 1970), pp. 15–21; Olov Dahlin, *Zvinorwadza: Being a Shona Patient in the Religious and Medical Plurality of Mberengwa District, Zimbabwe* (Uppsala, 2001), pp. 68–9.

17 Daneel, *The God of the Matopo Hills*, pp. 15–21.

and white commercial farmers whose agriculture relies heavily on rain consult the cult for rain. Also independent churches visit the cult for rituals.

The Karanga believe in other spirits which influence their lives. Some of the spirits are positive while others are negative. *Shavi* (alien spirits) are a good example. These are spirits of people who died far away from home and rituals for bringing back the spirits were not held for them. So the spirits find hosts to possess. The origin of the term *shavi* derives from *kushava* (hunting), a traditional practice which occurred in the forest away from home. People who died in the forest then possess people in any family. The hunters shed blood by killing animals through hunting. The blood is *shava* (red). As a result *shavi* mediums use red pieces of cloth. But their association with red also makes them evil. Red, as in menstrual blood, childbirth and murder, is polluting and evil. Ordinary people avoid red clothes lest they are struck by lightning. Red is for danger. Black means death and is associated with *midzimu*. *Shavi* are also spirits of relatives, neighbours, white people, animals and objects. They possess people and provide skills in hunting, healing dancing and divination.¹⁸

A *shavi* spirit causes illness in a potential host. A *n'anga* is approached and the spirit is induced to come out. The spirit is interrogated and asked to identify itself: 'Who are you?' Normally the spirit originates from a hot area and demands water and blood to drink. The host may accept the spirit. He participates in regular séances for spirit possession. But some people refuse spirit possession. Some approach the *n'anga* or independent-church prophets to exorcise the spirit but the process is difficult.

There are several types of *shavi* spirits.¹⁹ *Shavi dzviti* originates from the Ndebele. *Dzviti* is a warrior and the spirit is a fighting spirit which recalls the intertribal wars between the Shona and Ndebele. The host speaks in Ndebele and is associated with divination. *Shavi regudo* is the spirit of a baboon involved in dancing. The host behaves like a baboon. He assumes the animal's behaviour of eating raw maize, overturning stones presumably in search of scorpions. Some people also associate the baboon spirit with stealing crops in the fields. The Karanga respect a baboon as analogous to human beings. They are sacred animals which must not be killed. The dancing ritual of a baboon spirit is very spectacular. *Shavi rechizungu* is a white person's spirit. Some white people died in Mberengwa years ago and their spirits appear as *mashavi*. The host imitates a European way of life such as speaking in English, even though the host is illiterate, drinking tea, smoking cigarettes, nodding and moving their hair backwards. The spirit is associated with business ventures. Other foreign *shavi* are *shavi rechisena* from Mozambique and *shavi romumwenye* from the Remba and Arabic culture. The *shavi* are associated with healing and business. *Chipunha* is the spirit of a child which is playful. The host cries and laughs like a child, eating mucus and kidding.

Various *shavi* confer benefits. *Shavi roudzimba* specializes in hunting. It is the original spirit of hunters. But certain *shavi* spirits have negative qualities. *Shavi rouroyi* is involved in witchcraft. The Karanga say the host '*Haabvaruri machira*'

18 Bourdillon, *The Shona People*, p. 283.

19 See Gelfand, *Shona Religion*, pp. 84–108 for types and functions of *shavi* spirits.

(does not tear the blankets or sleep). *Shavi rezungura* incites stealing. This refers to notorious thieves who break into people's homes and steal livestock and household property. *Shavi rechihere* is involved in prostitution. *Shavi* also explain extraordinary behaviour in eating *sadza*, drinking tea or beer, smoking *mbanje* and in athletics.

Jukwa spirits are responsible for rain. The Karanga refer to them as *manyusa*. They are sent by chiefs as messengers to the *Mwari* cult at Matonjeni to ask for rain. They also carry special gifts to present to the oracle. They are involved in rain rituals in the cult. The *manyusa* spirit mediums are well-respected people. They have rules which they follow which guide their behaviour, such as avoidance of food or use of modern transport on the way to Matonjeni. The *hossanah* spirit mediums at the cult are possessed by the spirits. They are responsible for rain-making rituals and dance in honour of the spirits.²⁰

Njuzu (mermaid) spirits are associated with water. People describe the mermaid as a weird creature with a fish's body and human head. It bears the features of a woman with long hair and breasts. It resembles a beautiful white woman with smooth skin. It grows a reed at the back. *Njuzu* lives in water but occasionally moves out. It is frightening to see a mermaid. The creature can kidnap a person who moves near the pool. Victims are people drawing water, fishing or swimming at the river. The spirit drags the victim underneath the water to a special enclosure where it resides. The victim's companions and relatives are not allowed to mourn lest the person captured dies. The spirit provides the captive with food comprising mud, water, insects and creatures. After some time the relatives consult a *n'anga* (diviner) about the disappearance of their relative. A spirit medium identifies the mermaid spirit as responsible. A ritual is organized by senior spirit mediums with drumming, singing and dancing at the river side. The *njuzu* spirit releases the captive alive. He is possessed by a *njuzu* spirit and joins the ceremony. He becomes a skilled *n'anga* called *godobori*. He is renowned for using medicine from the underworld. *Njuzu* are 'ambiguous'. They transform a person from captivity to a traditional medical practitioner who provides important service to the community.²¹

Some spirits are malignant. *Ngozi* are spirits of people who died in anger and are often referred to as angry spirits. They are greatly feared by the Karanga. The spirits include victims of murder. The Karanga believe that if a person has been murdered his soul does not perish, '*Munhu haarovi*'. He rises to seek revenge. Either he comes on his own or is raised by the living. If his body is not lost in the bush, relatives beat the corpse with a whip in the mortuary or hut inciting the spirit to rise and fight. They shout, 'You are a coward! Why did you die? Wake up and take revenge!' They utter prayers and apply medicines. The process can occur at the grave or at the site which the murder occurred. The spirit strikes the family of the murderer through death. The deaths are mysterious and involve lightning which wipes out the family and livestock. Usually the culprit is spared temporarily in order to experience the consequences of his deeds. *Ngozi* may reveal its intention through a spirit medium. The medium can recover the bones of the deceased from where the murder took place. The family consult a *n'anga* who mediates between the angry spirit and the family. The *ngozi* is

20 Dahlin, *Zvinorwadza*, p. 70.

21 Ibid.

settled through compensation. A girl child from the family of the murderer is used as compensation. She is dedicated to the *ngozi* spirit as a symbolic wife. She can marry within the family of the spirit only with the approval of the spirit. Another means of payment is cattle. Some people believe they can stop the angry spirit by cutting off and eating the murdered person's little finger. Others try to stop or neutralize the devastating power of the spirit by protective medicines through the help of a *n'anga*. But the exercise is dangerous and *n'angas* are not willing to cooperate. The Karanga say, '*Mushonga wengozi kuripa*' (medicine for *ngozi* is payment).

Ngozi spirit can also be caused by several reasons. It may be the spirit of an aggrieved person who is wronged, an ill treated spouse or someone indebted. It may also be caused by failure to comply with the deceased's expectations or witchcraft.²² In all cases the attack of *ngozi* is very dangerous. It involves serious illness, death and misfortune. Appeasement requires payment and punishment inflicted on the guilty person. In the case of an ill-treated wife, the husband is subjected to 'house arrest' in which he is expected to live and maintain the house used by his wife. Someone who beats his mother is punished by undergoing a ritual of *kutanda botso* which involves public humiliation. The guilty person roams the village in rags and begging for food. He is insulted and beaten by people and chased by dogs. Villagers subject him to harsh punishment like pouring water over his body. The most serious punishment is being made to separate grain and corn that have been mixed in a bag.

Angry spirits are dreadful but they determine ethical behaviour in society. They administer justice by compensation to the extent of exchanging one life for another and payment of cattle. They enforce adherence to traditional norms against murder. They guarantee respect for humanity, parents and spouses, and payment of debts. They are not mere spirits, their significance lies in their action.

Some spirits are associated with witchcraft. *Zvidhoma* are the most dreaded. Some call them *zvutipwani*. They are spirits of dead people manipulated by witchcraft. They are used by witches to kill and harm other people. *Chidhoma* is a stout dwarf with a human form. It has an ugly face with a long beard, hairy skin and a large, bulbous eye on the forehead. A single clap from the forehead can paralyse the victim. The mouth goes on the side and the voice may be lost. Witches also use them to suck blood from their victims which leads to death. They can appear in the form of animals (*zvivanda*) like a cat or birds (*zvishiri*). They can enter a kitchen, eat too much *sadza*, defecate and break pots and plates.

Zvikwambo are spirits of people raised by magic. An alternative term is *zvitorochi* (*tokolotches*). The spirits have an appetite for money, sex and blood. They originate from South Africa, brought by labour migrants in search of economic survival. The owner obtains *zvikwambo* from a *n'anga*. A contract is made for the spirits to provide wealth and the owner to supply regular sex and blood. So they steal money and give it to the owner. He dedicates a woman to the spirits for sexual purposes. They appear as frogs which suck women's breasts for milk. They draw blood from people's bodies and cause death. The owner is expected to fulfil the obligations of the spirits. If he fails to comply *zvikwambo* will demand sex and kill within his own family.

22 Bourdillon, *The Shona People*, p. 271.

Magoritoto (ghosts) are spirits of people who appear in human form as they were in life. The spirits are non-violent but cause fear. They greet a person and pass through on their way. But they can be angry if the person misbehaves. They grow very tall and produce fire. *Zvipoko* (spooks) are spirits of people who wander near the homesteads at grave sites. But they also appear in forests and urbanized centres. These are spirits of people who return to haunt the scenes of their lives and certain places known to them. They can emit fire which frightens people. They may appear as human beings and cause accidents on the road. Some turn into prostitutes but disappear when the lights are switched on in bed. Others pretend to accompany men to their homes, and in the morning the man and his clothes are found on a grave.

Spirits manifest in different ways. They produce fire at night, light in the houses and can appear as burning trees. But they also manifest as objects such as a bus. People try to take a ride but realize they are sitting on the ground when the bus moves. In some cases they appear as human figures or voices and whistles. The Karanga avoid calls and travels at night. But some believe they can withstand spirits by protective charms and medicines. Others use *mbanje* or gunpowder as a repellent against spirits.

Generally the Karanga have benevolent spirits in the traditional sense. Some spirits are guardians and protect the living. Other spirits confer skills and benefits to the living. But others are malignant, harmful spirits associated with witchcraft. Christians regard all spirits as *mweya yesvina* (evil spirits). People affected by evil spirits have *mamhepo* (winds) which must be exorcised.

Witchcraft is a phenomenon which exists in Mberengwa. The Karanga use the term *uroyi* to refer to witchcraft. A *muroyi* is a person with a distinctive and inherent evilness who harms his fellows in mysterious and secret ways. It is intrinsic and propelled by spirits at a sub-conscious level. A witch wields sinister power which is harmful. The Karanga make a distinction between male and female witchcraft but both practices are called *uroyi*. Women are commonly associated with the type of witchcraft which operates at night. Males who practice sorcery are wizards.

Women feature as the practitioners of witchcraft due to several reasons. As we have noted they are aliens in the family. Alien blood is dangerous and susceptible to witchcraft. Women are scapegoats for evil and ritually unclean. They are exempted from religious, social and cultural functions. But women are valued for their potential to give birth and increase the lineage. The key suspects of witchcraft are women with excessive qualities. Extremely beautiful women, usually light in complexion, are prime suspects. In Karanga they use an expression, '*Matende mashava ndiwo anovazva doro*' (red pots spoil beer). Red is a dangerous colour. Similarly women with an opposite complexion, pitch black, are also associated with witchcraft. Their complexion matches the darkness and enables easy movement at night. They are referred to as friends of darkness. Also old women practice witchcraft. Usually they are widows and lonely. Most of them can be identified by tooth decay caused by eating human flesh. The category of witches also includes people who are either wealthy or poor in society. The wealthy are believed to accumulate their riches through the use of charms and medicine. The poor feel deprived of prosperity and their jealousy drives them into witchcraft.

Witchcraft is acquired by various means. The most important is that it is primarily hereditary. Spirits are most influential in the acquisition of witchcraft. A *mudzimu* from a dead relative possesses a member of the family. She is anxious to have the craft remain within the family. The pattern of transmission is usually from grandmother to mother to daughter. A *shavi* spirit which comes from either a deceased member of the family or stranger may also possess someone. The alien spirit is not brought back home by the process of *kurova guva* or *kugadzira*. The spiri is called *shavi rouroyi*. The spirit indicates its intention to possess through dreams.²³ When the spirit is finally acquired the medium will have incisions made on her body in order to strengthen the craft. In the past some people contracted evil spirits through contact with lost items. As a result the Karanga are cautious against picking any objects like bangles which they refer to as black power. They also refrain from taking wondering fowl or goats in case, '*unobatana nacho*' (you contract a dangerous spirit). The spirits are transmitted from individuals to objects, animals and birds through exorcisms *kurasira* (casting away) by a *n'anga*. Other people get into the practice by training. They do some form of apprenticeship with skilled practitioners. Others buy witchcraft from specialists. Some people travel long distances, all the way from Mberengwa to places like Chipinge, Zaka and Maroro to search for witchcraft. Due to its notorious practice of witchcraft Zaka is now regarded as an acronym for 'Zimbabwe Killers Association'. Others cross the border into Mozambique and Malawi in pursuit of the craft. *Manyasarandi* (people from Nyasaland, now Malawi) are well known for practising witchcraft.

The operation of witchcraft is mysterious. It is nocturnal. A witch travels at night, in secret and naked, visiting places she targets to harm or kill. She bewitches her husband to fall into a deep sleep through medicine. She may put a mortar besides her husband in order that he will feel her 'presence' in the night. The witch also applies medicines all over her body to avoid detection. She travels by air or on the ground or by 'sea' (water). She travels to her destination in a *musero* (basket). People can detect the witch's movement by a whiff of wind which can be felt when people sit at the fire at night until late. Witches may also use birds like *zizi* (owl) for flight. So if an owl hoots, lingers at a homestead and sits at the top of a roof then its an indication of the presence of witchcraft. They also use animals as a means of transport. They ride at the back of animals such as *bere* (hyena) and *ngwena* (crocodile). The Karanga do not eat birds and animals associated with witchcraft. On the contrary birds like *kwirimba* (pigeons) are a good omen which avoid witches.

Witches first meet at an assembly point for roll call and discuss strategies for operations. Meeting points are also places for eating human flesh. Witches target certain people. The victim is approached at home during sleep at night. They arrive at a home and appeal to the spirits of his *dzinza* (clan) to allow bewitchment by calling out his name and uttering clan history and praises. They bewitch the surroundings and the victim falls into a coma.²⁴ The witches either call the victim to unlock the door or they enter through the keyhole. In the house the witches apply poison on the victim. Poisons are concoctions mixed with blood, faeces, hair and mucus.

23 Dahlin, *Zvinorwadza*, p. 72.

24 Kileff and Kileff (eds), *Shona Customs*, p. 48.

The victim drinks the poison. Witches may also ride on the back of the victim and command him to labour in the fields. He discovers bruises on his knees the following day. Witches can amputate a person's head and use it to fetch water or play soccer, volleyball or tennis. The next day the victim feels pains in the neck.

Witches visit graves to exhume human flesh. They enjoy children's flesh because it is tender. One witch strikes the grave open with a whip mixed in medicine. The grave opens and as many witches as possible get inside. She remains on guard at the grave whilst the others inside the grave chop off limbs, the head (*musoro*), intestines (*matumbu*) and liver (*chiropa*). They share parts of the body. At dawn the guard strikes the grave again and the witches come out with baskets, dishes and plates full of human flesh. They share the flesh at some special point. A girl who was in training to open and close the grave overslept and was discovered the next morning. She was forced to put her skill into practice by opening the grave. A group of witches came out with human flesh. They were severely beaten.

Witches use agents called familiars in the practice of witchcraft. They tamper with medicine to raise people's souls from the grave and use them as *zvidhoma* or *zvitungwani*. These are goblins meant to harm people. *Zvitokorochi* (*tokolotches*) are spirits of people transformed by witches and can be used to steal money. Witches also employ (*zvivanda*) animals and (*zvishiri*) birds to attain their goals. They ride on hyenas, crocodiles and hippopotamuses. Mysterious animals like *zvimbwana* (puppies) are used for bewitchment. Witches fly with owls and bats.

Sorcery is a practice common to men. It is a technique employed to work harm on other people. It is extrinsic, deliberate and conscious. Sorcery can be acquired voluntarily, more or less in the same manner as witchcraft, through purchasing, sponsorship and apprenticeship. The operation of sorcery entails mysterious techniques which cause harm to people. *Chipotswa* is remote control whereby the sorcerer sends a missile, a horn or object to harm a person. *Chitsinga* is injury by landmine involving planting medicine. The victim steps upon the medicine and develops a problem. Poison is the most effective sorcery. It can be applied in food and drink such as tea, soft drinks and beer. Coco-Cola reacts to poison. One sorcerer poisoned himself by mistake when his intended victim unknowingly passed on a poisoned mug of beer he had deliberately put poison in and left for the toilet. His expression of pain came out when he cried, '*Muzukuru wachinja kapu*' ('Nephew, you have changed the cup'). Poison can be in various forms like herbs, cattle dip, insecticides and crocodile brains.

Sorcery also involves the use of medicine on other people in strange ways. The practices are called *uroyi*. Some aphrodisiacs used to stimulate sex have long lasting effects. *Mubobobo* uses charms to sleep with other people's wives. *Runyoka*, a form of medicine used to protect against someone's wife, can maim or kill the victims. *Mupfuhwira* used by women to tame their husbands can be fatal. Prostitutes punish people who fail to pay by extracting genitals and exposing them on the forehead. *Rukwa* medicine used to increase agricultural products is based on incest. Some people perform mysteries with *juju* (magic) like eating fire or walking on a fence. These practices are a means of entertainment and fund raising at business centres. The term *uroyi* is broad enough to encompass people with evil intentions or those who do not conform with tradition and culture. Failure to attend a family function

like a ritual or funeral makes one a *muroyi*. Immoral women who do not confess to promiscuity on giving birth are *varoyi*. The same applies to people who defecate in a drinking well (*nyiramativi*).

Witchcraft thrives in the context of quarrels, jealousies and accusations in the community. Also people's experiences of illness, disease and death promote suspicions of witchcraft. The Karanga are cautious of the threat, '*Uchaona*' ('You will see!') which promises witchcraft. Babies crying at night signal the presence of witches. Elders are nervous about travelling at night. Victims of witchcraft are relatives, babies, neighbours and enemies.

In the past witches received serious punishments. The culprit was identified by poisonous ordeals which might kill. If someone was found to be a witch by whatever method a tree branch was put at the door entrance to indicate witchcraft. The culprit was punished by inserting a sharp wooden peg (*hoko*) in the anus or a nail (*chipikiri*) in the forehead and leaving the witch to die. Some witches confessed to eating human flesh. The chief, sub-chiefs and kraal-heads had the power to expel a witch from the village.

Witchcraft is an existential reality in Mberengwa. The Karanga maintain that if you want to see witches then wash the face of a dog or donkey and then use the same water to wash your face. Dogs and donkeys see witches. Another method is to put a nail at the door entry and the witch will be found standing at the door. Such beliefs are common. Officially witchcraft is outlawed and imputations illegal and subject to heavy penalties under the Witchcraft Suppression Act 1899. But for the Karanga witchcraft is real. The practice is not questionable. Stories and accounts of witchcraft and confessions testify to the existence of witchcraft.

Traditional medicine is a fundamental practice of the Karanga religion. People's experiences of illness and disease, death and misfortune call for healing. The *n'anga* (traditional medical practitioner) plays an important role in divination and healing. He is referred to as diviner-healer. The term witchdoctor as used by Westerners is erroneous and attributes to the traditional medical practitioner more powers to harm than to heal.

N'anga acquire their skill through apprenticeship to skilled practitioners. They are exposed to herbs, plants and roots and trained in how to identify them and prepare them for medicine. The skill may be acquired in early childhood. Some knowledge about herbs may also be transmitted from *midzimu* through dreams. Spirits select a spirit medium who suffers from serious illness. The *n'anga* identifies the cause as *mudzimu* and in a ritual the medium accepts his new role. Some traditional medical practitioners receive their training from a *shavi* spirit called *njuzu*. The spirit captures a potential medium who is drawn into a pool for a considerable period of time which ranges from a month to a couple of years. Eventually the person captured comes back through a ritual and practises as a famous *n'anga* using knowledge acquired in the underworld.²⁵

As a diviner the *n'anga* provides advice to complex questions or problems which affect people. Illness and disease constitute the greatest problem. Minor illness and disease like cold and flu do not worry the Karanga. They can vanish on their own or

25 Dahlin, *Zvinorwadza*, pp. 94–5.

with a mild cure without complications. Serious illness and disease such as chronic headaches and chest pains are causes for concern. They linger for a long time and resist treatment. In this context of illness and disease people approach a traditional medical practitioner to diagnose the cause and prescribe a solution. Spirits are the primary cause of illness and disease. They strike when the living fail to live up to their social obligations through omissions and negligence. They also bring illness when people violate taboos such as totems, working on holidays, incest and murder. Failure to fulfil social obligations like payment of mother's beasts and debts invite *ngozi*. Also ill treatment of spouse or parents, such as beating your own mother, provokes the spirits. But generally the Karanga are of the opinion that *midzimu* spirits are essentially positive. Human beings are evil. But ancestors can allow witches to bring illness.

Shavi, spirits or alien spirits cause illness and disease. On possession the medium first experiences illness. *Shavi* also transmit evil practices like *shavi rouroyi* (witchcraft), *shavi rokuba* (stealing) and *shavi rokuhura* (prostitution). But the *shavi* spirits are also ambiguous. They play a positive role in healing. *Shavi rokurapa* (healing spirit) possesses a *n'anga*. Prominent *shavi* healing spirits are *shavi dzviti* (warrior) from the Ndebele, *shavi rechisena* from Mozambique. *Jukwa* and *njuzu* spirits heal and provide rain. Some *shavi* provide skills and benefits. *Shavi roudzimba* is involved in hunting. *Shavi regudo* (baboon spirit) is renowned for dancing. On the whole *shavi* spirits cause but heal illness.

Some spirits operate with witchcraft to cause afflictions on the people. *Zvidhoma* and *zvitokorochi* cause illness and disease. They are spirits of people raised by witches and operate as familiars to cause harm to people. *Magoritoto* and *zvipoko* are spirits of dead people who haunt their lives and bring illness. *Mamhepo* and *mabvuri*, often called evil spirits, are restless spirits which bring illness. All spirits of people who did not have a proper ritual of returning home wander about and cause illness and disease. Also witchcraft per se, operated by men and women in mysterious ways, is a source of illness and death. When a witch has been identified, people approach the witch. They praise him/her as healer and quite unknown to the witch he/she provides the cure. But the witch may also be publicized indirectly through *bembera* (indirect disclosure).

The traditional medical practitioner applies various means of diagnosis to the problem. Spirit possession is the most common. He is possessed by a *mudzimu* or *shavi* spirit. He wears special clothes, black and red in colour and comprising animal skin. Beads and charms hang all over the body. He also puts on a headpiece made from ostrich feathers. He uses a calabash or horn with special medicine for his profession. Some items he uses include a whisk made from ox-tail, antelope or zebra. He wields a walking-stick and an axe. He applies snuff to invoke spirits. Spirit possession can also be induced by drinking traditional beer, drums and singing. In possession the medium shouts and makes noises. He acts like the deceased and speaks though a medium in a different dialect. His assistant translates the message. So his special garments and equipment he uses are insignia of his profession.²⁶ A

26 Ibid. pp. 96–7.

diviner–healer lives on a special diet and observes taboos against eating certain animals and foodstuffs.

A *n'anga* divines by mechanical means using items like *hakata* (dice) or a talking calabash. Nowadays objects like a mirror, water, cloth or paper are used to identify the causes of the problem. Diagnosis can also be effected through omens, dreams and ordeals. The spirit world reveals and communicates to the practitioner through various forms of phenomena. According to one *n'anga* nature speaks to you through trees, grass and animals as invisible spiritual forces. A *n'anga* uses a third eye to look inside. He identifies the cause and attacks pain in three ways: physical, psychological and spiritual.²⁷ Elders in the Karanga society are also equipped with basic knowledge of diagnosis through dreams, omens and observations. The *n'anga* divines. He is more powerful than the elders.

A *n'anga* is responsible for healing. As a herbalist he deals in medicine and offers prescriptions. He applies several methods of healing to effect the cure. He is consulted on family rituals at birth, initiation, marriage and death. He is involved in community rituals of rain, and to counter national disasters and catastrophes like diseases, pestilences and plagues. He heals the people and the land. In the case of illness and disease he applies knowledge of natural herbs from trees, plants, barks, roots and leaves. Common herbs normally used for complex illnesses are *chifumuro* which exposes the disease to shame; *mubvamaropa* drains blood, *chifuro-furo* plant produces therapeutic foam, *gavakava* (aloe) is bitter, *chafixe* fixes rheumatism and physical disorders. Also *hazvieri* is a curative with no restrictions and *ruvande* unearths the hidden. *Mbanda* is another common herb. The healer uses certain part of animals and birds as medicine. He cures serious diseases like abnormal *nhova* (fontanelle) which affect children, *chipengo* (mental illness), *chitsinga* (rheumatism), *biripiri* (measles), *shuramatongo* (AIDS), *jeko* (menstruation pain), *mabayo* (pneumonia), *musana* (impotency) and sex-related diseases like *runyoka*.

The *n'anga* heals by extraction of objects which cause diseases. Extractions involve *kuruma* (biting), *kukwiza* (rubbing), *kuvhiya* (surgery), *kupfungaidzira* (blowing smoke) and sucking with a horn. *Nyora* (incisions) are used to heal and to protect. Spirits which cause illness and disease are removed through exorcisms. Stinking plants, such as *rukata*, and salted water are common in driving out spirits. A patient is covered with a blanket and inhales steam from boiling water and smoke from fire. The invading spirit is choked and disappears. *Kufemba* sniffs the spirit and *kuhaka* pulls it out. Some spirits are cast away by rituals of expulsion. The healer removes the spirits by smashing a pot at a crossroads. He may also transfer the spirit into an animal like a fowl, goat or monkey. Anyone who collects the discarded items will contract the illness and disease. An unscrupulous *n'anga* is capable of returning the spirit back to the owner, who will suffer from afflictions. In that case people perceive the *n'anga* as witch with powers to heal and kill. Independent church prophets in Zionist and apostolic churches also exorcise spirits and extract objects which cause illness and disease. A *n'anga* performs other functions like *kupinga*

²⁷ Lecture presented by Dr Peter Sibanda at Arrupe College, Harare, 17 September 1999.

musha (protecting a home) and *rukwa* (boosting agriculture). He also supplies medicine for love, luck and employment.

The *n'anga's* primary function is healing. As a traditional medical practitioner he provides both physical and spiritual healing. Healing involves both the individual and society. He also acts as an intermediary between the human and spiritual world. He is consulted on medical, economic, political and social issues. His operation is limited by the Witchcraft Suppression Act, but he operates under the umbrella body of traditional healers organized on a national level in 1981 called the Zimbabwe National Traditional Healers' Association (ZINATHA). The president of ZINATHA is Gordon Chavunduka and the secretary is Peter Sibanda. In 1992 the organization had 2,400 registered members in the country and 350 in Mberengwa.²⁸ They have established offices at Mataga growth-point. Their head offices are in Harare. Here the organization runs a medical college which trains traditional healers. They operate a drug shop and they are proposing to construct a hospital and to provide a medical-aid scheme for patients. Membership is based on payment of fees which fluctuates with inflation. A bill enacted in 1996 compels traditional medical practitioners to obtain certificates. Practising traditional medicine without one is liable to fines. But some practitioners with financial limitations operate without a licence.²⁹

On the whole all aspects of the Karanga religion are linked. Spirits are influential. Health and well-being are matters of prime concern.

Christianity

Mainline Christians

Several church denominations exist in Mberengwa. But the most dominant denomination is the Evangelical Lutheran Church (ELCZ). The church originates from the Church of Sweden Mission (CSM) founded in 1874 to spread the gospel to non-Christians. In 1876 the first missionary pastor Otto Witt was sent to Zululand and founded Rockers Drift mission. Pastor Frederick Ljungquist met a missionary in Lake Nyasa in 1895 who had travelled in Zimbabwe and proposed a mission north of the Limpopo, 'closer to the heart of Africa'.³⁰ In the 1880s two missionaries, Pastors A.R. Kemp and J.F. Ljungquist, were sent to explore the prospects for the mission. In 1902 CSM commissioned Alex Liljestrand and Adolph Hellden, missionaries in South Africa, to go and work in Zimbabwe.³¹ The missionaries established centres at Shurugwi and Vhugwi. Hellden settled at Shurugwi but his wife succumbed to malaria and died. Liljestrand was based at Vhugwi. His family suffered from malaria and his wife and children returned to Sweden.³² In 1906 Liljestrand bought a farm of

28 Dahlin, *Zvinorwadza*, p. 99.

29 Ibid., pp. 99–100.

30 Hugo Soderstrom, *God Gave Growth: The History of the Lutheran Church in Zimbabwe, 1903–1980* (Gweru, 1984), p. 16.

31 Ibid., pp. 17–19.

32 Ibid., pp. 20–23.

6,000 acres at Mnene in Mberengwa from a Matabele Mining Company for £600.³³ Mnene became the most powerful mission centre in the history of the ELCZ in Mberengwa. The centre developed gradually and erected the hospital, schools, the church and staff houses.

The ELCZ pursued a three-pronged approach of preaching, teaching and healing. They based themselves on the model of Christ who functioned as preacher, teacher and healer.³⁴ Mnene operated as the main mission station between 1903 and 1919. The missionaries opened preaching centres at certain places. Evangelists were appointed to preach. The centres were later elevated to mission stations. At Masase (Morning Star) a parish and school were established. Vilhelm Skold was in charge. Next Gomututu in Mnene parish developed into a mission station. Harald von Sicard was head of the mission. He was affectionately known as VaRudo which means 'love'.³⁵ The site at Gomututu was located on a hill overlooking the beautiful scenery of the countryside. A church was later constructed on the ruins of the pastor's house.

Many stations opened in Mberengwa now classified as the Eastern Deanery. In 1957 Chegato developed into a mission station from Mnene. It was established after disputes with the Remba people over their cultural practices. A prominent secondary school for boys was established at Chegato. Masase offered girls education. In 1945 Musume established a mission station originating from Gomututu. Each of the mission stations further established sub-congregations.³⁶ Most of them built a church and a school. But now schools are run by government councils.

Up to 1928 the Lutheran mission concentrated on the Karanga in Mberengwa district. But the missionaries extended their work to the west in Matabeleland inhabited by the Ndebele, Venda and Sotho. This is known as the Western Deanery.³⁷ Manama mission in the Gwanda area is the main centre with church, school, Bible school and hospital. On the whole by 1914 Lutherans established key mission stations in the two deaneries. In Mberengwa in the east the prominent mission stations are Mnene, Masase and Gomututu. Secondary schools were established at Masase, Musume and Chegato. Hospitals were constructed at Mnene, Masase and Musume.³⁸ Significantly all mission stations have Karanga names.

The Lutheran Church has also spread into cities like Harare, Gweru, Kwekwe, Kadoma, Mutare, Masvingo, Bulawayo, Bindura and so on. The headquarters are in Bulawayo. The bishop is head of the church. Two deans administer the Eastern and Western Deaneries. Each deanery has pastors and evangelists. *Vatariri* help in the ministry at the congregations. They are departments for men called *Zvapupu* (witnesses) and *Vashandiri* (women). In 1984 women established a centre in Gweru called Vashandiri Centre. The centre hosts meetings and runs programmes in sewing,

33 Ibid., p. 25.

34 Ibid., p. 48.

35 Ibid., pp. 49–50.

36 A. Shoko, personal interview, 18 August 2002.

37 Soderstrom, *God Gave Growth*, p. 50.

38 Ibid., p. 69.

dressmaking, typing, shorthand and book-keeping.³⁹ In Mberengwa, *Vashandiri* meet every Sunday after service and Wednesday. They are involved in Bible reading and participate in cooperatives in baking, sewing and poultry keeping. They meet annually at *Ruwadzano* for sermons and Bible studies, and they hold competitions in singing and handicraft.⁴⁰ Youths also have their own body called *vatsva*. They hold youth rallies and Bible readings. They are also involved in projects like gardening, building, carpentry, sewing and knitting. They participate in development projects. The African synod was formed in 1943. The first African pastor, B.J. Hove, was ordained in 1937. The first African bishop, J.C. Shiri, was consecrated in 1975. Now the church is in the process of establishing dioceses.

The Lutheran missionaries were involved in the liberation struggle. In Mberengwa Zimbabwe African National Union (ZANU) guerrillas first operated in the area in 1975 and the Zimbabwe People's Union (ZAPU) in 1976. They mobilized people at *pungwe* (night vigils) characterized by politics, singing and dance. Parents provided cooking, logistics and food. *Mijibha* (boys) were involved in reconnaissance. *Zvimbwido* (girls) saw to the welfare of the guerrillas in terms of bathing and clothing.⁴¹ The guerrillas often clashed with the Rhodesian forces. In 1978–80 they battled against Abel Muzorewa's *Pfumo Revanhu* (Spear of the People) after the internal settlement with Ian Smith. Missionaries in Mberengwa served in the war by supplying guerrillas with medicine, food and clothes.⁴² But they also fell victim to beatings and harassment perpetrated by the fighting forces. Schools and hospitals were vandalized. As a result in 1976 all missionaries were advised to leave the country. People in Mberengwa also experienced mass killings during the dissident war between the Fifth Brigade and the Zimbabwe People's Revolutionary Army (ZIPRA).⁴³ The war affected relations in the Lutheran church between the Ndebele and Shona.

In the beginning the Lutherans adopted a negative attitude towards the Karanga tradition, religion and culture. The Karanga were portrayed as a primitive people characterized by deceit, alcoholism and immorality.⁴⁴ They were described as superstitious savages with no religion. But in the 1920s they developed an interest in the Africans but also as a strategy to inaugurate an indigenous African Lutheran Church.⁴⁵

Apart from the ELCZ, Mberengwa has other mission churches operating in the district. The Roman Catholic Church has established a centre at Don Bosco near Chegato. The centre comprises a school and a church. The centre falls within the area of Chief Mposi a muRemba.⁴⁶ It was established after a conflict over the Remba culture. The Lutheran Church at Chegato resented the customs of initiation and ritual

39 Gurli Hansson, 'Vashandiri, Mbuya and the Impact of the Second Chimurenga' (Licentiate diss., University of Uppsala, 1992), p. 189, cited in Dahlin, *Zvinorwadza*, p. 81.

40 Dahlin, *Zvinorwadza*, p. 81.

41 Ibid., p. 49.

42 Ibid., p. 50.

43 Ibid.

44 Soderstrom, *God Gave Growth*, p. 24.

45 Dahlin, *Zvinorwadza*, p. 79.

46 Ibid., p. 81.

killing. But the Catholic Church reflected a positive attitude which prompted the establishment of a centre at Don Bosco.⁴⁷ There are isolated Catholic preaching points in the district. One is found at Poland near Vuhwa mountain. No church buildings exist in the district. Trees and classrooms are used as places of worship. Instead the Catholic Church established mission stations in the nearby Chivi and Mwanezi districts in the Masvingo province. The two areas lie on the border with Mberengwa. It has established Berejena mission station across Ngezi and Runde rivers in the same province. The mission has a church and school where some people from Mberengwa attend. The Catholic Church has also established a mission station at Matibi in Mwanezi district. They took over from the Brethren in Christ. The mission has a hospital. Patients in the eastern part of Mberengwa visit the hospital for treatment.⁴⁸ The Lutheran hospitals at Mnene and Musume are quite some distance.

The other mission churches operating in Mberengwa are the Anglican Church, Dutch Reformed Church, Methodist Church and Baptist Church.⁴⁹ Membership is low and the churches operate at a small scale. These churches are mostly found in urban centres like Mberengwa town, Mataga growth-point and Buchwa mine. New religions have appeared on the scene. These are African Initiated Churches which include independent churches such as Zionist, apostolic and Pentecostal churches like Zimbabwe Assemblies of God Africa (ZAOGA) and Apostolic Faith Mission (AFM) predominant in the mines.

Independent Churches

Independent churches are also present in Mberengwa. They originated from migrant labourers returning from South Africa in the 1920s. Two types exist. The Spirit-type churches, which emphasize prophecy, inspiration and revelation of the Holy Spirit. Their distinctive features lie in prophecy under the inspiration of the Holy Spirit, speaking in tongues and healing. They have a relationship with the Zionist movement in South Africa and also with Zion City, Illinois in the United States of America. So they are referred to as Zionist or apostolic.⁵⁰ The Ethiopian-type churches are non-prophetic. They do not claim manifestations of the Holy Spirit. They are linked to the first Christians in Ethiopia. So they are called Ethiopian churches.⁵¹

The origins and cause of the rise of independent churches stem from poor communication of the gospel, and ignorance of traditional religion. Also forces of social change, industrialization, urbanization and secularization promoted the genesis of new religions.⁵² The church founders introduced a quality of evangelization which was very effective on the Shona people. The most important issues were baptism in the Jordan, prominence of the Holy Spirit, speaking in tongues and faith healing.

47 Ibid., p. 88.

48 Ibid., p. 81.

49 Ibid.

50 Bourdillon, *The Shona People*, p. 339.

51 Ibid.

52 Marthinus Daneel, *Quest for Belonging: Introduction to a Study of African Independent Churches* (Gweru, 1987), pp. 75–88, cited in Dahlin, *Zvinorwadza*, p. 84.

In Mberengwa the churches are dominated by two churches, Zion Christian Church (ZCC) founded by Bishop Samuel Mutendi in Masvingo and the African Apostolic Church of Johane Marange in Bocha. Splits have occurred in the churches resulting in a number of new independent churches. In Mberengwa some well known churches are Zion reTambo, Jekenisheni, Matenda, Zvapupu, Chiedza, Mugodhi, Masowe, Njenje, Mabasa avaPostori, Zviratidzo zvavaPostori, Muchakata, Chibarirwe and St Elijah Chikoro cho Mweya.

According to M.L. Daneel Zionists emphasize speaking in tongues. Their source of inspiration is Mt Zion in Jerusalem. Their church headquarters are called Zion or Moriah. They perceive the kingdom of God as imminent, in line with biblical tradition. All church congregations send delegations to Zion in October to a conference called *Mbeu Vungano* (seed conference) to request rain and blessing of seeds. Bishop Mutendi performs the ritual. Notably he assumes the power of the *n'anga*. The ritual is a replica of the *Mwari* cult at Matonjeni.⁵³ A memorial service is held every year on 22 July, (*Zuva raSamere*) at Defe in Gokwe. ZCC has established important assets. They have a school, Mutendi High, and conference rooms. They operate a fleet of buses under the name Mutendi and Chiedza. They run a nightclub at Nyika growth-point in Masvingo. Chiedza buses operate between Masvingo and Musume in Mberengwa. Zionists from Mberengwa are involved in church activities which take place in Masvingo and other places. Faith healing is dominant with the use of injections, newspapers, holy water and inhaling smoke.

Members of the apostolic churches such as Johane Marange emulate Christ. They claim to be like the first apostles of Christ who undertook missionary journeys. They have no church buildings since God has not approved of them. They believe in baptism in the Jordan. They dress and behave like biblical apostles. They shave their heads and keep their beards long. Their dress comprises long white garments or dustcoats. They put on sandals. They maintain strict rules like avoiding contact with dogs which are evil and defile. They also observe dietary regulations in line with Leviticus 11:24 against fish called *mhatye* which swallowed Jonah in the Bible. They also abstain from *hunga* fish which looks like a snake. They avoid pork due to its association with evil spirits. Apostles also prohibit alcohol, but most members take *mukumbi* (alcoholic beverage). They are renowned for drinking *tea-hobvu* (strong tea). They also practice polygamy. Apostles conduct faith healing using oil, orange juice, eggs and inhaling smoke. But all these characteristics are general and vary from one church to another.

Ethiopian-type churches such as Chibarirwe (birth origin) are non-prophetic. As we have noted they are linked to Ethiopia as the origin of Christianity in Africa, 'Ethiopia shall soon stretch her hands to God' (Psalm 68:31).

Independent churches are primarily Christian. Their faith and liturgy are based on the Christian Trinity: the Father, Son and Holy Spirit. The Holy Spirit is central. He inspires prophecy and speaking in tongues. The prophet is an important vehicle of the Holy Spirit. He makes prophetic revelations under the guidance of the Holy Spirit. He heals through the power of the Holy Spirit by sprinkling holy water,

53 Marthinus Daneel, *Zionism and Faith-Healing in Rhodesia: Aspects of African Independent Churches* (The Hague, 1970), p. 66.

injections, burning newspapers, anointing with oil and tying ropes.⁵⁴ The beliefs and practices are based on the Bible. But independent churches exhibit significant characteristics of African traditional religion and culture. Ritual practices are similar to traditional rituals. As we have seen, the rain rituals which involve delegates taking seeds to Mt Zion for blessing and the request for rain by the leader of the church are identical to *manyusa* delegations and petitions for rain at Matonjeni.⁵⁵ In all cases the desire for rain is imperative in religious practice.

Spirit possession forms an important link with tradition. Independent church members operate under the influence of the Holy Spirit. When the spirit possesses a member he enters into a state of ecstasy. The individual shakes his head and shouts with a different language, 'Grrsk, Glory, Halleluia, Amen'. Then in possession he utters revelations by the Holy Spirit. Whilst the chief prophet is usually male, women members are also prone to spirit possession. The state is stimulated by singing and dance. The phenomenon of spirit possession is common in traditional religion. Spirit mediums enter into frenzy and shout foreign words and statements. Spirits identify themselves and communicate messages from the spirit world. Male and female mediums are also found in the traditional context. But traditional rituals involve beer drinking, music and dance.

Prophets in independent churches play a vital role in healing. They function under the power of the Holy Spirit. In the case of illness and disease the prophets first identify the cause of the problem. They acknowledge the reality of spirits such as *midzimu* (ancestor spirits), *mashavi* (alien spirits), *ngozi* (angry spirits) and spirits associated with witchcraft such as *zvidhoma* and *zvitokorochi*. They also believe in the influential power of wandering spirits like *magoritoto* (ghosts) and *zvipoko* (spooks). But independent churches believe the spirits are evil and must be exorcised. The prophet then applies healing through extraction of disease-causing objects and exorcisms. He sprinkles holy water, anoints with oil and inhales steam to heal the sick. The prophet's operations are similar to the practices of the *n'anga*. But whilst the prophet is possessed by the Holy Spirit the *n'anga* is possessed by *midzimu* and *shavi* spirits. One is holy and the other evil. He explains the causes of the problems. *Midzimu* strike when rituals are neglected and taboos are violated. As punishment they can allow evil. *Shavi* spirits cause illness and disease on possession. *Ngozi* causes suffering and death. Witches inflict harm on victims.

Religion in Mberengwa may be seen from two perspectives. On one hand mainline churches influenced the Karanga traditional religion and customs. Initially the Lutheran Church attacked the people as primitive and savage with no religion. The church prohibited traditional practices like involvement in traditional rituals, polygamy, drinking beer and smoking. Beer was perceived as evil and capable of influencing the Karanga's minds to deceit and immorality. Ancestors, alien spirits and others were regarded as *mweya yakaipa* (evil spirits) which represent Satan as the devil incarnate. The church imposed tough measures on Christians who participated in traditional customs by suspending them from partaking in holy communion,

54 Dahlin, *Zvinorwadza*, p. 85. See also Daneel, *Quest for Belonging*, p. 222.

55 Daneel, *Zionism and Faith-Healing*, p. 66.

wearing church uniform and taking up leadership positions. The Christians could be absolved after *kangamwiro* (forgiveness).

The origin of the term *Mwari* may have Christian origin. As we noted the term *Muari* (he who he is) could be derived from 'I am who I am' (Exodus 3:14). Missionaries used the term *Mwari* in the Shona Bible. But another possibility suggests *Mwari* is indigenous and that missionaries adopted the local name to the Bible.

The Catholic Church tended to be more accommodative of traditional religion and customs like circumcision and ritual killing. While the Lutheran Church detested the customs in the beginning, the situation has now changed. The person who slaughters beasts at Chegato High School is a muRemba. Students of Remba origin attend Komba rituals and wear ornaments like beads without problems.⁵⁶ Historically Chegato was opened after dispute with the Catholics and the wrangles resulted in the establishment of the Catholic centre at Don Bosco. The Catholic Church is not strict on traditional rituals like *kurova guva*. The church accepts traditional medicine but is against consulting a *n'anga*. Members of the church are allowed to drink beer.

On the other hand the Karanga traditional religion has influenced Christianity. Both mainline Christians and independent churches practice *nyaradzo* which relates to the traditional ritual of *kurova guva*. Whilst the Christians believe the ritual is consolation for the living, traditionalists put emphasis on the dead. The ritual is intended to bring back the spirit of the dead which is transformed into a *mudzimu* to protect the living. Also the concept of Christ as ancestor has a traditional base.

Independent churches believe in the existence of spirits, such as ancestors, alien spirits, angry spirits and witchcraft, a common belief entertained in traditional religion. This position is not popular with mainline churches who dismiss spirits as evil. But independent churches also regard evil spirits as bad. Spirits must be eliminated by expulsion. The seed ritual conducted at Zion testifies to the influence of traditional religion on Christianity.

Religious Change

The influx of mission churches in Mberengwa and the rise of independent churches have exerted an impact on the traditional religion. Mutual influence best characterizes the relations between traditional religion and Christianity. On the one hand, Christianity influenced traditional religion and, on the other hand, traditional religion influenced Christianity. The concept of *Mwari* derives from Christianity, but is also traditional. The concept of 'mission' as liberation in traditional religion is Christian. But the *nyaradzo*, the seed ritual and the operations of the prophet are traditional.

In religion the Karanga traditional beliefs and practices prevail despite condemnation by Christianity. Ancestor spirits, alien spirits and other spirits populate their cosmology. Rain and death rituals are still in practice. The beliefs

⁵⁶ Chiropafadzo Mabuwa, 'The Komba Ritual of the VaRemba Tribe' (BA Hons diss., University of Zimbabwe, 1993), p. 73, cited in Dahlin, *Zvinorwadza*, p. 88.

pervade industry, education, employment and sport. Healing is important in the Karanga traditional religion. The *n'anga* still plays a crucial role to divine the causes of illness and disease and provide healing. Spirits are the prime cause. Witchcraft is also involved. The *n'anga* heals by herbal treatment and exorcisms. The Lutheran Church set up hospitals and clinics and highlighted physical and natural causes and bio-medical treatment. Independent churches emphasize spiritual causes and apply faith healing. The Karanga may use one or two medical systems, but for most people traditional healing is the basis of their health and well-being.

Chapter 3

Causes of Illness and Disease

The Karanga distinguish between four categories of potential causes of illness and disease. They are spirits, witchcraft and sorcery, socio-moral causes and natural causes.

Spirits

The Karanga believe in the existence of spirits that are typically invisible and intangible but who have power to affect the lives of the living as causal factors of illness and disease: such as ancestral spirits, vindictive spirits, witch familiars and stranger spirits.

Vadzimu

Illnesses and diseases of a serious and complex nature are attributed to *vadzimu* (ancestors) who are the deceased parents, grandparents or occasionally great grandparents drawn equally from both sides of the family.

Vadzimu take a lively interest in the affairs of their descendants. However their behaviour is unpredictable for they can be benevolent as manifest in their actions as guardians and protectors ... but they can become malevolent and complain of neglect, usually neglect of ritual performance which incites them to inflict persistent *zvirwere* (illnesses).¹

Although protection of the descendants from illness and misfortune is a priority for the ancestors, the living descendants sometimes suffer from illness and they still attribute them to the ancestors.

Illness is often associated with the action of the ancestors who wish to communicate effectively with their descendants. This communication is effected through a *svikiro* (spirit medium).

The ancestors involuntarily take one of us ill and exhibit physical symptoms of epilepsy, vomiting, crying without producing tears and lack of appetite. Unless the relatives seek for advice or therapy from a traditional practitioner then the victim continues suffering but does not necessarily die immediately so that in the diagnosis the *n'anga* will reveal that the ancestors are initiating communication and we will perform the rituals.²

1 T. Ngara, personal interview, 1 September 1989.

2 K. Runesu, personal interview, 10 September 1989.

The illness caused by the ancestors as a means of calling for ritual attention is believed to defy all treatment. This is not meant to kill the victim but to guide the descendants to search for the spiritual cause from the diviners.

Irreverent behaviour by the living is supposed to lead the ancestors into meting out punishment, for instance when ritual obligations are slow or if descendants fail to meet the demands of ancestors.

Ancestors usually demand *bhuru remusha* (family bull dedicated to the ancestors) and ritual food and drink in the form of *doro* (beer). The punishment and demand is normally in the form of an illness of an individual or the entire family.³

If the ancestors are not honoured through the requisite rituals, they express their anger and dissatisfaction through illness befalling the living. If diagnosis by the *n'anga* points to this as the cause of illness, the outstanding rituals are performed and the patient recovers. The *kurova guva* (bringing back home) ceremony, in which the roaming spirit of the dead grandparent is domesticated by bringing the ancestor into the family and tribal circles in order to safeguard the interests of the descendants, is held to be a sensitive occasion for the ancestor to whom it is due. It is imperative that *kurova guva* be held in good time otherwise the spirit in question will cause chaos and havoc.⁴

In their capacity as guardians of the family, land and morality, ancestors function as important guarantors of an orderly society. 'Any human behaviour and violation can make ancestors punish the culprit or any one of us by illness and misfortune.'⁵ The Karanga perceive the resultant illness to be mild and harmless initially and if the culprit reforms or conforms with societal norms, then the illness will pass without complications. However, if the culprit is unwilling to reform, the ancestors will open the door for vindictive and wandering spirits to attack thereby endangering the culprit's health.⁶ In that respect, 'ancestors do not shed blood but inflict pain only. When they exterminate the descendants, they are considered as the spirits of vengeance.'⁷ This consolidates the Karanga understanding that ancestors are able to bring death and destruction into their families if they turn out to be spirits of vengeance that are very powerful.

Ancestors, therefore, can cause any type of serious illness and disease, and even have the potential to wreak havoc among their own descendants. The cure will naturally take the form of exorcism or pacification of the malevolent spirit. Such a cure is accomplished by forms of *kupira* (sacrifice) or other material concessions such as beer, cloth, blankets or beasts, usually in the form of a bull or a he-goat.⁸

3 T. Ngara, personal interview, 1 September 1989.

4 J. Shava, personal interview, 21 December 1989.

5 Ibid.

6 Ibid.

7 Ibid.

8 Observed ritual, 24 October 1989.

Ngozi

Ngozi (avenging spirit) is another spiritual agent, one of the most dreaded sources of illness and disease and even misfortune and death. *Ngozi* is the spirit of a person whose death came as a result of foul play or who has been wronged and dies harbouring feelings of having been mistreated, which now seeks justice against the living.⁹

This quest for justice is through causing illness to the family of the wrongdoer. The affliction of *ngozi* is understood to be a form of *chirango* (punishment) which ranges from minor illness to even death, depending on the gravity of the situation. It is this aspect of wanting to even matters up which makes *ngozi* particularly devastating and dreaded. The anger of *ngozi* is difficult to placate. However, the fundamentally uncompromising nature of *ngozi* is not rigid. Once its demands have been met, a truce is observed and the spirit may rest in peace. If the demands of the avenging spirit are regarded as illegitimate and are ignored, illness will continue to beset the family of the wrongdoer and it may be wiped out. This occurred in one family in which a man killed an innocent person and the spirit of the murdered victim descended upon the wrongdoer seeking retribution. The vindictive spirit was raised from the grave and sent by the bereaved family to attack the victim and his family through the process called *kumutsa ivhu* or *mufi* (to raise the soil or the dead). The spirit administered a devastating revenge in various ways including:

Sending lightning, devouring victims through carnivorous animals such as crocodiles and lions. However in most cases, death through bleeding was the symptom of *ngozi* affliction resulting from sudden illness. The culprit was temporarily spared but turned mad until his entire lineage was choked with the spirit.¹⁰

The underlying belief was that such a fatal disaster occurred because no remedial action was taken on time.

The cure for *ngozi* is compensation ... In this case of murder, *mombe* (head of cattle) and *soro* (a virgin girl) was eventually paid to the bereaved family as compensation, on the understanding that the girl would be married to one of the family members and anticipated to give birth to a son who would replace the murdered victim and perpetuate the genealogy.¹¹

The mysterious murder of *njuzu* (mermaid) also exemplifies the Karanga belief in *ngozi* as a causal factor of illness and disease or even death.

During a serious spell of drought which paralysed the district, a group of women from Zvamatobwe went out fishing in the knee deep pools of Muchingwizi river with dragnets. In the process the fishing party trapped and axed to death a mermaid confusing it with a huge fish due to its fish structured tail. Just at the spot, the man who did the first cut collapsed and died. By dusk, one woman and a child had become mad. Three men in the village developed boils, leprosy and stomach ache respectively. A series of misfortunes followed thereafter

9 L. Mucheka, personal interview, 15 November 1989.

10 F. Bhocho, personal interview, 9 January 1990.

11 Ibid.

... Within days the case was reported to Zame at Matonjeni whose oracle recommended compensation in form of a herd of pitch black cattle, two black cows and a lady. These were subsequently driven and abandoned at the scene of the incident. This is how the spirit of *ngozi* performs its vindictive task.¹²

In the Karanga tradition, one could get rid of *ngozi* through the ritual of driving away. In this ritual, a scapegoat, usually in the form of a black goat or black fowl is taken and the illness brewed by the *ngozi* is transferred into it with the aid of a skilled practitioner. This will then be a cause of illness to the family of anyone who tampers with this evil-laden animal. Members of the family would have to deal with the effects of the avenging spirit. This is probably why the majority of the Karanga do not have anything to do with lost items. It is the fear of the lethal diseases brought about by the determined avenging spirits which drive away the people from these lost items. Whilst *kurasira* is efficacious, it may only be temporary and could not guarantee well-being. After this lull, the avenging spirit will come back regenerated and will cause untold suffering through inexplicable and unyielding illnesses.

The spirit of a mother who dies seriously dissatisfied with her son's behaviour towards her will cause illness to the rebellious son. The illness will be particularly serious if the son had assaulted the mother. The illness will not be confined to the son but attacks the grandchildren as well. 'The spirit of the mother will pester the son's family with illnesses and cause mental problems to the son.'¹³ Therapy consists of the son undergoing *kutanda botso* where he becomes a public disgrace by dressing in rags and begging for food. This is believed to show the son's contrition and the spirit of the mother would then stop causing illness.

The spirit of a mother-in-law who dies without having received her cow (*mombe youmai*) is believed to cause illness. The spirit returns to demand what is rightfully its property. Illnesses will befall the son-in-law's family and are believed to be long term. In one ritual a cow was handed over to the mother-in-law's family representatives. The son-in-law's family had suffered from a series of illnesses. Dumbfounded, they consulted a *n'anga* whose diagnosis pin-pointed the spirit of the mother-in-law's demand for the overdue cow as the cause of the illness in the family. By this ritual, the son-in-law was acceding to this rightful demand and it was hoped that the family would recuperate.

The potentially devastating power of *ngozi* in Karanga society is well-known.

A woman who had just married in Mupunga village under Chief Mapiravana became barren. Due to the cultural stigma attached to childlessness by the Karanga, she was expelled by her husband. Fleeing in terror, she left her personal belongings such as *hari* (pots), *nhovo* (mats) and other utensils at the husband's place as she sought refuge at her parents' home. Within a few months, the divorced woman, unfortunately, died. The husband neither paid his wife the last respects (*kubata maoko*) nor participated in the burial and post-burial rituals. This irritated the spirit of the late woman and it started to inflict serious illnesses and deaths in the husband's family circle. Consequently, three people died within this family. Obviously

12 P. Gumbo, personal interview, 30 March 1990.

13 A. Mhari, personal interview, 4 November 1989. The belief that the spirit of a wronged mother causes illness is popular among the Karanga.

the bereaved in-laws instigated the spirit to strike a revenge. When finally the husband's representatives approached the maternal in-laws for negotiations leading to compensation, they were heavily charged for ill treating their daughter during and after her lifetime.¹⁴

In another set of beliefs when an adult person dies suddenly on the verge of marriage, there is danger that he may become a vindictive spirit. He becomes vindictive because the development of his social goal of marriage has been cut short abruptly. In addition, the deceased is deprived of the chance to qualify as *mudzimu*. Such a spirit, called *chikwambo* in Karanga, is dangerous in that it causes illness and disease. In order to make peace with the deceased, the *kugadzira* (repairing) ceremony, a form of death ritual, is performed for him although he never transforms into a genuine ancestor since he died prematurely without children. It is on this ceremony that a name is given to one of his brothers thereby symbolically replacing him and appeasing the vengeful spirit.

Illnesses are however not limited to the family level, where illness within the family may be associated with that family's ancestors. It may so happen that there is an epidemic and the whole village or territory is affected. In this instance, a causal explanation of family ancestors is inadequate since it transcends their sphere of influence. The people, therefore, focus on a wider circle of spiritual entities and attribute epidemics to *mhondoro* (lion spirits). These are territorial spirits whose function it is to protect the Karanga from diseases, droughts and other calamities. The people are expected to express their gratitude by observing a code of conduct in their interaction with these spirits. If they incur the wrath of these powerful spirits, illness will befall the entire territory. In the event of this happening, the anger of the *mhondoro* would have to be placated as a matter of urgency or the community would be extinct in a short while. The onus is upon the political and religious leaders of the community to act in haste, gather their people and perform the requisite rituals to appease the *mhondoro*. If the ritual is properly done, the epidemic will subsequently die down.

Shavi

The spirit of a stranger who died in a foreign land suddenly and without death rituals performed for him, has the potential to cause serious illness and disease. This stranger spirit is known as *shavi*. If a *shavi* spirit wants to possess an individual thereby seeking a proper home in which to reside, it inflicts pain.

A *shavi* spirit is believed to inhabit objects like trees, caves, anthills and other sacred phenomena. If a person happens to admire any one of these objects, he risks attracting the *shavi* spirit. In the end the person catches certain illnesses.¹⁵

Shavi spirit possession is heralded by illness, and more so in a host earmarked to become a traditional practitioner. The victim becomes physically weak until a skilled

14 R. Mpofu, personal interview, 16 December 1989.

15 R. Moyo, personal interview, 1 December 1989.

diviner and practitioner is consulted to diagnose the intruding spirit and ultimately make arrangements for a ritual to accommodate the spirit.

Shavi spirits are divided into two categories, described as *shavi rakanaka* (positive) and *shavi rakaipa* (negative) stranger spirits. The positive *shavi* is believed to confer eminent skills on the medium such as hunting, healing, singing, dancing and other related traditional specialities. A negative *shavi* is perceived as capable of bringing on the host disdainful spirits such as witchcraft, stealing and prostitution.¹⁶ However, whether positive or negative, the *shavi* spirit causes illness among the Karanga when it competes for a host or is in search of a home where it is recognized. Perceived as a neglected spirit which roams from place to place in search of a *homwe* (pocket/host), *shavi* is a conspicuous source of illness. Accordingly, if an intended victim refuses the invading spirit, he can contract a fatal illness.

Common diseases and illnesses caused by a *shavi* spirit, include the following: *jeko* (menstrual problem), *chibereko* (womb), *kushaya* (miscarriage) and *rushambwa* (an aversion to marrying).¹⁷ A particular *shavi* spirit may select a female host as medium. Just as a wife may be treated by her husband, the spirit becomes so possessive of its host and prevents her from bearing children if she is married. Equally the spirit may make a girl medium stay unmarried. In all cases, the victims suffer from menstrual pain and repeated miscarriages. A case in point reflects the causative factor of illness and disease attributed to *shavi* spirits.

A certain woman had been married for a good four years up to the end of 1988 when it became public knowledge that she was childless. Several attempts of medication had proved useless. In some cases she had experienced abortive deliveries ... until her in-laws instigated her expulsion and subsequent divorce on the grounds that she was impotent. Finally her relatives approached a diviner who diagnosed a female stranger spirit as searching for shelter and attention thereby inflicting pain in the woman.¹⁸

As in the case of *ngozi*, a diviner may exorcise the *shavi* spirit from the patient by casting out or transferring it onto a certain object or animal usually at a crossroads. Whoever takes over the object or animal gets the disease, the *shavi* spirit or both. Such a victim is viewed as having *munyama* bad luck. Thus, by virtue of its ability to cause serious illness and disease, a *shavi* spirit is definitely dreaded among the Karanga.

Bvuri

In the Karanga spiritual realm, there are certain types of illnesses and diseases which are believed to be caused by *bvuri* (shadow of a dead person). *Bvuri* is a form of spirit which wanders about wreaking havoc in the community by terrorizing people. An anthill is one of the believed residential places of *bvuri* spirit and if a passer-by catches a pungent smell in the area, his hair rises, indicating the presence of this spirit. What the victim might see next is a black shadow in the form of a human

16 T. Ngara, personal interview, 1 September 1989.

17 K. Runesu, personal interview, 10 September 1989.

18 Ibid.

being. The spirit may speak to the unfortunate victim and if he responds then his voice automatically disappears. Thereafter, he may become seriously ill, fuming and languishing in serious pain.¹⁹ Therefore, the Karanga strongly believe in spiritually influenced illness and disease in their community.

Witchcraft and Sorcery

Frequently, malicious human beings are believed to be the instigators of illness and disease through the arts of witchcraft and sorcery.

Witchcraft

Witchcraft ranks quite high as a causal explanation of illness. Just like its counterpart sorcery, witchcraft is categorized as non-spiritual although there is an established connection with malevolent, vindictive, capricious and unpredictable spiritual forces. Hatred and jealousy are the most frequently suggested motivations. Witchcraft is a nocturnal activity and strikes terror into the hearts of many. In fact, to the Karanga, witchcraft has a nightmare quality about it.

Anyone can be a victim ... Witches perform their evil deeds during the night under the cover of darkness. They are renowned for travelling or flying mysteriously naked and for employing familiars which take the form of creatures such as *ngwena* (crocodile), *nyoka* (snake), *bere* (hyena), *zizi* (owl), etc. They may and often do kill their innocent babies and close kin or afflict them with serious illness and disease.²⁰

At a *bembera* (public veiled accusation) residents of Shereni village took turns to condemn witches for causing too many illnesses in the village. Even though there was no specific mentioning of names, it was apparent from the vivid descriptions that there was a conviction that there existed undesirable elements. The occurrence of illness in the small village had reached alarming proportions: 'No single night passes without our children being molested by these witches'.²¹ The increase in witchcraft activities, manifested in the high instances of illness, was due to the witches of Shereni having entered into a cooperative with witches of a neighbouring village.

Numerous types of illnesses and diseases are associated with witchcraft.

The most common one is *mamhepo* (winds/fever) ... *Mamhepo* assumes a variety of forms. The victim becomes worried, confused and mentally ill. He speaks of seeing *zvitupwani* (witches, crones) and things everywhere. Instantly the victim convulses and becomes completely speechless as the illness develops. He produces foam and refuses to eat or drink. When he struggles to speak, all that you hear is a hoarse, rotten voice or simply a hiss. But if the victim is removed from his place of agony and transferred to a different village, the attack gradually ceases.²²

19 J. Shava, personal interview, 21 December 1989.

20 M. Muza, personal interview, 7 April 1990.

21 Ibid.

22 V. Zindoga, personal interview, 13 September 1989.

The witches' operational mode has different facets. If a witch is to succeed at all, the consent of the ancestors is a prerequisite. In cases of illness by witchcraft, therefore, the guardian and the enemy reach a compromise. Ancestors are believed to provide the green light if they are dissatisfied, and thus they open the doors and the enemy then has a free rein.

In this complex activity of witchcraft, familiars are an intricate and indispensable cog. *Zvidhoma* are a particular force to reckon with. Regarded as the 'children of the witches', they are one of the key elements in the causation of illness and disease. Invisible to the ordinary eye, they are an asset to their patrons. *Chidhoma* is:

A human spirit, a child who has been raised from the grave by magical manipulations of a witch and is used as an instrument of witchcraft. It may take the form of an animal and is therefore called *chimbwanana* (puppy).²³

After the witches have used *hoko* (pegs) to ensure a successful mission, this elite squadron bursts in to cause illness. As a result, many victims suffer chronic illnesses, become mad, paralysed or even die. On long-distance witchcraft missions, *zvidhoma* are often sent to warn a victim of impending trouble or to apply poison which would ultimately kill the victim. For transportation, witches rely on hyenas or riding on the backs of people without their knowing it. Just as they are endowed with the power to magically beat the grave open with a medicated whip and exhume corpses in quest of human flesh, witches are believed to remove a sleeping person's head in the night and use it as they wish, only to refit the part onto the owner at dawn. Thus, if one wakes up suffering from a headache, the elders may conclude that he was used by witches on their nocturnal deeds. The familiars are of unquestioning loyalty and carry out their assignments in a ruthless but logical and faithful fashion. The illness in Shereni community was attributed to the formidable combination of the witches and their familiars. However, if the familiars are ill-treated, then they become hostile and may cause illness or death to their owners and their kinsmen.

A person could go astray or unknowingly pass a rendezvous of witches or residential place of *zvidhoma*. That person would be prone to illness instantly. Also, there is a belief that a person may eat bewitched meat, usually from bulls that bear family names, and contract a fatal disease. Therefore, it seems the Karanga belief is that with a witch any symptom is possible. As a result, if someone is suspected of being a witch, as is usually the case with women and in particular widows who have few kin and live on the margins of society, the Karanga treat them with care and awe, not wanting to provoke them.

In the light of witchcraft as a conspicuous theory of causation of illness and disease, counter witchcraft is the effective cure. Divination plays an important role. The task of the diviner is usually to locate the human source of evil, to identify the witch. Confessions on the part of the suspected culprit, and neutralization or withdrawal of the evil influence may achieve therapy.

23 L. Mucheka, personal interview, 15 November 1989.

Sorcery

Witchcraft, as a causal factor of illness and disease among the Karanga, greatly overlaps with its counterpart, sorcery. Hence, a common term, *uroyi* is used to refer to both. A sorcerer is 'a person who is capable of doing harm to fellow humans by ritually manipulating and employing materials drawn from nature'.²⁴ A sorcerer may brew and transmit illness and disease to an intended victim through contact with his nail clippings, hair or scraping up dust from his footprints. In recognition of the effectiveness of sorcery, the craft could be bought from some unscrupulous *n'angas* who were in the field only for its financial and material viability.

The Karanga share a belief in an illness called *chitsinga*, a form of physical disorder caused by harmful magic or sorcery.

Chitsinga develops when an object or substance such as an insect, seed, twig, stone, thorn, bone, etc., is applied either on a leg or arm by a shrewd person who brings it into actual contact with the victim or magically transmits the disease-causing object from a distance. The ailment can lead to paralysis or amputation of the affected part of the body thereby jeopardizing his progress.²⁵

Thus, *chitsinga* may be bought to cause illness by a jealous neighbour.

A competitor in the neighbourhood is bringing our profession (herbalism) into disrepute by indulging in evil assignments. People in the vicinity are dying of mysterious illnesses due to harmful medicines of this rival. Wives bent on inheriting their husbands' estates are using X to cause serious illness and finally death to their husbands.²⁶

Whilst witchcraft is the domain of women, men specialize in sorcery. However, the dividing line is often thin since some women act in concert and union with men and the other way round.

Sorcerers in the Karanga communities obtain their powers from corrupt herbalists who manufacture and dispense dangerous herbs and substances. For instance, *chikwinho*, a form of herb which targets a victim, is used by sorcerers to cause illness. This assumes the form of a landmine which is planted alongside a path and will cause physical disorder only to its intended victim. Usually targeted at the affluent members of society, *chikwinho* is meant to disturb well-being and make members of society equal.

An illness called *chivhuno* (breaking) can be applied by sorcerers on prosperous farmers and on schoolmates or economic competitors in modern Karanga society. Victims of this disease suffer from joint weakness. Originally, sorcerers applied *chivhuno* on dogs which excelled in the chase for game in order to jeopardize their outstanding performance and it was later applied to humans. Sorcery, also includes the idea of *chipotswa* (thrown object). In this case, a sorcerer, with the aid of a skilled *n'anga* may exorcise an unwanted spirit from the afflicted victim but transfers it to

24 Z. Pfuko, personal interview, 29 October 1989.

25 T. Shiri, personal interview, 2 August 1990.

26 J. Marufu, personal interview, 24 January 1990.

an object like a coin, stone, bead, bangle, piece of cloth, etc., which is dumped at a crossroads at night. The unfortunate person who picks up the item first will contract the disease that is associated with the expelled spirit.

Zvivanda (puppies) and *zvishiri* (small birds), creatures which are associated with activities of sorcery, are causative elements of illness and disease among the Karanga.

Long ago these creatures were used by prominent hunters to confuse animals so that they could become easy prey. Just like *chivhuno*, *zvivanda* and *zvishiri* can be used in competitive enterprises and the victims become ill.²⁷

In the Karanga traditional belief system there is a form of illness called *chidyiso*, emanating from consuming poisoned food or drink. A majority of such cases of poisoning occur at beer parties.

A sorcerer put a medicated object in his fingernail and without the knowledge of his drinking mates, thrust it into the mug of opaque beer swiftly as he passed it on to the next intended person in the drinking circle. Moments after taking the beer, the sorcerer's target complained of stomach pains. Thereafter, the complainant's health deteriorated as he vomited and finally collapsed. Divination established this mechanism of sorcery and identified the culprit.²⁸

In that set of beliefs, females are also believed to have the potential of practising sorcery by poisoning *sadza* (maize meal made into thick porridge), water and kitchen food and drink. In that respect, resultant diseases are stomach aches, swellings and diarrhoea.

A sorcerer has the potential to manipulate forces of nature such as lightning and inflict illness and disease upon his rival. Thus, diseases like *zvipusha* (fits) are strongly associated with the effects of lightning. The underlying belief is that if a person is struck by lightning, he is likely to die, but if he survives the chances are that he contracts fits. Furthermore, certain persistent illnesses which affect the community could be caused by a medicated horn (*nyanga*) which is inserted in hidden places to upset domestic peace. Thus, sorcerers feature prominently as causal factors of illness and disease in the Karanga society.

The *n'anga* is perched high up the Karanga social ladder because of his diagnostic expertise and curative ability. However, the *n'anga* also has his own detractors. He or she may also be the cause of illness. The *n'anga* may succumb to human frailty and abuse his powers. 'A *n'anga* may be hired to inflict pain on an opponent and cause serious illness or even death.'²⁹ Some *n'angas* bewitch in order to promote their practice. The bewitched persons, who now suffer from illness, come to the *n'anga* in search of a cure. Since he was the one who caused the illness, he would have the cure readily available. This speedy recovery by the patient enhances the

27 J. Shava, personal interview, 21 December 1989.

28 P. Gumbo, personal interview, 30 March 1990.

29 G. Pfumbidzai, personal interview, 20 February 1990.

n'anga's popularity and so promotes his business. Thus, some Karanga regard the *n'anga* as both the curer of illness and its cause.

Socio-Moral Causes

Violation of Rules of Respect

Traditional Karanga life involves numerous obligations towards fellow humans on the one hand and unseen beings on the other. Such socio-moral obligations entail a code of respect of the elderly as sanctioned by tradition. Failure to accomplish the obligations through insult, negligence or forgetfulness creates a possible cause of illness and disease. Human behaviour is likely to invite spiritual wrath and subsequent illness.

Neglecting ritual duties ... breaking rules of respect ... exhibiting antisocial behaviour ... abrogating social and religious norms ... all make an individual physically indisposed.³⁰

In one case someone *akapfupira* (sacrificed or offered up) an ancestor in an endeavour to invite him to attack a kinsman. Conversely the raised spirit afflicted him. So it was his fault in invoking but failing to manipulate the spirit. Also the intended victim had *furatidza* (redirected) the spiritual force which hit back. Although illness and disease affect individuals, sometimes violation of rules of respect by an individual or group will threaten the entire community and its environment. A serious drought in the 1980s which paralysed Mberengwa appeared as punishment of the wayward behaviour of the Karanga.

The Karanga had stopped paying due respect to territorial spirits ... used odours and destructive Western chemicals in the fields ... worked on *chisi* (holy day) ... killed sacred animals like baboons, pythons and birds.³¹

Moreover, serious epidemic and famine were also attributed to human blunder which activated unseen forces into action by causing illness and disease. Some examples of prohibitions and the consequences experienced by the Karanga appear in Table 3.1.³²

Mupfuhwira (love potion) is considered a major cause of illness among married men. In a turbulent and trying marriage, wives are believed to try to resuscitate their husbands' interest in them through *mupfuhwira*. The connection with illness is really a case of good intentions producing bad results. Preparation of the concoction is believed to be long and involves observation of certain rules. If this is not ensured, disastrous consequences follow and the husband may fall seriously ill. Even if the formula is successful, the husband can fall ill for a short time. Illness after *mupfuhwira*

30 V. Zindoga, personal interview, 13 September 1989.

31 F. Negove, personal interview, 30 December 1989.

32 Z. Murefu, personal interview, 12 October 1990. The Karanga belief that failure to observe sacred prohibitions may cause *zvirewe* (illness and disease) to the offender and his kinsmen is confirmed by the results of a random sample of interviews.

Table 3.1 Prohibitions and Consequences

<i>Prohibition</i>	<i>Consequence</i>
Sit in the road	<i>Mamota</i> (boils) develop
Lick <i>musika</i> (stirring stick)	Men develop <i>dzungu</i> (dizziness)
Sit on firewood	Partner falls ill and dies
Eat with a sharp knife	Contract <i>jeko</i> (menstruation pain)
Eat lying on the ground	Two <i>makuvhu</i> (navels) develop
Blow whistle at night	You summon <i>zvidhoma</i> spirits
Sit on rubbish bin	<i>Maronda</i> (wounds) develop
Admire firewood in the forest	You invite <i>shavi</i> spirit possession
Eat your totem animal	Teeth decay
Cook <i>sadza</i> with <i>musika</i> alone	All people who partake of it will suffer from <i>mabayo</i> (pneumonia)
Kill a chicken for relish before tying its legs	Stomach-ache develops
Sew a piece of cloth which is worn	Reproductive organs close
Kill a snake when wife is pregnant	She produces a dead child
Open a pot on the fire	<i>Mahobi</i> (forehead protrusion) develops on men
Tamper with fibre used to tie firewood	You tie reproductive organs
Eat eggs (particularly children)	<i>Buka</i> (convulsions) develop
Hit a person with sweeping broom	Victim shivers and dies
Climb a tree	Wife will bear a cripple
Walk alone at night	You will turn blind
Swim in the rain	You will be bitten by snakes
Scold parents	<i>Ngozi</i> spirit will cause ailments and misfortunes.

Source: Author's fieldwork (1990).

is indeterminate in that the husband becomes completely docile and loses his individuality.³³ Married men are therefore prone to illness due to *mupfuhwira* as their wives try to win them back.

Some of the most prevalent types of diseases such as stomach aches, swollen belly, etc., are perceived as a means of punishment meted out on the Karanga social deviants. The most popular medicine which is believed to safeguard fields from thieves is known by traditionalists as *rukwa*. If one eats maize or sorghum which is stolen from such a medicated field, serious illness results. The illness takes various forms; it can be a swollen stomach which will not subside until the culprit confesses to the owner of the field. Alternatively, the culprit is affected mentally and he may roam about in the field or physically stick to the item until the owner catches him.

33 N. Gondo, personal interview, 3 December 1989.

Sex-Related Causes

If sex is done at the wrong time, with the wrong person or without observing certain norms, then illness may affect well-being. Sex between the husband and a wife who is breast-feeding puts the life of the child in mortal danger. There is an entrenched belief that if the semen of the husband accidentally spills onto the breast of the wife it will become harmful to the child when sucking milk. The elders strongly advise couples to refrain from sex whilst the wife breast feeds because it causes illness to the child.

Adultery is believed to lead to serious illness. The consequences are devastating. In the event of the woman falling pregnant, she may suffer from a prolonged pregnancy. In some cases, delivery will be characterized by severe complications. If the woman had been unfaithful the child will not come out. Unless the woman confessed, she would undergo a complex labour.³⁴ The adulterous wife is also likely to cause illness to her husband as a result of his contact with alien blood.

Runyoka, a complex venereal disease, affects an adulterous man. Some men, particularly those who part with their wives for a long time due to long-distance commitments, medicate their wives against adulterous and pleasure-seeking men. *Runyoka* is believed to take various forms. Perhaps the most dreaded form is *runyoka rwembwa* (dog syndrome). This is not a disease as such but it is strongly believed that the man and woman become incapable of being separated. The two will be stuck together as sometimes happens to mating dogs. The two, suffering from serious pain, will therefore be caught red-handed in their love nest and justice will be dealt out.

Other types of *runyoka* also result from sexual misbehaviour. In some cases, a man may medicate both his wife and his closest object such as a knife. When the wife engages in sexual contact with another man, simultaneously the knife closes or jerks and this signals to the husband, who then takes drastic measures to correct the wrong. In other cases, a husband may medicate his wife in conjunction with an animal like a hare. The life and movement of this hare determines the life and suffering of the promiscuous man. As long as the hare is at rest, the culprit experiences no pain at all in the stomach. But when the hare moves it triggers pain to the victim. The intensity of pain increases with increased movement of the medicated animal. Finally, the death of the hare automatically marks the termination of the life of the culprit. Thus *runyoka* of this type is extremely dangerous and embarrassing.

Other kinds of *runyoka* are associated with swelling of the stomach or loss of genitals in males. Some of the illnesses are quite incredible. In one case a man, after committing adultery, started passing out big ants in place of urine. He consulted a *n'anga* who arranged for him to pay the woman's husband.³⁵ Unless the man tries to make up for his socially unacceptable behaviour by paying something to the wronged man, death will follow. These sex-related illnesses are much feared and act as a powerful force in social control.

In these instances of violation of the Karanga rules of respect and sexual behaviour, the *n'anga* plays a crucial role in dealing with cases of resultant illness,

34 K. Runescu, personal interview, 10 September 1989.

35 P. Gumbo, personal interview, 30 March 1990.

misfortune and death. But on him too, failure to observe particular norms and technicalities might incur nasty repercussions in the form of heavy illness or instant death. Of crucial importance is the ability to administer healing rituals directed towards eliminating the culprit's guilt, propitiating the angered forces and ensuring *utano* (health).

Natural Causes

Personal causality is a fundamental and deep-seated concept in the Karanga perception of illness. However, not every illness is caused by personal forces. Some illnesses are also natural. They develop from nowhere and spring from the earth. In this category fall *zvirewere zvapasi* (diseases from the earth).³⁶ In the Karanga thought-pattern, the nature of these diseases is such that no direct cause can be pin-pointed. They include diseases like *mhizi* (scabies), *dzibwa* (colds), *zvikosoro* (coughs), etc. Their main characteristics are that they are mild and disappear with little or no medication. However, when such illnesses resist treatment and become chronic, then the Karanga search for alternative causal explanations. Of paramount importance is their conviction that at least mild illnesses have a natural cause.

Summary of the Causes

The traditional Karanga medico-religious beliefs indicate numerous and varied causes of illness and disease which they explain in terms of categories encompassing the turbulent spiritual world, machinations of malicious human beings such as witches and sorcerers, socio-moral factors and natural conditions involving processes that are not regarded as problematic.³⁷

Even though such causal factors may appear as distinct categories, there is a great overlap and interaction of causal entities in the total Karanga belief system. All factors are accountable for illness and disease experience and are understood to be related fundamentally to issues of health.

36 R. Moyo, personal interview, 1 December 1989.

37 See Appendix A for a summary of data obtained from interviews showing how the Karanga perceive the causal factors. Causative agents of illness and disease generally agree with the casual explanation presented in published literature on Shona aetiologies of illness and healing by scholars such as Michael Gelfand (*The Sick African* [Cape Town, 1944]; *Medicine and Magic of the MaShona* [Cape Town, 1956]; *Witch Doctor: Traditional Medicine Man of Rhodesia* [London, 1964]; M. Gelfand, S. Mavi, R.B. Drummond and B. Ndemera, *The Traditional Medical Practitioner in Zimbabwe: His Principles of Practice and Pharmacopoeia* [Gweru, 1985]), Michael Bourdillon (*The Shona Peoples: An Ethnography of the Contemporary Shona, with Special Reference to their Religion* [Gweru, 1976]), Hebert Aschwanden (*Symbols of Death: An Analysis of the Consciousness of the Karanga* [Gweru, 1987]) and G.L. Chavunduka (*Traditional Healers and the Shona Patient* [Gweru, 1978]).

Chapter 4

Diagnosis of Illness and Disease

The Karanga have different modes of diagnosis of the causes of illness and disease at their disposal. The diagnostic role belongs primarily to the diviners. However, diagnosis is not the monopoly of these experts alone. Elders, because of their wide experience of life, are also held to possess diagnostic ability.

Diagnosis by the *N'anga*

The Karanga people use the term *n'anga* to designate the diviner, diviner-herbalist and indeed anyone who can discern the nature of a disease and anyone who is able to cure it. Just as different kinds of medical practitioners are found in Karanga society, so are different means of diagnosis. They are diagnosis by possession, diagnosis by mechanical means, diagnosis through dreams, diagnosis through omens and diagnosis by ordeal.

Diagnosis by Possession

Some *n'angas* rely entirely on the powers of their spirits, either *mudzimu* or *shavi* spirits, in ritual possession to diagnose the cause of illness and disease that perpetually haunt the Karanga. When a family that had been pestered by chronic illness first consulted a *svikiro* (spirit-medium) in accordance with traditional practice, she puts on her sacred regalia. Singing commenced in order to invoke the ancestral spirit to possess her and when she took her snuff she started shaking her head. Those present appealed to the spirit to come out in peace. By merely looking at the patient, she diagnosed the illness as a manifestation of *ngozi* spirit. In her possessed state, she advised that the only way out was to accede to the demands of the spirit; a young daughter had to be given to the family of the deceased as compensation.¹

The sacred clothes worn by the diviners include animal skin and bird feathers around the waist or shoulders; charms and ornaments on ankles, wrists and necks are of extreme significance. These clothes are dedicated to the ancestors and form part of the diagnostic process. Their purpose may be to add weight to the sacred status of the diviners. In everyday life diviners are respected as ordinary beings but this is accentuated when they assume the role of diagnostician. The colour of the clothes usually worn by the diviners is black. These colours are associated with the ancestors

1 Observed ritual, 6 September 1990.

and when diviners put them on, they invite communication with the spiritual world. A black hat with white feathers is a sign of religious superiority.²

Diviners normally hold in their right hand a spear, walking-stick or a hand axe. These objects are an expression of power so that as long as the diviner wields them, he or she is able to diagnose any illness conceivable. The hide of a lion or a leopard serves as a mat, symbolizing the immense power of the spirit. In this type of diagnosis, the diviner is perceived to be the only instrument through which the ancestral spirits communicate. In the process, the Karanga believe, the spirit will identify itself by its peculiar mannerisms and even speak in its 'own' voice through its host, the diviner, thereby explaining 'why' it afflicts the patient with illness and disease and 'what' should be done in order to appease it. This is consistent since the Karanga regard the diviner as the host of the ancestors. In this diagnosis by possession, the ancestor spirit features prominently as it unveils the nature of illness and disease.

Other diviners in the Karanga society carry out diagnosis whilst under possession by *mashavi* spirits. Diviners inspired by such spirits may or may not employ any mechanical means at all. The sacred clothes of *shavi*-possessed diviners closely resemble those of diviners possessed by ancestral spirits. 'Unlike the diviners possessed by ancestor spirits who, in a traditional setting were consulted with a little payment, these (*shavi*-possessed diviners) charge a more than nominal fee.'³ The rationalization is that in this instance possession is by an 'outside' spirit. Consultants are expected to pay a fee so that the medium may alert the *shavi* about the clients' presence and their cry for help. The *shavi*-possessed diviners have assistants called *makumbi* who are indispensable in the diagnostic process. In their understanding, *shavi* is able to speak in a language that is unintelligible to the majority of the people. They speak in a distinctively foreign accent. The assistant understands the requirements and language of the spirit, interprets it to the clients and in this way becomes the link between the consultants and the divining spirit.

When possession has been attained through invocation consisting of snuff-taking, singing and dancing, diagnosis proper commences. The consultants, as an acknowledgement of the seniority and sacredness of the spirit, will be clapping their hands as the diviner performs his or her task. It is necessary for the consultants to sit with their legs straightened out so that they do not 'bind' the spirit by crossing their legs. In one case in which a female patient complained of serious haemorrhage, the *shavi*-possessed diviner, diagnosing in possession, said the patient's illness was due to a maternal spirit searching for 'accommodation'. As a result, the spirit caused haemorrhage thereby jeopardizing her chances of marriage and production of children. In addition, the invading spirit had opened the way for witches and sorcerers responsible for her misfortune and frequent illnesses. Accordingly, the diviner prescribed a complex ritual treatment that could bring well-being.⁴ The importance of this type of divination lies in the Karanga belief that a spirit possesses a human host in order to impart to the people the cause and nature of their problems and to indicate remedial action.

2 T. Gora, personal interview, 10 February 1990.

3 T. Chikuni, personal interview, 17 January 1991.

4 Observed ritual, 2 October 1989.

Diagnosis by Mechanical Means

The most common style of diagnosis practised by the Karanga is throwing *hakata* (dice) made from bone, wood, seed or 'glass' materials. Conceived as sacred objects, the diviner's dice are believed to have been handed down from generation to generation.

When a family brought a convulsing patient to a diviner for diagnosis, the mediating assistant made the patient sit face-to-face with the practitioner. The diviner handed over the dice to the consultant to establish 'contact' with the dice by making the first throw prior to his throwing and interpretation. Each throw was accompanied by an exhortation to *vari kumhepo* (those in the spirit world) to bring enlightenment. The diviner would say after each throw, '*Nhokwara Kwami chidziva chine ngwenwa. Ndiudze icho chanetsa muzukuru wenyu*'.⁵ (*Nhokwara Kwami*, the pool infested with crocodiles, tell me what is troubling your nephew.) He was calling upon the spirits to indicate through the fall of the bones the nature of the illness.

Certain aspects of the 'divinatory' process emerge when a *n'anga* is confronted with a seriously ill patient, almost at the verge of death.

I take *Gata* and put on *Chirume*, I say *Nhokwara chirume* ... We are terrified by this person ... *Nhokwara Chirume*. Will he survive ... or ...? I then appeal to sight, *Chitokwadzima* and *Kwami*. They all come up and face upwards. They turn and hit two dice ... then I read the meaning. Ah! they pile up ... Hey, the person will not survive. I proceed to find out why...? I call for an eye. Eye give sight ... dice give sight! The dice make an argument but I argue against. I see. Ah! two dice ... Suddenly *Zunga* ... *Zunga* and finally *Chitokwadzima* surfaces. Sure the patient will die ... I then prescribe remedy if the family is in consent.⁶

The diviner interprets the manner in which the dice fall. He does not reveal how the patterns influence his interpretations. Likewise, several Karanga diviners are reluctant to go into fine details about their art. Although consultants are unable to interpret the throws in a given context, they believe a *n'anga* is a *godobori* (professional diviner) who exhibits his skills in interpreting complex throws and making his dice 'see' reality. Whilst throwing the bones he will be in a state of 'possession' and in this frenzy he is unaware of what transpires. However, the manner of the fall is instrumental in the explanation of the illness.

Bones have different names like *Mabwe*, *Gata*, *Nhokwara*, *Chirume*, *Chitokwadzima*, *Kwami* and *Zunga*. As such, they have different patterns invested with different meanings, for instance, *Chitokwadzima*, which surfaced last in the divination process, bears a crocodile picture and symbolizes a bad omen. Divination, which primarily falls under the control of the *n'anga*, appears extremely complex. But for some people diagnosis by dice is not complicated at all.

By looking at the person, the diviner can tell the nature of *chirwere* illness he is suffering from. The person responsible would then be searched for, through the *hakata*. If the

5 L. Chikati, personal interview, 13 February 1991.

6 V. Zindoga, personal interview, 13 September 1989.

Chirume (male) dice fell with its face towards the ground, the illness would be attributed to a man.⁷

Another prevalent diagnostic mode is the use of special medicated objects such as a calabash. Since most illnesses in Karanga society are attributed to the action of spiritual beings, such objects are believed to shed light on the nature of the problem. In most instances, save where human abrogation of rules of respect has come into play, illness is due to ancestors demanding ritual attention or witchcraft. This, however, can only be verified by the diviner. A *n'anga* squats on the floor of his hut and shakes his body. Slowly a calabash descends on its own from the roof to the fireplace. The diviner then invokes the spirit to attend to the patient's plight. In an impressive manner, the calabash transmits a voice explaining the nature and cause of illness. Simultaneously, the *n'anga* gives the patient a solution of water and snuff. If the illness is due to the action of an ancestor, the spirit will make itself immediately manifest.⁸ A walking-stick may also be placed at the back of the patient and once again the ancestor spirits are expected to reveal themselves. In this activity, the diviner will fire a series of direct questions pertaining to the identity of the spirits. Once the ancestor spirits reveal their identity, the diviner proceeds to inquire into their needs. If there are any outstanding rituals, these are duly performed.

When one is suffering from illness caused by certain capricious evil spirits, the diviner is able to diagnose this. The patient is given snuff by the diviner as an initial step in diagnosis. The tail of an ox is used by the diviner to sprinkle medicated water on the patient. This is believed to coerce the invading evil spirit into talking. The evil spirits do not give in so easily. As there is conflict within the patient between the two diametrically opposed forces, the benevolent and protective ancestors versus the malicious and destructive evil spirits, the combat causes the patient to cry and shake violently. If behaviour of this nature follows the sprinkling of medicated water, the Karanga identify the illness as a mental one caused by an evil spirit. The *n'anga* will then carry out an exorcism in which the patient is rid of the evil spirit and has his health restored.

Water is used by some diviners to identify the nature of the illness from which the patient is suffering. Diviners in this category put on their ritual attire, which includes a special 'necklace' inherited from their grandparents. Water is poured into a wooden dish or a calabash. The skin of a python, a snake associated with the ancestors, covers the dish or calabash. The tail of a zebra is then used to beat the calabash and snuff is thrown upon it. An invocation is made calling upon the spiritual forces to enlighten him. Whilst singing and dancing mark the proceedings, the diviner will be making incantations. He stirs the water with a finger in an act meant to add potency to the fluid. The wooden dish, covered with black and white beads, would have been medicated with some herbs that bestow upon the 'mirror' the exquisite power to expose all the secrets of life. In the process of diagnosis, the diviner merely glances into the water. The illness bothering the patient and the agent responsible for the illness will be reflected. If, for example, the patient is suffering from a headache then

7 M. Macherera, personal interview, 1 June 1990.

8 M. Muza, personal interview, 7 April 1990.

only his head appears in the reflector. If the patient dies prior to consultation with a diviner, then the 'image' of the deceased's body is then reflected. The water also reflects vivid events such as a woman striking someone on the head. Once again the diviner concludes that the patient is suffering from a headache caused by a woman. Here, water becomes a sacred object through which diagnosis is effected.

Diagnosis through Dreams

Dreams are sometimes viewed as instrumental in the Karanga system of diagnosis by the diviner. In this mode, no objects are used and the diviner relies upon dreams directed by the spirits. Diviners in this category do not act immediately when patients consult them. They first have to go to sleep and the nature of the illness is then conveyed to them in a dream. Before going to sleep the diviner puts on ritual clothes or may use them as a pillow. Some snuff is then dropped onto the pillow, accompanied by incantations. The ancestors are invoked to attend to the illness and communicate its nature and cause. Consultants are also required to throw some snuff on the diviner's pillow beseeching their own ancestors to join hands with the diviner's to convey an accurate dream.⁹

Diviners of this nature do not diagnose during daytime, but invariably at dawn and dusk. Consultants who come during daytime will therefore have to wait until these appropriate times. When the procedures outlined above have been undergone, the diviner goes to sleep. For some diviners, the patient is shown to them and the afflicted part of the body would be tied or marked distinctly. In this regard, the diviners can only operate when the moon is bright. The analogy is with the ordinary human beings who cannot see in darkness. The significance may also lie within the symbolism. The dreams coming from the ancestors as diagnosis are essentially good and so cannot be compatible with darkness, which symbolizes the forces of evil.

Some Karanga diviners use the interaction of animals in their dreams to interpret the nature and cause of illness. Thus, for example, if a diviner dreams of a dog chasing a rabbit then the diviner knows the patient is a victim of witchcraft. The part of the body bitten by the dog would correspond to the diseased part of the patient. Ordinary animals in daily life attain significance when they appear in dreams. One example is a baboon which, when it appears in a dream, is associated with alien spirits. However, the actions of the animal in the dream, notwithstanding its significance, are instrumental in diagnosis. If in the dream the baboon raids a maize field and later on clutches its belly, the diviner would know that the patient stole food that was protected and is suffering from stomach problems as a result.¹⁰

Natural phenomena are also important in diagnosis through dreams. If the diviner dreams of a whirlwind, the implication is that the patient is suffering from mental illness. For one groomed in the Karanga community, the parallelism is apparent. One who suffers from mental illness is said to have *pfungwa dzakatenderera* (brains which go round and round). Thus the association of the whirlwind in the dream and the mental disturbance in the patient is appropriate and consistent. However,

9 K. Runesu, personal interview, 10 September 1989.

10 T. Tapasi, personal interview, 2 April 1991.

whirlwinds are also associated with evil spirits and the related illness *mamhepo* (lit. 'evil airs' or 'fever'). Once again, the connection between the whirlwind and these restless spirits is striking.

The diviners who diagnose through dreams have the gift of foresight. A woman was astounded when a diviner who lived far away from her told her that she and her family had started their journey two days before. He recognized all the names of those in the company and also the purpose of their consultation. All this was very accurate and the diviner gave them some herbs with which to treat the woman's gravely ill husband. The therapy proved successful and her husband recuperated.¹¹ In this instance, diagnosis does not need the physical presence of the diviner. Through a dream, the diviner may see the ailment a patient suffers from and by the time the relatives come to seek help, the diviner may have already prepared medication or will recommend a herbalist.

Table 4.1 confirms the Karanga belief that diagnosis by dreams definitely forewarns or indicates that illness and disease will occur.¹²

Table 4.1 Dreams and Interpretations

<i>Dream Experience</i>	<i>Interpretation</i>
Fire	Illness, <i>ngozi</i> or death
Person stuck in mud	Illness or trouble
Drowning	Misfortune
Eating unripe fruit	Misfortune or death
Eating chicken	Poison and illness
Black ox	<i>Mudzimu</i> spirit possession and illness
Brown ox	<i>Shavi</i> spirit possession and illness
Army/warriors	Capricious spiritual invasion or illness
Chased by snake	Illness or <i>shavi</i> spirit possession
Digging a pit	Grave
A person building	Witchcraft
Seeing many people	Illness and death
Losing one tooth	Illness or misfortune
Bitten by dogs	Disease
Dry pool	Misfortune
Eating meat	Witchcraft
Drinking milk	Illness
Standing in stagnant water in a pool	Trouble or illness
Donkeys	Bad luck or sorcery
Snake	Witchcraft or sorcery
Fetching wood	Lightning, disease or death

Source: Author's fieldwork (1990).

11 N. Gondo, 3 December 1989.

12 These observations are based on samples of interviews with the Karanga people, 4 May 1990.

Diagnosis through Omens

The Karanga express belief in a system of prediction and diagnosis of illness and disease in the form of omens interpreted by a specialist. The underlying belief is that spiritual beings can manifest themselves in numerous forms and signs with a purpose to reveal to the Karanga recipient an impending fate of either illness and disease or misfortune and death. Experience has shown that omens are always true. Table 4.2 shows the diagnostic system of omens discernible through their interpretation by traditional experts.¹³

Table 4.2 Omens and Interpretations

<i>Omen</i>	<i>Interpretation</i>
Owl hooting at rooftop at night	Presence of a witch
<i>Ndara</i> (file snake) arrives at home	Impending illness and death
<i>Govo</i> (slender mongoose) crosses the road in front of people	Death
Dog turns its back to people	Misfortune or death
Sheep cries when slaughtered	Illness or death
See <i>shukukuviri</i> (blind snake)	Bad omen or illness
<i>Jichidza</i> (spotted eagle owl) crying	Illness and death at home
<i>Gava</i> (jackal) cries near homestead	Misfortune, illness or death
See two cats mating	Hardship, danger, illness or death
Howling of a dog in the day	Illness or death of a relative
New moon facing to the left	Trouble or disease
See <i>gudo</i> (baboon) which does not make noise	Bad luck
<i>Mhembwe</i> (duiker) crosses in front once	Misfortune

Source: Author's fieldwork (1990).

From this, it is apparent that birds, animals and unusual natural phenomena are favoured vehicles of communication in the Karanga system of diagnosis. Accordingly, an unusual occurrence deemed ominous and predicting illness and disease would require the services of a professional diviner to neutralize or defy the impending problem.

Diagnosis by Ordeal

In the wake of serious illness and disease affecting an individual and part of society, diagnosis by ordeal, entrusted to the diviner, is employed to determine the responsible culprit.

13 Compiled from samples of interviews, 7 April 1990.

A suspect and the complainant are both subjected to the diagnosis test called *muteyo* (trap) at Ngezi river. A diviner administers poison to them. Whereas the complainant vomits and is declared innocent, the suspect does not experience any discomfort implying that he is guilty. He deserves to die.¹⁴

Clearly, the diagnostic process is a complex one involving an 'experiment' with human beings and imbued with power to hurt the guilty.

Thus, diagnosis in a traditional Karanga setting is carried out by the qualified traditional religious personnel, the *n'angas*. In the wake of illness and disease, the Karanga consult these diviners for skilled scrutiny and examination of the source and nature of the problem. The *n'angas* are well-respected since they are held to be operating under the aegis of the *mudzimu* and *shavi* spirits. In these cases, diagnosis is indeed a religious phenomenon in a traditional setting. However, in the Karanga communities, diagnosis may also be performed in a different style and context by employing the 'wisdom of the aged', drawn from the Karanga experience in the traditional and cultural milieu.

Diagnosis by the Elders

The Karanga admit that illness and disease in their society can be diagnosed by people who cannot be designated as *n'angas*. The main qualification of these people, mostly elders who may be spiritually possessed or not, is their vast experience of life. The modes of diagnosis are dreams and omens and observation.

Diagnosis through Dreams and Omens

Some ordinary people in Karanga society, just like the diviners, diagnose illness through dreams and interpretation of omens. These people are believed to be able to do so without the expressed aid of the ancestors. Unlike the diviners who are consulted by people from all walks of life, such dream-diagnosticians and omen-interpreters tend to be confined to the family. Their popularity is limited as they lack religious recognition. No sacred objects are utilized and the diagnostician only relies on proper interpretation to discern the nature and cause of an illness. The probability is that if the success rate is particularly high, then the person ends up as a diviner.¹⁵

Diagnosis through Observation

Mothers in the Karanga traditional setting are expected to deal with minor ailments in their children. Accordingly, knowledge about the symptoms and nature of common illnesses is imparted to girls at the time of puberty by the reservoirs of tradition, the grandmothers. The medical belief is that a particular illness has characteristic

14 T. Gora, personal interview, 10 February 1990.

15 A. Mhere, personal interview, 4 November 1989.

symptoms. By careful observation of the symptoms, the illness and disease can be pin-pointed.¹⁶

The behaviour of the child may assist the mother in carrying out diagnosis. A mother observed her child rubbing her ear and crying loudly. Upon inspection, she discovered that the ear had an 'infection' and some oil was dropped into it to effect the cure. The colour and texture of a child's waste-product may also serve as a guide to the mother. If the waste is thin, watery and yellowish, chances are that the child suffers from stomach problems. If the child cries for long and refuses to feed, it is imperative to scrutinize its head to see if the child is suffering from abnormal *nhova* (fontanelle).¹⁷ Another child wanted to bite everything he came across. He was aggressive and would bite his friends whilst playing. The mother placed her hand into the child's mouth to check her gums. Although the child went on to bite her, she had discovered that the child was teething and this accounted for her behaviour and crying. Loss of weight in the child normally does not escape the keen eyes of the mother. When this is accompanied by refusal to eat, vomiting or eyes turning yellow, the mother will start monitoring the symptoms closely. If the child later develops skin rash then the mother knows she is dealing with a dangerous disease known as *gwirikwiti* (measles). Mothers are very important diagnosticians in the traditional setting. Using their intuitive knowledge of disease to discover the illness, they play an important role in upholding the health of the child and the community to which it belongs.

Elders also diagnose illness and disease in Karanga society. Their advanced age is an asset in interpreting symptoms. By closely watching a person's movement during the day and night, elders can detect a disease which affects an individual. If a person experiences nightmares, he would have to receive medical attention from an experienced elder with elementary knowledge of herbs or a diviner.¹⁸ Elders are also able to diagnose illnesses like *zvipusha* (fits) by observing the movement of eyes, stiff hands and the presence of foam on the affected person's mouth.

The Karanga also believe that some elders are able to diagnose illness and disease because they might have served as assistants (*makumbi*) of the professional diviners. The experience gained whilst serving may be employed to diagnose illness and disease. The diagnosis is generally similar to that of the diviners.

16 K. Runesu, personal interview, 10 September 1989.

17 M. Shiri, personal interview, 5 March 1991.

18 T. Chikuni, personal interview, 17 January 1991.

Summary of Diagnosis

A review of material derived from the believers themselves confirms that diagnosis of illness and disease is centred on *n'angas* or *diviners*. The different modes of diagnosis at their disposal include diagnosis by possession, mechanical means, dreams, omens, ordeals or a combination of these modes. Also, the elders in the traditional Karanga setting are believed to have diagnostic ability expressed through interpretation of dreams, omens and observations. As such, diagnosis of illness and disease is central in that it identifies the source of affliction and prescribes medication to effect therapy.¹⁹

19 Material in this chapter corroborates anthropological and sociological studies on the Shona views of illness and medical practices presented by Michael Gelfand (*The Sick African* [Cape Town, 1944]; *Medicine and Magic of the MaShona* [Cape Town, 1956]; *Witch Doctor: Traditional Medicine Man of Rhodesia* [London, 1964]; M. Gelfand, S. Mavi, R.B. Drummond and B. Ndemera, *The Traditional Medical Practitioner in Zimbabwe: His Principles of Practice and Pharmacopoeia* [Gweru, 1985]); Michael Bourdillon (*The Shona Peoples: An Ethnography of the Contemporary Shona, with Special Reference to their Religion* [Gweru, 1976]) and G.L. Chavunduka (*Traditional Healers and the Shona Patient* [Gweru, 1978]). In these studies, diagnosis is presented as an extremely important prerequisite for effective treatment.

Chapter 5

Traditional System of Therapy

The traditional Karanga system of therapy for illness and disease is manifest in religious activity, mostly observable through rituals, but also seen in the treatments administered by the medical practitioners.

Ritual Activity

The Karanga people strongly believe that their health and welfare are matters of prime importance which largely depend on the patterns of interactions with the guardian spiritual entities who control their day to day affairs. This concern of the Karanga is amply demonstrated in ritual activity undertaken for an individual or group such as birth, marriage and death rituals.

Birth Rituals

Post-Delivery Ritual

The birth of a child is marked by jubilation and ritual.

Normally, the delivery process occurs in a grass thatched hut with the help of *vanyamukuta* (midwife) and close relatives. Soon after birth the infant is commended into the hands of guardian ancestral spirits for protection from evil forces. The spell, uttered by the midwife or grandmother of the baby, is accompanied by pouring snuff on the ground ... Participants in this ritual are exclusively women. Men are not admitted in the hut in which a child is born, except the child's father, who may be allowed to stand at a distance or at the door steps and is only shown the face of the baby. Failure to observe this norm results in a series of *zvirwere* illnesses, misfortunes and deaths which threaten the health of the individuals concerned and the community.¹

The impression is that it is 'taboo' for a father to come into contact with the blood of childbirth, just as it is with the menstrual blood. Such blood, in the Karanga belief, is perceived as filthy and dangerous to be in contact with. Accordingly, failure to observe this rule of respect often results in misfortune and illness that may lead to death. In traditional practice, the baby can be shown to the public only after the *guvhu* (umbilical cord) has shrivelled. This is done to protect the child from witches and sorcerers.²

1 T. Gambiza, personal interview, 12 November 1989.

2 Ibid.

Since the child is vulnerable, stringent measures are taken by the 'knowledgeable' elders or even the *n'anga* to protect the child's delicate parts such as the navel and the fontanelle which are viewed as the centre of life of the child. The mother and, indeed, the community take prophylactic procedures to promote good health to the child in the form of herbs. Preventive methods are also carried out in order to protect the child from such lethal diseases as *ndongorongo* (acute stomach ache), *buka* (phobia) and other illnesses. All this is done to instil good health to the newly born infant, his parents and the entire community.

Naming Ritual

A special public ceremony is held among the traditional Karanga to expose the child to the community in which a special dish comprising chicken, a symbol of 'welcome' for visitors, is prepared for close relatives to celebrate the occasion. This is marked by singing, dancing and presentation of gifts. The mother is also given a special treatment as she is relieved from household duties thereby facilitating her recovery from the pain experienced during labour.

The climax of the occasion is marked by naming the child, usually after a deceased relative. Prior to this event, family elders consult a *n'anga* to check the qualities of the deceased person. This is based on the understanding that if the person was a witch or sorcerer, then his name must not be inherited since that can perpetuate the same qualities. If the name of the deceased is to be dropped in that way, a special ritual called *kutsipika* (suppress) could be arranged in which the evil spirit attached to the name is flushed out. When the name is to be accepted without any problems, then the naming ritual proceeds accompanied by beer drinking.³ In the ritual, a spell is uttered by the officiating *muzukuru* (cousin) and snuff is poured on the *chikuva* (front platform of a hut) upon which the baby is lying. The deceased grandparents are invoked to protect the child and above all to identify themselves with the new arrival. Thus, a sense of 'continuity' with the past is maintained. Of special importance is the Karanga's concern with matters of survival, longevity and well-being manifest in the rituals. Hence, they identify with acceptable life-promoting or guardian deceased relatives and not with the antithesis of life, the witches and sorcerers.⁴

Protective Ritual

The Karanga carry out protective rituals in a bid to defy the odds of life such as diseases inflicted by capricious spirits and witches, and to maintain life in its fullest form. In the case of the birth of a new person, as indeed in any new undertaking, a specialist is called in to administer herbs and medicines to the individual, group and homestead.

Some *mbanda* medicine is burnt and blown in the huts. The homestead too is pegged with some medicine ... The people involved are smeared with concoctions ... All this occurs

3 A. Madhende, personal interview, 17 March 1990.

4 Ibid.

in the evening, under the camouflage of darkness. The purpose is mainly to ward off malignant spiritual forces, witches and their familiars, *zvitupwani*, who may pose a threat to human health and well-being. *Mbanda* also neutralizes pre-existent medicines.⁵

As such, the protective ritual utilizes medicines and appeals to the protective spiritual forces to safeguard the descendants lives against possible illnesses, misfortunes and deaths.

Initiation Ritual

Puberty rites among the Karanga entail fundamental stages that see boys and girls being transformed from children into adults. Such rites have a bearing on the health conditions of the initiates.

Boys, especially of the Remba origin, are taken out to some forest camp where they are circumcised. The initiates are kept naked for the rest of their stay in the camp. Various medicines are either eaten or rubbed on the naked parts of their bodies. Some medicines taken by the boys include concoctions which enhance males' reproductive capacity by strengthening their sperm. These processes assure the boys of their manhood and equip them for more challenging situations in the period just budding at the initiation ceremony ... Also numerous vigorous activities which promote well-being are performed by the initiates. Medication and strenuous exercises drive them wild and mad to an extent of running at lightning speed to enable them to catch a live hare. At this stage, they become dangerous to non-Remba people termed *vashenji*, and if they come across one they can beat such a person to death using medicated whips.⁶

In a similar situation, girls are taken separately to their own camps in the company of grandmothers who teach them numerous socio-moral norms and their responsibilities in society. Virginity is appraised and sex education forms a central subject of discussion.⁷ At this point, many Karanga stop discussions on the grounds that doing so is tantamount to breaching the Remba norms associated with their initiation rites. But from the believers' perceptions, initiation rites constitute an important religious process which promotes life by cultivation of fertility. The application of medicines on the initiates strengthen the recipients in an endeavour to maintain their super health as they assume adulthood. Moreover, the rites offer a quality of sacredness to the initiates who seem to be fashioned anew in the forest camp and endow them with additional power to enable them to cope with new life.

5 R. Dhewa, personal interview, 1 October 1990.

6 G. Makandise, personal interview, 7 May 1991.

7 Ibid.

Marriage Rituals

Invocation Ritual

The Karanga undertake religious rituals accompanying a marriage. A ceremony which precedes the climax of marriage is performed with the purpose of informing the guardian spirits about what is due to take place. Above all, the Karanga people strongly believe that the ritual invokes the family spirits to do their part in ensuring the continuation of the lineage. Following from this, a hoe is given to the couple as this tool symbolizes the deceased and the sustenance of humanity and life obtained through tilling the ground.

An invocation ritual marks the moment when the bride is taken to her husband's home. In the process, an aunt is assisted by two young sisters to provide moral support to the bride. Maize meal (*sadza*) and chicken as well as beer are served ... in fact, the stuff that represents survival and well-being. A goat is slaughtered, whose blood is spilled onto the ground as a sign of consecration. This performance is crucial to invoke the guardian spirits.⁸

Such an invocation ritual, as practised by the Karanga, appeals to benevolent spirits to ensure the well-being of the marriage and so of humanity.

Rituals Connected with Pregnancy and Delivery

The traditional Karanga people regard the first pregnancy of the bride as delicate and so a ritual is organized to ensure a safe delivery.

The bride is required to go back to her parents' home for the delivery of the first baby. On this occasion the groom drives two goats to the in-laws of which the male goat is killed for ritual purposes ... Medicines are prepared and these are taken along with the meat by the bride's parents. This ritual is crucial so that if it is not done then the consequences are nasty. The in-laws will 'break their backs' (*kuvhunika musana*) and jeopardize health.⁹

Furthermore, when the bride's pregnancy reaches an advanced stage, she is advised to take medicines which are meant to prevent unnecessary delay in giving birth and to enlarge the birth canal so as to avoid complications which may endanger the lives of both the mother and the new baby.¹⁰

Therefore, rituals connected with pregnancy and subsequent delivery sustain the well-being of the bride, the infant, the in-laws and in fact all the community involved. In the Karanga culture however, when the bride fails to become pregnant, a ritual or a series of rituals are performed after divination with a view to rectifying the problem and ensuring the victim and her kin's welfare.

8 M. Dube, personal interview, 30 April 1990.

9 T. Gambiza, personal interview, 12 November 1989.

10 F. Shava, personal interview, 2 June 1990.

Death Rituals

Burial Rituals

The Karanga perform funerary rituals of their deceased relatives in a manner that ensures protection of the well-being of the people. In that respect, the Karanga are extremely afraid of the dead whom they believe to wield more power after death than they did in their lifetime and so have the potential to cause danger in the form of illness, misfortune and death if the rituals are not properly performed. As such, 'it is of paramount importance that the burial rituals are performed to the satisfaction of the dead and for the well-being of the descendants'.¹¹

Burial rituals may even commence when the person concerned is on the verge of death.

People in the company of a dying person have to see to it that a ritual called *kupeta* (folding) is done ... The eyes of the dying person are closed. The hands and legs are straightened and placed in the right posture for burial. Also, it is important that the body is washed, smeared with oil and clothed, in preparation for the last journey into the unknown world.¹²

It is prohibited to bury someone with their eyes open or parts of the body folded. The dead will be disappointed if the ritual is omitted and may return as a vindictive spirit in search of justice. This has dire consequences in that a member of the family may fall seriously ill or a white shadow *bvuri* may appear intermittently in the hut in which the body lies as a sign of the displeasure of the dead. As a result, a *n'anga's* expertise is called for in an attempt to rectify the problem.¹³ Thus, for the well-being of the descendants, the *kupeta* ritual is compulsory.

Outstanding respect is accorded the corpse and, accordingly, funerary norms have to be observed lest the people involved fall in serious danger. For instance, young people and children are denied a chance of seeing a corpse. The underlying belief is that the corpse might cause them to become blind.¹⁴ In that way, a corpse is perceived as dangerous and untouchable. Abrogation of such a norm has serious repercussions on the lives and health of people involved.

In an endeavour to maintain amicable relations with the dead and so with spiritual beings, the Karanga pursue a certain trend on conducting the burial of the dead.

The burial is usually in the morning or evening, a special time when it is cool and the family spirits are active to be able to receive the dead amongst their group. No burials occur at mid-day because at that time it is hot and the spirits are at rest so that the dead may fail to be received and end up as a wandering spirit. Such wandering spirits threaten the well-being of the living. This explains why the Karanga are concerned with burial at the appropriate time.¹⁵

11 F. Madamombe, personal interview, 13 January 1990.

12 L. Mabikire, personal interview, 21 January 1991.

13 Ibid.

14 A. Nhamo, personal interview, 19 October 1989.

15 Z. Gumbo, personal interview, 22 February 1991.

The Karanga burial rituals are obligatory and timely in order to please the departed and safeguard the well-being of the living. The dead, so long as they wander or roam about, appear to be in a state of restlessness and have to be calmed by ritual activity performed at the right time and in the right manner. As a result, some water, presumably with a cooling effect, is sprinkled on the grave of the deceased in order to pacify a potentially dangerous spirit.

The burial norms are described as follows:

When a dead person is taken to the grave, first, he is taken round the hut a number of times so that the spirit of the dead may be confused and find it difficult to come back as a harmful spirit haunting the living ... Also, the corpse is made to rest at various intervals on the road to the grave in order to allow the dead to bid farewell to his home and mourners.¹⁶

At the grave, the corpse is laid on its right-hand side ... the side that represents goodness and power. This automatically overcomes the left, which is the side of evil and weakness. In that way, the spirit of the deceased is expected to be benevolent, guarding the land and well-being of the descendants rather than being malevolent, causing afflictions and chaos to the living ... Before returning home, all those who participated in the burial ritual must wash their hands with water as a sign of cleansing and purification.¹⁷

In Karanga belief, burial ritual practices are important, otherwise the deceased would be disappointed and inflict the family concerned with illnesses, diseases, misfortunes and deaths. Accordingly, the Karanga people fear graves, a symbol of the dead, and often avoid them. They believe that graves have certain powers that linger around them and so, for their survival, ritual attention is vital.

Therefore, in Karanga experience, burial rituals are compulsory. People apply extra care to ensure that they are performed appropriately and efficiently. In their ritual activity, the deceased becomes anomalous and dangerous to the living. He has the potential to cause illness, misfortune and death. So the rituals serve the purpose of eliminating danger and enhancing the well-being of both the living and the dead.

Ritual of Purification

The Karanga have rituals of purification as part of their post-burial practices.

A couple of days after the burial of the dead, a ritual called *doro remvura* (lit. 'beer of water') is arranged. At the occasion, all the distant kinsmen, especially those who might have failed to turn up for the funeral, and the community, are brought together. Besides beer drinking, the invited attendants place stones or soil on the grave in turn, saying, 'Sleep well, I am so and so, your relative'. Afterwards, the people pile their hands on top of each other. Water is poured from a single container and the people wash their hands simultaneously. So, the ritual purifies or cleanses the participants from defilement or pollution caused by the deceased's corpse and neutralizes potential danger stemming from

16 Ibid.

17 R. Dhewa, personal interview, 1 October 1990.

a wandering spirit. In the ritual, water plays a crucial role as a cleansing and neutralizing agent.¹⁸

The ritual of purification preserves the participants' health.

Ritual of Bringing Back the Spirit

A year after the death of the deceased relative, a ritual called *kugadzira mudzimu* (also known as *kurova guva*) is performed with the purpose of bringing the deceased's spirit back home from a period of temporary oblivion and wandering in an unknown environment. By virtue of being brought home, the spirit is then recognized as a fully fledged member of Karanga society and is ultimately approved for incorporation into the realm of affectionate spiritual beings.

People go to the grave where they begin to sing and dance. Invocation and consecration to family spirits is undertaken ... and the procession finally heads into the home of the deceased ... The deceased's movable and immovable property is distributed and the successor to the wife chosen. By so doing, the spirit of the deceased is legitimately brought home to assume its guardian role. If this ritual is not done, the spirit will strike the family with serious punishment in the form of chronic illness and diseases such as leprosy, fits, sterility, mental illness, or misfortune and death.¹⁹

Such a ritual, in Karanga belief, is also intended to domesticate the spirit from a dangerous state of wandering in wild spaces soon after death, thereby promoting the health of the descendants.

Ritual of Honour

There are many ills of life which confront the Karanga people and which necessitate an appeal to spiritual forces through ritual action. These include illnesses, diseases, dangers, misfortunes, deaths and in fact all matters which threaten the well-being of the living.

The spirit of the head of the family may demand honour on a regular basis by causing an affliction. If there is a problem in the family, a diviner is consulted and ultimately the spirit has to be contacted by ritual. Millet beer called *doro reChikaranga* is brewed for the occasion. Nothing commercially sold should be used as substitute for home brewed beer. If this is done, the spirit becomes angry and may take revenge by causing perennial illness such as mental incapacitation or inflammation. At the ritual, which normally occurs underneath a *muchakata* tree, snuff is thrown on the ground and simultaneously an address is made by the officiant who also pours beer on the ground using *mukombe* (gourd) ... In some cases, a ritual of honour may be performed for a *shavi* spirit, which may register its presence in the would-be host by a complex ailment, in search of accommodation and respect.²⁰

18 P. Masvina, personal interview, 3 January 1991.

19 M. Chinhamo, personal interview, 17 July 1990.

20 R. Dhewa, personal interview, 1 October 1990.

Karanga rituals in honour of *midzimu* or *shavi* spirits may be performed when the situation is conducive, but especially in response to a crisis, danger, misfortune or chronic and complex illness. As such, the Karanga seem preoccupied with matters that affect their lives.

Ritual of Appeasement

The Karanga regard angry spirits as the most formidable phenomenon in their religious experience. Among these are *ngozi* (spirits of vengeance), seeking retribution and justice; provoked, neglected and disappointed *midzimu*; malignant spirits; and desperate or disillusioned *shavi* spirits who afflict the living with serious diseases like epilepsy, convulsions, madness, reproductive complexities and other problems of life.

The elders of the family concerned consult a *n'anga* who diagnoses the responsible cause and may prescribe a ritual remedy which, in this case, focuses on appeasing the spirit and eradicating evil.²¹

The impression is that the ritual of appeasement thwarts afflictions and danger caused by the wrath of angry spirits bent on threatening the lives of the Karanga, and so sustains their health.

Communal Rituals

In the traditional Karanga religious cosmology there are high-ranking territorial spirits who administer the communal sector. Such spirits cater for the well-being and welfare, not of individuals, but of the larger territory defined in terms of the chiefdom. The Karanga attribute fertility in humanity and nature and guardianship of the land to these territorial administrators.

When the base of human life, the land and its products ... crops ... food and water, are threatened, particularly by drought, floods, natural vandals such as elephants, hippos, plagues of insects or birds and other natural disasters, then the chief and his aides approach the territorial spirit guardians through communal rituals in order to solve the problem. The spirits may also be approached when epidemic threatens the extinction of humanity ... The Vuhwa cult in Chief Mataruse's area and Imbahuru cult under Chief Chingoma area are normally consulted for the petition and production of rain under the aegis of *manyusa* (rain emissaries). *Mutoro* (rain rituals) in Karangaland are performed annually in early September or late February at the latest, which entail a ceremonial appeal to spirit guardians to rectify the problem. The ritual is organized by the chief or headman of that area ... Prior to the event, millet is collected and subsequently brewed into beer outside the homestead by old women past the menopause stage. These are aided by pre-puberty young girls. Middle-aged women who undergo the menstrual cycle are exempted from participating in the organization of the ritual on the pretext that they are filthy, dangerous and polluting. The proceedings, marked by the key presence of *masvikiro* (spirit mediums), involve a

21 A. Madhende, personal interview, 17 March 1990.

formal invocation and address to the spirits amidst a festive session ... In most places in Mberengwa, a communal ritual of thanksgiving after the reception of rain culminating in good agricultural products and bumper harvest is performed.²²

As far as the Karanga are concerned, communal rituals are essentially concerned with health and survival of nature and above all, territorial inhabitants.

The Karanga individual or group life is a dialectical process that involves an experience of life and death, chronic illness and health. Such an experience is of paramount concern to the entire Karanga community. As a result, the rites of passage and communal rituals, perceived as the cornerstone of Karanga religion in which communication with spirits takes place, are performed in the context of religion with a view to curb and eradicate the antitheses of life: chronic illness, misfortune and death instigated by malignant spirits, witches and sorcerers. This idea is also manifest in the treatment of serious as well as minor cases of illness and disease which haunt the Karanga people. Such treatment is carried out by the medical practitioner, the *n'anga* and the knowledgeable elders.

Treatment of Illness and Disease

Treatment of illness and disease in the Karanga setting is defined in terms of categories. First, serious illness and disease is treated in various ways involving herbal treatment, extraction of disease-causing objects and exorcism of undesirable spirits. Second, minor ailments are cured by medicinal treatment. Complementing this system of therapy, the Karanga also subscribe to certain mechanisms of protection and prevention.

Serious Illness and Disease

Herbal Treatment

In Karanga society, serious illness and disease are perceived of as primarily having their root in personal causality. Thus, the cause of serious illness is not confined to the environmental factors and other causal explanations expressed in other cultures. This understanding of the causes of serious illness is instrumental in shaping the form of therapy.

When an illness deteriorates ... or persists to the extent of becoming chronic, perennial and causing physical or mental pain, then that illness is perceived in a spiritual manner. Accordingly, therapy is inextricably bound with communication with the spirits.²³

Where the treatment of different illnesses is concerned, diagnosis is expressly religious and is carried out mostly by religious personnel. The methods of treatment comprise prescription and application of curative medicines, exorcism of undesirable

22 R. Chatira, personal interview, 10 November 1990.

23 V. Zindoga, personal interview, 13 September 1989.

spirits and extraction of disease-causing objects. These methods are handed down from one generation to another and seek to eliminate the threat of serious illness and disease.

Midzimu (ancestors) are believed to be a major cause of serious illness as they seek attention. It is imperative that the curative measure takes cognisance of this fact. Thus, the affected parts are inextricably intertwined with action in the spiritual realm. For effective therapy, spiritual guidance is therefore a prerequisite.²⁴

Regarding illnesses and diseases affecting children, the Karanga believe that children are born to have a long life and have their own children as well. The spirits institute this pattern whereby humanity is perpetuated through reproduction. The Karanga conviction is that a child is the hope for the future and should therefore live until he or she attains a ripe old age. Any force bent upon preventing this ideal is countered with serious determination. Thus any serious illness in childhood is attributed to the wickedness of witches who are essentially antisocial and are not concerned with the destiny or well-being of humanity.²⁵ The initial step is an attempt to arrest the disease's effect through the use of herbs by the elders. If the illness persists, then, it becomes necessary to consult the *n'anga*.

Even if the curative medicines are known to the elders, there is still the need to consult the *n'anga* since the illness may be due to the ancestors.²⁶ Thus, no treatment can be effected if the rightful 'owners' of the child, the ancestors, are not consulted.

In most instances ... *vadzimu vanenge vachida kakari kekumbotonhodza pahuro kuti vanyatsochengeta mhuri*, (the ancestor spirits require some beer to quench their thirst so that they may perform their protective duties well). If it is the case of a minor illness, information as to how the beer is to be brewed is relayed to the father of the ill child. If it is a serious illness, a specialist would instruct the head of the extended family as to how the *bira* (ritual) is to be held.²⁷

Samusha, the head of a family unit in a village community, is also given the prescriptions as to how the medicine will be used after the beer for the ancestors has been brewed. This will be geared towards the overcoming of the present illness. The concern is, however, not myopic; there are also preventive medicines given to prevent further illness and disease.

The most popular preventive medicine for spiritually influenced chronic illnesses and diseases is a type of plant known as *chifumuro*. In Karanga, the verb from which it is derived has the connotation of exposing to shame (*kufumura*). The underlying conviction in the use of this plant is that it will expose the nature of the illness and disease and neutralize its effects upon the child. This exposure restricts the aggressive nature of the illness so that it is effectively prevented from attacking any child in the family. The *chifumuro* root is tied onto a fibre or a string prepared from the bark of a tree which the diviner recommends after diagnosing the illness. This

24 Ibid.

25 P. Mabhena, personal interview, 4 October 1990.

26 E. Mutema, personal interview, 7 October 1990.

27 G. Sibanda, personal interview, 28 December 1989.

is then tied around the neck or waist.²⁸ Strings around the waist (*dumwa*) and/or necks of children are a common sight. The medicine tied onto the string is thus both curative and preventive. Although *chifumuro* is limited to a specific disease, it acts as a safeguard against illness in children.

Abnormality of *nhova* (fontanelle) is a serious illness amongst the Karanga people, particularly children. *Chepamusoro* (that which is on top of the head) is due to malicious witches who interfere with the human head. As a result, the Karanga apply different medicines on the delicate part to combat this illness.²⁹ However, a fundamental unity is obtained in this diversity. The procedures followed in administering the medicines are similar with a sole purpose to restore health.

Each family (in its extended form) has a spirit medium (*svikiro*) who acts as a vital link in the communication process with the ancestor spirits. One of the primary functions of the ancestors is to ensure perpetuity of the family line. Hence, there is a burning necessity to protect the family's children against malignant spirits and witches. The ancestor spirits therefore, give directions to cure and prevent the diseases which affect humanity, especially children, the hope for the future.³⁰

Thus, through the cumulative tradition of the Karanga, the procedures for treatment have been passed from generation to generation. By established practice, these methods of treatment are now known mostly to elderly people in the individual families.

It is unlikely that the herbal medicines will be effective before a ritual called *kubata ndiro* has been performed.³¹ Meticulous care is taken not to deviate from the diviner's instructions. After consultation with the diviner, the extended family elder collects *rukweza* (grain millet or sorghum) from individual families who are related. Significantly, the choice of *rukweza*, the favourite grain used for brewing beer, a drink associated with the aged, is meant to invoke the ancestor spirits.

Family elders gather in a hut and one elder puts the grain into a *ndiro* (wooden plate), which is an ancient and thus ancestral symbol. As the families' religious functionary, he performs a series of rites and informs (*kusuma*) the ancestral spirits that the beer is brewed strictly according to their instructions. While preparations to brew the beer are being undertaken, the medicines produced from the diviner are then used. Once the ritual is performed in accordance with the diviner's instructions, then, the herbs will be efficacious. It is, however, necessary for the family to be cautious since this illness is devastating in its effects. On the whole, the ritual is meant to invoke the guardian ancestor spirits to therapeutic action. Thus, the beer of *rukweza* activates the process.³² As such, the ritual confirms the Karanga's struggle for survival.

Chipande or *nhova* (fontanelle) has varied symptoms diagnosed by elders or special diagnosticians.

28 M. Govo, personal interview, 4 January 1991.

29 B. Mbiza, personal interview, 10 January 1991.

30 A. Bindu, personal interview, 26 August 1990.

31 A. Mhaka, personal interview, 1 March 1990.

32 Ibid.

The child immediately vomits after sucking milk from the mother. This is accompanied by weakness and the eyes turning white. Other symptoms are the presence of sores on the upper part of the mouth ... When these symptoms have been positively interpreted, leaves of the *mubvamaropa* (blood letting) tree are burnt. The ashes are mixed with fat. The fat is obtained from the seeds of the *mufute* (castor-oil) shrub which produces oil when crushed. The mixture of the ashes and oil is then rubbed onto the affected part of the head. The illness is said to 'go up' (*chinokwira*) to the head and health is restored.³³

As the name of the herb *mubvamaropa* (blood letting) suggests, the tree oozes a blood-like substance and thus its addition to the concoctions ensures draining of filth. The fat component implies perfection and thus soothing pain.³⁴

The problem of the fontanelle is twofold. In particular, the gap in the central upper head should be a normal one, neither too wide nor too narrow, since malicious beings can manipulate it. When the gap is abnormally wide, an unspecified thorny tree is used to derive the medicine. The roots are taken and systematically pounded and are mixed with water. The mixture is then stirred using a stick with two branches (*chimuti chine mhanda*) until foam is produced. The general term used by the Karanga to refer to grass, shrubs or trees whose roots produce foam is *chifuro-furo*. The plant is used as curative medicine. Actually, the foam is rubbed against the head of the child using the stirring stick. The rubbing of the foam, being part of the therapeutic process, is not done haphazardly. The conception of the illness is instrumental in determining the movement of the stick. The foam is rubbed from the sides of the head towards *nhongonya* (centre of the head). This is held to be the genesis of the disease and also its focus of attack. After this process, the gap narrows and the child is healed.³⁵

When the gap is narrow, the child will be suffering. Therapy consists in symbolic actions. A chick is taken and an appeal is made to the ancestors to enable it to effect healing. It is then used by the oldest member of the family to scratch the head of the patient, moving from the centre of the head, the perceived source of the illness, towards the sides. Through this action the gap widens to a normal position and healing is effected. The use of the chick is significant. In the same manner as it scratches earth (*teta*), pushing all dirt out of the way in search of food, it is also able to eliminate the causes of the illness and restore the health of the patient.³⁶

Serious disease of *nhova* is much feared in the Karanga communities. As a result, parents seek powerful protective medicines for their young children. Unfortunately, however, those children who have been medicated pose a serious threat to the well-being of other children. If contact or even close proximity occurs, the unprotected child is believed to fall seriously ill. Thus, in the traditional Karanga setting, it is imperative that the infant should not be unnecessarily exposed to others of the same age lest they may cause illness. In almost every Karanga village there live special women who can neutralize this threat if approached in good time.³⁷

33 G. Nyoni, personal interview, 3 March 1991.

34 T. Chikuni, personal interview, 17 January 1991.

35 A. Nhamo, personal interview, 19 October 1989.

36 S. Hove, personal interview, 16 October 1990.

37 M. Madhende, personal interview, 24 July 1990.

Another serious disease to which the Karanga are prone is *ndongorongo* (inflammation of the navel, especially in children). Caused by evil forces, this disease is believed to be lethal if it is not given attention. The manifestation of this disease is the convergence of blackish blood vessels at the navel of the child. It is important to take precautions if therapy is to be successful at all.

It is required that none of the patients clothes be exposed to the wider world. Carried within the wind are some malicious spirits which may cause further harm if they come across the clothes. As such, even the drying of the child's clothes is done indoors. The patient is also kept indoors until recovery is effected since he/she would be particularly vulnerable to any other illnesses.³⁸

In the Karanga practice, whilst 'hospitalized', the baby is given several medicines in the usually long and protracted struggle against the disease.

Protection against the disease lies in tying the *chifumuro* to the waist or neck. If this precaution has not been taken and the child falls seriously ill, curative medicines are applied for treatment.

The *munhundugwa* shrub is taken, cleansed and is placed in water and the mixture is left overnight. It is then given to the child to drink the following morning and some is mixed with the baby's porridge ... The exceptionally bitter juice of *munhundugwa* is efficacious ... It neutralizes pain.³⁹

The Karanga also use a fibrous *gavakava* (aloe) called *chikwenga* to combat this common illness. It is equally bitter, and the Karanga strongly believe that the herb is curative. I have also seen mothers chewing some *mazimbe* (charcoal) which they mix with saliva. The saliva is then put into the food which the patient is about to take and is believed to effect healing.

Another serious illness, called *chipengo* (mental illness), haunts the Karanga. With this illness the factor of witchcraft becomes real in the Karanga setting. There is a strong 'givenness' about the existence of this phenomenon. To cure *chipengo*, diviner-healers prescribe the parasite of *chirovadundu* herb and the seeds of *mufute* (castor-oil plant) and other medicinal alternatives as effective.

Mix the parasite of *chirovadundu* and the seeds of *mufute*. Then put the mixture on glowing embers and let the patient breathe ... The use of the herbs *chirovadundu* (that which beats the chest) and *fute* (oil) seeds convey the meaning of conquest of the nuisance spirit and perfection of health respectively ... Alternatively, *chikonye* worm of sheep may be used. A sheep has to be slaughtered and the worm on its forehead extracted. *Nyora* (incisions) are cut and the worm is then crushed and applied. The worm which activates and empowers the beast, especially a ram, is used appropriately to arouse the deranged human consciousness ... The patient also has to drink other general curative herbs.⁴⁰

38 P. Mabhena, personal interview, 4 October 1990.

39 D. Zhou, personal interview, 4 July 1990.

40 T. Shumba, personal interview, 9 January 1990.

For *chitsinga* (rheumatism) and other complex physical disorders caused by sorcerers, the Karanga recommend *chafixe* herb as thoroughly effective. Most of the preventive medicine is orientated towards this struggle against evil forces, witchcraft or sorcery, which are perceived as being essentially forces of negation. As a result, the *mutarara* tree's part is put in the hair by some individuals when they go to sleep, or patched on the upper part of the door entrance. The aim is to affect the psyche of the witches who may have the person on their 'hit-list'. The effect of the *mutarara* tree, is to make the witches 'stupid' or 'forget' bewitching the person who uses this protective device.⁴¹

The type of medicines discussed thus far are mainly for personal defence in order to maintain the health of the individual. The Karanga, however, have a holistic perception of the world they inhabit. The individual, whilst a complete whole, is best understood only in his relation to society to which he essentially belongs. Mysterious pestilences inflicted by evil forces seriously disturb the health of the Karanga family and tribal units. For the protection of the whole family, medicine is obtained from a *n'anga*.

The medicine is put in a clay pot. The pots are then placed underground at the various entry points to the home. This is done in a ritual called *kutsigisa* or *kupinga musha* (strengthening or fencing the home) ... Roots of the *mutandangozi* tree, which means roots of a tree which expels *ngozi* ... are placed in water and the water is used for washing.⁴²

The sole purpose of the protective ritual is to thwart the evil forces by eliminating the causes of illness and disease from the homestead. The medicine, however, is also used for curing wounds and chronic diseases. The defensive barricade is believed to confound the witches or sorcerers when they come to the homesteads to carry out their acts.

The Karanga people also have to grapple with the killer disease *biripiri* (measles). Explanation of the illness lies with the moral consequences of the parents' actions. Accordingly, therapy necessarily entails confession of guilt committed by parents as a supplement to the herbal treatment. Most of the Karanga, however, advocate the naturalist explanation that it is a disease from which the child must suffer at some stage in its growth, and dismiss the notion that measles are due to witchcraft. It is necessary that the child suffers from the disease whilst in the early stages of growth since an attack later on is lethal. The disease is difficult to combat, although *chifumuro* and *hazvieri* herbs go a long way to reverse the symptoms. *Chifumuro* and *hazvieri* mean respectively, 'the exposer' and presumably the curer with 'no restrictions or limits'.⁴³ A common precaution is to ensure that a child whose symptoms have been interpreted as *biripiri* stays indoors. The child should be prevented both from sleeping in the same room with a promiscuous person and greeting him/her. This is believed to aggravate the illness.⁴⁴

41 K. Runesu, personal interview, 10 September 1989.

42 C. Maphosa, personal interview, 2 June 1990.

43 C. Chuma, personal interview, 9 April 1990.

44 Ibid.

Sex-related diseases also torment the Karanga. Such diseases really belong to this era of modernity where ‘no rules apply’. The steep rise in sexually transmitted diseases including the killer disease, *shuramatongo* (AIDS), is attributed to the promiscuity rampant in today’s generation.⁴⁵ Western education, with the accompanying absorption of Western values which emphasize individual freedom, is a common target for some scathing attacks. However, in traditional Karanga society, serious sex-related illnesses include *jeko* (menstruation pain), *rubaya* (continual ill-health), *musana* (‘backache’) and *runyoka* (venereal disease). Generally, the underlying causal explanation is in human abrogation of the socio-moral norms of the Karanga.

Jeko (menstruation pain) is an illness whereby some women become victims of vindictive spirits meting out punishments for specific violations and thus suffer from acute menstrual pains. However, the disease can be inherited or be passed on from one woman to another. For therapy, *jekacheka* (sharp-bladed grass) and other medicines are effective.

Sadza is cooked with (unspecified) herbs and is later removed from the pot. The pot is overturned and a knife is used to cut *sadza* into small pieces. The patient should only eat a single piece and throw the next one away in turn. The process is repeated several times ... *Jekacheka* may also be collected and mixed with any solid medicine. The mixture is dried and crushed into powder. The powder is put in porridge and the pot is turned upside down and finally smashed at *durunhuru* (rubbish heap or pit). The patient is required to continue eating the medicated porridge until the problem is over.⁴⁶

Sadza or porridge, a staple diet of the Karanga, features prominently as the base into which curative herbs are placed. The process of consumption of medicine and overturning or smashing of the pot on the periphery of the home mean accommodation of therapeutic substances and expulsion of the source of infliction. Hence the use of knife or *jekacheka* instruments representing cutting or disconnection is common.

Rubaya (continual ill-health), is an intense sex-related disease to which men are prone. This disease is complex and lethal and connected mainly with married men. If a woman has had a miscarriage, the husband should have sexual intercourse with her as a matter of priority. If the husband is a polygamist, he is bound to suspend intercourse with any of his other wives until he has attended to the one who has had a miscarriage. If this interdiction is breached, perhaps due to modern ‘hygienic’ considerations or other reasons, the husband will definitely suffer from the disease as a consequence of his disregard of cultural norms. For therapy, the Karanga recommend herbs and, above all, prevention of the illness by conformity to social expectations.⁴⁷ It is likely that this interdiction is orientated towards comforting the distraught woman and also to have a quick pregnancy in order to replace the miscarriage.

45 J. Njese, personal interview, 20 April 1990.

46 F. Pesanai, personal interview, 24 January 1990. Female interviewees were hesitant to provide information on menstrual pains, probably because of the cultural stigma associated with this experience.

47 C. Shato, personal interview, 7 September 1989.

A severe disease called *musana* affects both male and female. Translated and taken literally, it may mean one is suffering from backache. However, the rich symbolism of the Karanga is actually alluding to problems of impotency. For females with child-bearing problems the answer lies with the diviner or herbalist's *kuuchika* (restoring fertility) whereby, the womb is 'opened' so that conception is possible. An alternative form of herbal treatment may apply.

Ruvande plant roots are collected, dried and crushed. A round hole is dug in the ground, in which the buttocks of a female patient can fit nicely. Glowing embers are placed in the centre of the hole and *ruvande* medicine is put on top. The patient, covered with a blanket to avoid smoke escaping, should sit over the hole. She should be undressed for the cure to be effective. As she assumes this posture, she should open her organs in order to allow the steaming smoke from the hole to penetrate her organs ... so that she will be cured.⁴⁸

Ruvande, meaning 'secret' in the Karanga language, refers to an undisclosed but efficacious herb in accordance with cultural values. The process which the patient undergoes enables heat and smoke to dry up internal wounds thereby preventing *nheura* (flowing back of male sperm). Thus, therapy restores health and guarantees fertility. As such, the patient is liberated from societal scorn on childlessness.

As for men, there are many aphrodisiacs at their disposal, called colloquially *vhuka-vhuka* (wake-wake). Heading the list are the lower legs of a bull (*mazondo*) which are used with the herbs. The *mazondo* are cooked and the mixture is taken with *sadza* immediately before one takes a woman to bed. This process is called *kusimbisa musana*, which means increasing sperm production, simultaneously strengthening the sperm and activating the organs, like a bull; hence, the appropriateness of *mazondo* and the sexual stimulant *vhuka-vhuka*. This is prompted by the fact that failure to have children is sometimes attributed to socio-moral factors or spiritual forces which weaken the male sperm and render the victim impotent. As a result, women are also encouraged to take some aphrodisiacs as a means of enhancing their performance in the sexual act.⁴⁹

Runyoka (venereal disease) is another serious disease which is directly related to sexual activities. The causal explanation is promiscuity, a common folly arising from disregard of socio-moral values. Such a disease has its hold over unfaithful men. Husbands, conscious of the 'grab-all' attitude of some men, sometimes treat their wives using strong herbs obtainable from the herbalist. If a pleasure-seeker then has an affair with such a medicated woman, he suffers from a swelling stomach and intense pain until reparation is achieved. The husband will demand payment for this *kupwanyanya ruzhowa* (lit. 'gate-crashing'). If this is not met, the adulterous man will die a slow, painful, but sure death just like an AIDS victim.⁵⁰ In this regard, the Karanga perceive AIDS as a form of *runyoka*.

Another form of *runyoka* involves a couple that have been caught red-handed after failing to extricate themselves as a result of medication. Therapy consists of the husband applying medicine intended to disentangle the two. The wife is re-medicated

48 V. Zindoga, personal interview, 13 September 1989.

49 N. Gondo, personal interview, 3 December 1989.

50 T. Musaigwa, personal interview, 27 July 1990.

as a trap for further mischief. Finally, retribution is undertaken usually by beating up the man and demanding payment.⁵¹ The term *runyoka* literally means 'snake'. In that sense, the Karanga concern is geared towards the elimination of a poisonous or deadly disease which threatens the health of the community.

Extraction of Disease-Causing Objects

The Karanga express a strong belief in 'magical objects which are inserted into human bodies by witches and sorcerers and diagnosed by the diviner as worms, insects, animal skins, eggs, hair and feathers. Such objects are perceived as disdainful intrusions which inflict pain and may cause permanent incapacitation to the victim. In that respect, traditional therapeutic techniques based on physical removal of the object(s) and ultimate restoration of health in a ritual context are applied under the directive of a *n'anga*. Such techniques include *kuruma* (biting), *kukwiza* (rubbing), *kuvhiya* (surgery) and *kupfungaidzira* (blowing smoke) over the affected parts. In whatever way, the practitioner definitely extracts the bothersome objects and displays it for public viewing.⁵²

The extraction of objects may supplement herbal treatment. For instance, a patient complaining of *chiposo*, a painful illness identifiable by the physical disorder it causes, approaches a diviner who diagnoses malicious sorcerers as culprits. For therapy, the diviner-healer applies *gavakava* (aloe). Then, he uses a sharp pointed stick to prick the affected part, in the same manner as the sorcerer is presumed to have done in inflicting the pain. In Karanga belief, this therapeutic technique is employed in order to neutralize or kill the disease-causing object before it finally drops to the ground after surgery. Thus, extraction of disease-causing objects is effective in the Karanga's on-going campaign against serious and recurrent illness and disease, and to restore the health of the individual and his group.

Exorcism of Troublesome Spirits

The Karanga people believe that when a spirit is diagnosed by a specialist as having invaded a person, and thereby causing serious illness and disease, numerous exorcistic measures must be employed in an attempt to drive away or neutralize the intruder, such as blood-letting, emetics or purgatives, and sniffing.

One serious disease, which affects children in particular, is called *buka* (convulsions). This is a disease that affects those children who are easily frightened and are very nervous. In Karanga, they are referred to as *vane hana nhete*, meaning those who are easily frightened. This disease is closely connected with witchcraft and many people believe such patients are actually the victims of witchcraft.⁵³ It seems that no permanent curative medicine is known, although *mbanda*, powdered stuff derived from a weed, is burnt in order to drive away the evil spirits whenever

51 E. Ngwenya, personal interview, 21 February 1991.

52 B. Mbiza, personal interview, 10 January 1991.

53 E. Hungwe, personal interview, April 30, 1990.

the child cries incessantly. *Nyora* (incisions) are both curative and preventive.⁵⁴ Their preventive nature is not only limited to *buka*. In making these incisions the diviner will be symbolically driving out the evil spirits from the patient.

An alternative form of treatment for *buka* is to burn *mbanda* weed and use the incisions at the same time. Whilst in the former mode the smell of the herb is believed to be repugnant to the evil spirits which frighten the child, here, the ashes are rubbed on the cuts. The herbs which are burnt in the exorcism are normally procured from a *n'anga* but they are also known to the elders of the community. This disease is also said to give in to medicines that 'strengthen the heart' (*kutsigisa hana*), which are prepared from the fat of a lion, an animal which represents bravery. As a preventive, children are supposed to abstain from eating eggs. It is believed that as chicken scatter anywhere at anytime, so too will the child who eats eggs panic unnecessarily.⁵⁵

Serious illness and disease in the Karanga setting is not, as indeed in all societies, limited to children only. They cut across all age groups in society. The most recurrent causal factors are the witches and the ancestors. For instance, a person who is thought to have been bewitched is referred to as *aisirwa mamhepo*.⁵⁶ The Karanga term, *mamhepo*, is sometimes used synonymously with the word *munyama*, and both imply misfortune. In these instances, misfortune and illness persistently plague an individual and his well-being is shattered. Restoration is achieved through the use of *mafunga-mafunga* roots, which are burnt and whose smoke will fill up the house in which the patient sleeps. This is done just before the diseased person goes to sleep. This is an exorcism which casts away the tormenting spirits. Faced with the formidable smell of the roots, the spirits are believed to submit and exit quickly. The liberating power is manifest through the twitching and shaking of the patient as he struggles with the evil spirits.⁵⁷

Minor Illness and Disease

There are illnesses and diseases whose cause is not necessarily attributed to the spirits, witches or contempt of the socio-moral norms. Such ailments are perceived as short lived or down-to-earth so that home curative medicines administered by elders with elementary knowledge of herbalism can suffice. However, this does not rule out the expert services of a *n'anga*, the specialist in medicinal treatment of ailments.

54 G. Muchipisi, personal interview, May 1, 1990.

55 V. Zindoga, personal interview, 13 September 1989.

56 G. Mabika, personal interview, 19 January 1991.

57 E. Ngwenya, personal interview, 21 February, 1991. I observed an exorcism of the *mamhepo* and the patient seemed entangled in a battle of life or death with spiritual forces.

Medicinal Treatment

Common illnesses which cut across the Karanga communities can be simple headaches. These result from natural conditions, and the most effective therapy is *kufuka* (cover over). In the process, *ibwe remusarasara* (quartzite) is taken and is placed on fire until it is red hot. This stone is used with water that has been boiled in a clay pot. The bark of the *chidyambanje* and *munhuwanhuwa*, pungent smelling herbs, are also included in the pot. The patient and the pot are then covered with a blanket with the red-hot stone in the clay pot. The steam which comes from the clay pot is believed to be curative. The pungent smell of the herbs, coupled with heat, suppresses the harmful micro-organisms responsible and revitalizes the sufferer.⁵⁸ The shrub called *mutika* may also be boiled in water and is used to cure headaches. Here, the patient need not be covered with a blanket but therapy is effected by inhaling a small amount of the steam. The herb is said to be quite powerful and is prescribed by many herbalists. *Nyora* (incisions) are also used to cure headaches as the incision on the forehead or the side of the head is believed to be an outlet for the illness.

Stomach problems, a common experience among the Karanga, are attended to by many and varied modes of traditional treatment. Emanating from 'the ground' the stomach illness can be resolved by recourse to herbs. A common medicine used is '*karibekandu*', the bitter bulb of a shrub.

The bulb is crushed and is put in water which is drunk by the patient ... Treatment of stomach problems, however, depends upon the nature of the problem ... If one has a running stomach, therapy consists of stopping this watery waste and if the problem is one of constipation, medicines which promote proper digestion have to be used. The bark of *mugan'acha* tree is also popular as medicine for stomach ache.⁵⁹

Bombwe is also quite effective. Baboon waste may be used after being mixed with water to prepare *sadza*. In spite of the variety of remedies, all serve a common purpose: to ameliorate pain. Significantly, the medicines are derived from edible fruit-producing plants, thereby concretizing the promotion of health in society.

Musana (back-bone problems), though a mild form of illness, have quite a unique treatment. In the Karanga perception, the donkey is a beast of burden. Its back is held to be particularly strong and when a donkey dies its back-bones are kept. When one suffers from backache, these bones are crushed, *nyora* are made and the powder from the donkey's bones is rubbed onto the back.⁶⁰

Maronda (wounds), by virtue of having a natural causal explanation, fall in the category of minor diseases. Wounds are treated by slippery medicine, either *munhanzva*, a shrub, or *soso*, a creeper. The leaves of the plants are rubbed against each other and the slippery substance is smeared onto the wound. The effect is to slip away the disease, dry the wound and facilitate recovery.⁶¹ *Gavakava* (aloe) is also

58 G. Muchipisi, personal interview, 1 May 1990.

59 S. Chikati, personal interview, 13 February 1991.

60 Ibid.

61 A. Mhere, personal interview, 4 November 1989.

used to treat wounds. When the leaf is broken, a juicy liquid oozes out and this is smeared onto the wound which quickly dries up. Thus, *gavakava* is well-known to practitioners as a curative medicine.

Dzibwa (flu) features as a common disease amongst children. As it has a natural causal explanation, the Karanga rely on the options of medicinal treatment. The herb *karibekandu* is most effective. The leaves are boiled in water and the patient drinks the fluid regularly. However, this herb alone may only be effective in combating mild illness. In Karanga belief, the curative power of *karibekandu* lies in the effervescence characterizing the medicinal concoction.⁶² Other curative medicines recommended by the interviewees include *muzenze* or *mupfachamuka* trees and *chidyambanje* shrub. These medicines are heated on glowing embers and the patient inhales the smoke thereby discharging *ziya* (sweat), *misodzi* (tears) and *dzibwa* (mucus) as positive signs of a cure.

Another minor illness attributed to natural factors amongst the Karanga, particularly children, is called *magwirikwizha* (mumps). The region behind the ears and neck swells. As a result, children can be seen walking with mealie cobs tied around their necks. This is believed to drive away the disease and to protect the person. It is also believed that the cob is spiritually endowed by benevolent spirits who act through the object to conquer the illness. The cob, extracted from maize, the main source of food for the Karanga, symbolizes survival and prosperity of the believers.⁶³ Thus, even illnesses which are not believed to have spiritual causes are also treated from a religious perspective.

Summary of Traditional Therapy

As perceived from the adherents' point of view, the Karanga have at their disposal a system of therapy and prevention of chronic illness and disease which entails communication with guardian spiritual entities. This is manifest in religious activity comprising the rites of passage and communal rituals, but also seen in the modes of treatments administered by medical practitioners and experienced elders such as herbal treatments, extractions and exorcisms. The overriding aim is to cure illness and disease and restore health.⁶⁴

62 C. Shato, personal interview, 7 September 1989.

63 C. Chuma, personal interview, 9 April 1990.

64 See Appendix B for a summary of the common illnesses and diseases and corresponding curative medicines. Information in this chapter corresponds to an extent, with a number of studies focusing specifically on the Shona medical therapies in Zimbabwe such as Michael Gelfand (*The Sick African* [Cape Town, 1944]; *Medicine and Magic of the MaShona* [Cape Town, 1956]; *Witch Doctor: Traditional Medicine Man of Rhodesia* [London, 1964]; M. Gelfand, S. Mavi, R.B. Drummond and B. Ndemera, *The Traditional Medical Practitioner in Zimbabwe: His Principles of Practice and Pharmacopoeia* [Gweru, 1985]); Michael Bourdillon (*The Shona Peoples: An Ethnography of the Contemporary Shona, with Special Reference to their Religion* [Gweru, 1976]) and G.L. Chavunduka (*Traditional Healers and the Shona Patient* [Gweru, 1978]). In these studies, treatment of illness involve 'purification rituals', 'counter spells', 'conflict resolutions' and 'herbal remedies'.

Chapter 6

Independent Church System of Therapy

This chapter seeks to explore the Karanga, independent, Apostolic Church of St Elijah Chikoro Chomweya (School of the Holy Spirit)'s therapeutic system through examination of the wider historical precincts of Christianization and colonization in Africa and in our particular context in Zimbabwe. In order to attain relevance to contemporary religious developments, it also examines the terminology and historiography of the study of new religious movements, its traits and socio-cultural, politico-economic and religious motivating factors, which culminated in the dawn of independent and new religious movements and its propensity towards interdenominationalization, urbanization, modernization and globalization. The chapter also tries to penetrate into the new church's medical views as expressed in terms of causal explanation, techniques for diagnosis and methods of therapy.

Christianity in Africa has had a tremendous impact on the continent which has nurtured a new brand of African Christianity under the auspices of African independence. According to A.U. Adogame this scenario has created, a 'fulcrum for the dramatization and experimentation of the phenomenon generally known as New Religious Movements'.¹ Although he makes special reference to the context of West Africa, Adogame also observed accurately that this religious development is part of the 'genius', a 'global phenomenon' which has seen the 'permutation' of new religious movements in Africa.² Studies of African Independent Churches in southern Africa, especially independent churches in Zimbabwe and more particularly our case study of an African independent church of an Apostolic-type established by empirical research through interviews and observations among the Karanga in Zimbabwe called St Elijah may be seen in this wider context as 'actively engaged' in Adogame's 'fervid religious dramatization'³ of African independence and proliferation of new religious movements in Africa.

The Karanga independent church physically located in Mberengwa district belongs to a sub-group of African Independent Churches who identify and attend to the spiritual and physical needs of their people. They explain the practices and doctrines of the church in indigenous Shona-Karanga cultural terms. J. Amanze, an academic cum theologian, observed of African Christianity in Botswana, 'The churches have developed a form of Christianity based on African experiences of human existence

1 Afoesemime U. Adogame, *Celestial Church of Christ, The Politics of Cultural Identity in a West African Prophetic-Charismatic Movement* (Frankfurt am Main, 1999), p. 1.

2 Ibid.

3 Ibid.

as well as the teachings of the universal church as contained in the Old and New Testaments'. This he calls a form of 'African Christianity'.⁴

Emergence

African Independent Churches are Christian bodies in Africa established due to African initiatives. In this light the Karanga independent church can best be understood in the context of Africa. Scholars in Christianity and mission studies have given several factors and various explanations that seek to explicate the reasons for the emergence of African Independent Churches. The primary reasons which feature prominently in the literature lie in the political, especially racial and theological, dominance of mainline churches over and above indigenous people; economic imbalances which bred migrant-labour movements; a fundamental yearning for relevance of the gospel to address socio-cultural needs; and theological interpretive disparities in religious and spiritual world views.

The terminology constantly used to explain African Independent Churches throws light on our understanding of African Christian independence.

Terminology

Scholars in church history and missiology have split hairs on the terminology of African Independent Churches. Steven Hayes identified the most conspicuous problem which characterizes the discussion African Independent Churches as reflected in the initials AIC. He examines what the 'I' stands for: 'Some people insist it should be 'independent' or 'instituted' or 'indigenous'.⁵ The conception and interpretation of perspectives is variable. Associations, always concerned to have things 'nice and tidy', opt for a particular term to interpret the 'I' and stick to it.⁶ Researchers also contribute to the complexity through their desire to analyse and categorize things. They prefer to use 'African Independent Churches' rather than 'Native Separatist Churches', which was used by colonial agents. Hayes provides a precise compilation of characteristics that warrant the use of the term African Independent Churches. A church which exhibits four distinct features qualifies as an African Independent Church.

African Independent Churches are bodies that have originated in Africa, and are not dependent on any religious groups outside Africa for funding, leadership or control.

African Initiated Churches are those that were started as a result of African initiative in African countries, but may be affiliated to wider bodies that include non-African members.

4 James Amanze, *African Christianity in Botswana: The Case of African Independent Churches* (Gweru, 1988), p. xiii.

5 Steve Hayes, 'African Independent Churches Terminology: More on AICs', <<http://www.geocities.com/missionalia/aic-stud.htm>>, p. 1. Accessed 28 May 2007.

6 Ibid., pp. 1–2.

African Indigenous Churches are those that have and retain an African ethos, and whose theology has developed a distinctive flavour.

African Instituted Churches are those whose establishment and growth have taken place on African soil.⁷

In an endeavour to comprehend the phenomenon African Independent Churches, more terms have been proposed as variables. 'Separatist churches' imply they have broken away from historic churches: for example, the Aladura Church broke away from the Church Missionary Society in Nigeria. 'Spiritual' or 'Pentecostal' churches emphasize the Holy Spirit and the emotional renewal of Pentecost: for example, Musama Disco Christo Church, a break away from the Methodist Church of Ghana; and the 'Ethiopian movement', which emphasizes African control of their own affairs in religious and secular fields. Other 'renegades' from the mainline churches are Zionists and Apostolics: for example, the Christian Catholic Apostolic Holy Spirit Church in Zion.⁸ The World Council of Churches explains the churches succinctly:

African Instituted Churches are primarily interested in the adaptation of Christian teaching and liturgy to indigenous cosmology and ways of worship; they stress expressive and emotional phenomena and cater for strong fears of witchcraft among Africans.⁹

In pursuit of a meaningful understanding of African Independent Churches, more interpretative terms have been raised such as 'witchcraft eradication movement' due to its obsession with exorcism through the Holy Spirit. 'Messianic movements' are based around a Messianic leader. 'Prophetic movements' are founded by a powerful charismatic leader, a prophet. 'Apostolic churches' are centred on Christ's apostles. 'Syncretistic movements' or 'naturalistic movements' points to the fusion of Christian and African traditional worldviews.¹⁰

Characteristics

African Independent Churches have mushroomed at a tremendous rate. In 1981 sub-Saharan Africa recorded 15 per cent of the total Christian population. The overall number of adherents is 15 million, marking a significant sharp rise in African Christian demography.¹¹ They share certain characteristics but also vary from one group to another. Some conspicuous traits of African Independent Churches are that they represent 'a place to feel at home' as a protest against mainline Christianity and in pursuit of 'cultural renaissance'; their faith is centred on the Holy Spirit whose thrust is 'continuity and change'; they are Biblicist movements, drawing heavily from the Holy Book, including both Old and New Testaments; they use biblical allusions such as the exodus and the Solomonic style of polygamy; they give prominence to

7 Ibid., p. 2.

8 John S. Pobee, 'African Instituted (Independent) Churches', in *Dictionary of the Ecumenical Movement* (Geneva, rev. edn, 2002), p. 1.

9 Ibid.

10 Ibid.

11 Ibid.

taboos, omens and dreams, which explain the ‘mysticism’ of the church; they are communalistic in structure; and, in Zimbabwe, strides have been made to inaugurate ecumenical networks such as M. Daneel’s cooperational movement of independent churches called *Fambidzano* (move together).¹²

Scholars in missiology provide a precise summation of their basic characteristics:

They all take their stance squarely within the African cultural world view which accepts demonic power and practitioners of the occult as a fact of daily life. They all view life as a daily spiritual power encounter with the invisible forces of evil. They all draw liberally from the Old Testament traditions and practices. They all have exuberant styles of worship which engage everyone present in song, clapping, dancing and prayer. Many of the groups feature healing services as a regular part of church life.¹³

African Independent Churches are therefore African Instituted Churches or African Indigenous Churches founded by Africans without reference to mission churches. They combine traditional African religious worldviews with Christianity.

Notably, sharp categorization is problematic because the churches are not static but dynamic. Schisms and splinters, which are so rampant in these churches, also create new parameters of perception. In order to develop more insights into the phenomenon of African Independent Churches, it is imperative to establish the history of these new religious movements.

Historiography

The study of African Independent Churches constitutes part of the history and development of Christianity in Africa. Scholars in several disciplines such as social sciences, history, theology and religious studies, especially in the fields of Christian history and missiology, have produced a multiplicity of studies that explain the origins, growth and development of this new religious experience in Africa from within their respective ideologies. Adogame provides a concise survey of certain outstanding scholars who have contributed in this field such as R. Horton, J.D.Y. Peel and D. Barret.¹⁴ These explain the phenomenon of African independence as signs of social and cultural change. But for G. Blandier, E. Anderson, and B.G.M. Sundkler, independent churches are sparked by political and socio-economic protest especially

¹² Ibid., p. 2.

¹³ ‘African Independent (Spiritual) Churches (AICs), <http://aimmintl.org/AIMM_AICs.htm>, p. 1. Accessed 20 February 2004.

¹⁴ R. Horton, ‘African Conversion’, *Africa: Journal of the International African Institute* 2 (1962): 85–107; ‘African Traditional Thought and Western Science’ [parts I and II], *Africa: Journal of the International African Institute* 37 (1967): 50–71 and 155–87; J.D.Y. Peel, *Aladura: A Religious Movement Among the Yoruba*, (Oxford, 1968), pp. 138–294; D. Barret, *Schism and Renewal in Africa* (Nairobi, 1968). See Adogame, *Celestial Church of Christ*, p. 2.

in the wake of colonialism and apartheid in South Africa.¹⁵ Whilst Oosthuizen identifies the same trend in South Africa and Amanze in Botswana,¹⁶ M. Daneel pointed out social, cultural, economic, political and, above all, religious factors as causative for the sprouting of the Shona Zion churches as a sign of theological protest caused by different doctrinal interpretations in the mainline Christian churches in Zimbabwe.¹⁷ It is within this broad causal explanatory model that we shall explore the proliferation of the African Independent Churches especially St Elijah, an African independent church among the Karanga of Mberengwa, Zimbabwe.

In the African context the independent church movement is attributed to Kimpa Vita in the 1700s in the Congo, a Catholic convert baptized as Beatrice in the mission church. Acting under the influence of dreams and visions she made substantial claims which illumine the thrust of African independence from the mainline churches. According to John Parrat:

One of the chief characteristics of church independence in Africa is a demand for the Africanisation of the church in its belief, ritual practice, worship and theology. The roots of this demand have been traced back to the early 1700s through the activities of a young girl of aristocratic birth in the Congo during the period of colonization. Her name was Kimpa Vita. She was converted to Roman Catholicism and baptised under the name of Beatrice. Soon after baptism she began to have dreams and visions and claimed to have experienced death and resurrection. She claimed that St Anthony appeared to her and like this saint she gave away all what she had and began to preach. She protested against church rules and ceremonies. She forbade fasting and the singing of Ave Maria and Salve Regina. She taught that Jesus was an African and that he appeared in El Salvador. She taught that the apostles were black. She claimed that Christ the Saviour himself identified himself with the oppressed against their colonial masters. She further claimed that this black Christ would return to establish a paradise on earth and to restore the Congolese kingdom to its former glory. The Portuguese were alarmed by her teaching. Round the year 1706 they arrested her and burnt her at the stake.¹⁸

Scholars in missiology, church history and theology have contributed immensely to writing about the phenomenon of African Independent Churches. James Amanze succinctly explains the gist of the historiography of African Independent Churches which is most important for this study.¹⁹ Harold Turner explains the churches as

15 G. Blandier, *Sociologie Actuelle, de l'Afrique noire* (Paris, 1955). E. Anderson, *Messianic Popular Movements in the Lower Congo* (Studia Ethnographica Uppsaliensis, vol. XVI; London, 1958); B.G.M. Sundkler, *Bantu Prophets in South Africa* (London, 1961). See Adogame, *Celestial Church of Christ*, p. 2.

16 G.C. Oosthuizen, *Post Christianity in Africa: A Theological and Anthropological Study*, (London, 1968); Amanze, *African Christianity in Botswana*.

17 Marthinus Daneel, *Zionism and Faith-Healing in Rhodesia: Aspects of African Independent Churches* (The Hague, 1970).

18 John Parrat, 'Contemporary African Theology' (unpublished monograph), p. 3, cited in Amanze, *African Christianity in Botswana*, pp. 62–3.

19 Amanze, *African Christianity in Botswana*, pp. 62–4.

having been 'founded in Africa by Africans for Africans'.²⁰ Kofi Appiah-Kubi endorses the same by referring to indigenous African Christian churches' symptomatic signs of authenticity as 'founded by Africans for Africans ... African membership ... African leadership'.²¹ As observed of African independence in Ghana 'spiritual hunger generated the needs of healing, divining, prophecy and visioning'.²² A South African, D.J. Bosch, noted conspicuous interaction and modification of a dual religious system amalgamating a traditional 'tribal community and its religion' and 'heterogeneous foreign culture intruding its Christian religion'.²³ D. Barrett's studies of church independence in East Africa depicted the phenomenon as 'separation by cession from a mission church or an existing African Independent Church'.²⁴ G.C. Oosthuisen consolidates this posture by affirming the recurrent trend of 'break away' and 'schisms'.

Many of them broke away from a static, unrelated and in many ways foreign church governed by Western power and money. Others are the result of schisms from Christian sects ... while others are the result of schisms among themselves.²⁵

All these phenomena subsequently culminate in the establishment of a religious entity under African initiatives and leadership.

Further examination of prominent studies on African Independent Churches yields several illuminating dimensions. In his endeavour to draw paradigms with Western churches, Appiah-Kubi depicts these churches as 'African oriented' as opposed to their Western counterparts which are 'Euro-American'. His explanatory thrust is vivid:

In contrast to a cold, frigid, professionally aired Christianity that is mainly interested in form, these churches are free, emotional, and to some extent fanatical in their Christian worship. Several of these churches are charismatic, lay, egalitarian and are voluntaristic in contrast to the established, professional, hierarchical, prescribed religion of the missionary churches.²⁶

In general many scholars who engage in the study of African independence have identified numerous reasons, which embrace political, social, religious and other

20 Harold Turner, *Religious Innovation in Africa* (Boston, 1979), p. 10, cited in Amanze, *African Christianity in Botswana*, p. 63.

21 Kofi Appiah-Kubi, 'Indigenous Christian Churches: Signs of Authenticity', in Appiah-Kubi and S. Torres (eds), *African Theology En Route* (Maryknoll, NY, 1979), cited in Amanze, *African Christianity in Botswana*, p. 63.

22 Amanze, *African Christianity in Botswana*, pp. 63–4.

23 D.J. Bosch, 'God in Africa: Implications for the Kerygma', *Missionalia* 1 (1973): 3–21 (17), cited in Amanze, *African Christianity in Botswana*, p. 64.

24 David Barret, *Schism and Renewal in Africa* (Nairobi, 1968), p. 50. Quoted in Amanze, *African Christianity in Botswana*, p. 64.

25 G.C. Oosthuisen, *Post Christianity in Africa* (London, 1968), p. 50, cited in Amanze, *African Christianity in Botswana*, p. 64.

26 Appiah-Kubi, 'Indigenous Christian Churches', p. 118, cited in Amanze, *African Christianity in Botswana*, p. 65.

factors such as Western and African cultural clashes, reaction against attack, desire to protect traditional values and popular protests against white dominance. For V. Lanterrie, African independence was a culmination of relief from frustration and suffering in a religious way.²⁷ Adrian Hastings noted that the African Independent Church phenomenon was a reaction against missionary Christianity and quest for values and practices traditionally sanctioned by the Old and New Testaments, such as revelation through dreams, visions, rituals, clean or unclean animals, polygamy and spirit possession.²⁸ Then for Akin J. Omoyajowo, the churches are a reaction against a European complexion of 'prefabricated theology' which amounted to a quest for spiritual home for the Africans.

More studies closer to home in Southern Africa and which bear more relevance to our study of independent churches were conducted by G.C. Oosthuizen, Sundkler, J. Amanze, J.M.A. Chirenje, etc.²⁹

Oosthuizen noted in his studies that the formation of African Independent Churches was caused by the 'Church itself' referring to their spirited effort to transplant Western civilization rather than evangelization. In this respect the emergence of these churches was an attempt to recapture the African past. This underscores the endeavour to 'preserve what is meaningful to the traditional man'.³⁰

In Botswana, J. Amanze, an academic cum theologian, conducted extensive research on the growing new phenomenon of African Christian independence which culminated in his well-documented and inspiring masterpiece on *African Christianity in Botswana: the Case of African Independent Churches*. Amanze is one of the most influential scholars in contemporary studies of the history of Christianity and most relevant to our study of African independence. In his professional capacities as church minister, theologian and Professor of the Department of Theology and Religious Studies at the University of Botswana he has been able to conduct substantial research on African independence among the Tswana people in Botswana. His scholarly survey, based on questionnaires, inquired into the history, practices, activities, faith and theology of the newly established churches. The study is based on participant observation of specific healing rituals. Drawing on his vast experience as ordained pastor, Amanze was able to be actively involved as guest preacher, a strong asset which placed him in an advantageous position. Interviews constituted his primary mode of research. With this method he collected data from church founders, bishops, prophets, pastors, evangelists, church members and all relevant people from all walks of life. Library research supplemented primary research to a great extent. All field research and technical tools employed synthesized to bring about a comprehensive study of African Independent Churches.

27 V. Lanterrie, *The Religion of the Oppressed: A Study of Modern Messianic Cults* (New York, 1965), p. 1, cited in Amanze, *African Christianity in Botswana*, p. 66.

28 Adrian Hastings, *A History of Christianity 1950–1975* (Cambridge, 1979), pp. 70–71.

29 Oosthuizen, *Post Christianity in Africa*; Sundkler, *Bantu Prophets in South Africa*; Amanze, *African Christianity in Botswana*; J.M.A. Chirenje, *Ethiopianism and Afro-Americans in Southern Africa 1883–1916* (London, 1987).

30 Oosthuizen, *Post Christianity in Africa*, p. xii, cited in Amanze, *African Christianity in Botswana*, p. 69.

Amanze highlighted religious and cultural factors rather than political and economic factors as of paramount importance behind the formation of these churches. The churches formation was mainly to cater for the people's spiritual and social needs such as healing, divination, prophecy, worship and preservation of culture. The churches, he observed are primarily African and secondarily Christian. They sprouted up in reaction against over-Europeanized Christianity. The majority have retained their traditional Tswana cultural beliefs and practices like polygamy, sacrifice, divination, birth/death rites and agricultural rites: cultural ceremonies of social, economic and religious nature. They exhibit power to heal through faith healing and traditional medicine. They fill the gap in healing left by mission churches and hospital medicine.

B.G. Sundkler identified the African Independent Churches as rooted in Africa. The Ethiopian churches make constant reference to Ethiopia as formerly Abyssinia. The biblical story of the Ethiopian eunuch as recorded in the Davidic Psalms features prominently in their theology (Psalm 68:31). The Zion church traces its roots to Zion City, Illinois, United States of America. They frequently refer to Mt Zion in Jerusalem. According to G. Mac Call Theal, African Independent Churches in Southern Africa started in Lesotho in 1872 with an Ethiopian movement that broke away from the Paris Evangelical Society's mission in a reaction against European patronage. Next was Nehemiah Tile, a Methodist minister serving among the Tembu in the Transkei, South Africa in 1884 who broke away from the Methodist Church due to perceived political and racial prejudices in the church. He formed his own church called Tembu National Church. A more striking breakaway church, called the Ethiopian Church, was introduced by Mangena Moake Mokone, an outstanding Methodist church preacher in 1982 in Witwatersrand, South Africa. As Amanze observed, this church exerted tremendous influence in the emergence of African Independent Church movements in Botswana.

In the Botswana context, the emergence of African Independent Churches is traceable to the second half of the nineteenth century and connected with the emergence of the new religious movements in South Africa. Originally they formed as 'Ethiopian' and 'Zionist' churches. The churches were introduced from South Africa through migrant labourers.

In 1886, Botswana recorded the first case of independent churches among the Tswana in Ngamiland most of whom defected from the London Missionary Society operating in the area. Thereafter Ethiopian influence penetrated places like Khanye through migrant labourers from Johannesburg and the Kimberely mines in South Africa. One important, dynamic leader who fell under the Ethiopian church ideology in South Africa was Mothowagae Mothogelwa, a former Bible student at Kuruman.

Expounding on the development of African Independent Churches in Botswana, Chirenje examines the inauguration of the Zionist church called Zion Christian Church (ZCC) among the Bakgatha in Mochudi in 1937. The church was originally founded by Engenas Leghanyane of Thabakgonye at Moriah, Petersburg in the Transvaal in South Africa, in 1924. The apostolic church of Johane Masowe was introduced in Botswana by F.M. Ngorima in Moreka in 1951. Moreka fell heavily under the influence of a renowned church leader and founder, Johane Masowe: the 'Black Messiah'. Amanze depicts Johane Masowe, born Shoniwa in Rusape

district, Zimbabwe in 1914, as having experienced a dramatic call at the age of 18. He embarked on extensive travels in several countries starting with Botswana in 1943, Pretoria, Port Elizabeth, Korstein South Africa in 1947, Bulawayo in 1959 and Lusaka. He established a church in Dar es Salaam in 1962, and a branch in Nairobi. In 1972 he returned to Zambia and died on 28 September 1973. His body is buried at Gandanzara in Rusape district.

Amanze's broad survey explains an upsurge of African Independent Churches in Botswana in the 1960s. The churches in Botswana were formally launched after independence on 30 September 1966. As typical of the Zimbabwean scenario, the adoption of national independence in Botswana allowed freedom of worship. This led to the proliferation of the African churches without prosecution. Amanze also noted the conspicuous movements which exerted influence in the Southern African region in the likes of Guta RaMamwari founded by Mai Chaza after a mysterious state of death and resurrection in Umtali in Zimbabwe in 1954. The church is well renowned for its syncretism of Christian elements with African traditional religions. In Botswana this movement was promoted by Graciano Sakuchada in 1964. African Independent Churches experienced further phenomenal growth from the 1980s through the 1990s and potentially to the present. By 1988 Botswana recorded 65 per cent of the Christian population with 300,000 Christians.

Amanze's illuminating account of African Independent Churches in Botswana succinctly captured vital trends that prompted the formation of African independence in southern Africa and, pertinent for our case of Zimbabwe, the development of a form of Christianity according to indigenous tradition. As drawn from the analogy of the Tswana the initiative created a 'place to feel at home'. This nurtured a brand of Christianity which accommodated traditional religious values such as Tswana concepts of *Modimo*, ancestor worship, dance, spirit possession, clapping hands and healing and which take cognisance of traditional divination and medicine. This is manifest in their theology which simultaneously embraces both traditional customs and structures of Christian faith. Christianity is re-interpreted and made relevant to the African Christian. The Christian religion is no longer perceived as external or a white man's religion imposed by Rome, Canterbury, New York or the periphery of Africa. African Christianity becomes a new church, a form of indigenous religion born and bred in the bowels of mother Africa, established and destined to stay indefinitely. Realizing the rapid growth of African Independent Churches, 'spreading their tentacles like wildfire', Amanze acknowledges this phenomenon to be understood in the general context of independent church movements in Africa as a whole. Their main objective is the call to contextualize Christianity in terms of leadership, faith and church practice.

In Zimbabwe, Inus Daneel, a missiologist has attained monumental pioneering studies on African Independent Churches with specific reference to the Shona Zion churches. For Daneel, these churches are 'real' and form a 'genuine heart beat of indigenised Christianity' rather than a movement on the 'periphery of mainline Christianity'. He portrays the African churches as perceiving and reflecting their independence in organization, leadership and religious expression from the Western historic or mission churches. Their conception of the church as manifest and justified in the church doctrine, worship and practice is tantamount to mission-church system

and structures. The independent churches are also distinct in that they make original interpretation of the Christian gospel in an African context. They also adapt to suit their African needs and aspirations. Pursuing his arguments of African Independent Churches, Daneel identifies the churches as establishing a 'place to feel at home', as 'homes' of 'spiritual, mental and material security' and truly 'havens of belonging'. He points out the grounds for the formation of the African churches as lying in the paternalistic attitudes and cultural superiority of mission churches and warns against misconceptions about African Independent Churches as 'reactionary' but urges for their recognition as existing by themselves.

Typologies

A comprehensive examination of the African Independent Church system of healing in our case study requires an understanding of the categories in which the independent church belongs. As a result it is imperative that we explore the broad categories in which the church emanates.

The multiplicity of terminology of African Independent Churches we expounded also relates in some ways to the categorization of these churches. In this light, the majority of scholars tend to group the churches into three distinct categories or types. Dawid Venter, working on the empirical profiles of African Indigenous Churches in South Africa, identifies three common groups as Ethiopian, apostolic and Zionist. The distinctions are based on historical and ontological differences:

Ethiopian churches were the first to emerge in South Africa and exhibited anti-racist and Pan African tendencies, while retaining the organisation and doctrines of the white dominated Protestant Churches that they broke away from. Zionist churches emerged later. They are Pentecostal; emphasize faith healing, and members wear distinctive uniforms. Apostolic Churches lay a claim to apostolic succession, in which the authority of leaders is seen to derive directly from Christ's twelve apostles.³¹

However this distinction, as may be expected, is riddled with problems of definition. Whilst some names derive from individual designations by the churches themselves, others are invented by scholars. Venter observes that some African Independent Churches reject the term 'Zionists', even though they resemble other churches within the same classification. Typical scholarly invented names are Daneel's 'Spirit-type churches', embracing both apostolic and Zionists, and Anderson's 'Pentecostal-type churches'. On the contrary, Garner identifies significant divergences between the apostolic and Zionists.³²

From the above it is apparent that distinctions of African Independent Churches are not sustainable. As Venter notes, some scholars use the umbrella term, 'new

31 Dawid Venter, 'Globalization and the Cultural Effects of the World-Economy in a Semiperiphery: The Emergence of African Indigenous Churches in South Africa'. *Journal of World-Systems Research* 5 (1999): 104–126 <<http://jwsr.ucr.edu/>>. Accessed 28 May 2007.

32 R. Ganner, 'Religion and Economics in a South African Township', (PhD diss., Cambridge University, 1998).

African religious movements', for example, Bennetta Jules-Rosette.³³ In this context, as Venter argues, African Independent Churches are sub-divided into three more groups according to generic terms:

- (a) indigenous or independent movements, characterised by the formation of their own doctrines (the equivalent of Zionists); (b) separatist movements, which break away from existing religious structures (the equivalent of Ethiopians); (c) neo-traditional movements, attempt to revive older traditional religious practices.³⁴

Whilst most Southern African scholars apply the term African Independent Churches (AICs) following Jules-Rosette, Venter prefers to call Zionists only those who label themselves as Zionists and any other types, AICs.

In the context of Zimbabwe, which impacts directly on our case, Daneel identifies a similar triad of nomenclature of African Independent Churches namely, Ethiopian, Zionist and apostolic. The Ethiopian type places great emphasis on Ethiopia as the cradle of Christianity, 'Ethiopia shall stretch out her hand to God'; the Zionist church appeals to Mt Zion/Zion city as a holy place, likewise the apostolic regard themselves as genuine models of Christ's apostles. Whilst the churches place emphasis on the various sources, they are fundamentally united by their theological thrust, fulfilment of the 'good news', to heal and cast out demons, centred on the power of the Holy Spirit. Deeply rooted in the biblical world, they strive to interpret the Holy Book in the context of traditional religion and customs. For Daneel the churches produce a systematic form of syncretism which seeks to amalgamate the 'old and new' in a meaningful idiom.

It is within the above broad categorization and complex terminology on African Independent Churches that we will examine St Elijah Church, an African independent church of the apostolic type.

Christianity in Mberengwa

The inauguration of Christianity in Mberengwa and the resultant genesis of the African Independent Churches is part and parcel of the entire history of the establishment of Christianity in Zimbabwe. The history of Christianity in Zimbabwe starts with the first phase of the pioneering work of a Portuguese missionary and Jesuit Catholic priest, Father Goncalo Da Silveira in the Munhumutapa Empire in the eastern part of the country in the fifteenth century. This phase consisted of a brief period of evangelization and conversion of Chief Mupunzaguta Munhumutapa and a few of his subjects. However the missionary endeavours turned into a fiasco with the death of Father Goncalo Da Silveira under suspicious circumstances. He was murdered by local people following misunderstandings in illegal trading activities in which the pioneering missionary was embroiled.

33 Bennetta Jules-Rosette, 'The Sacred in African New Religions', in A.J. Beckford and T. Luckmann (eds), *The Changing Face of Religion* (London, 1989), pp. 147–62.

34 Bennetta Jules-Rosette (ed.), *The New Religions of Africa* (Norwood, NJ, 1979), p. 148.

The second phase of missionary presence in Zimbabwe starts with the activities of the famous missionary explorer, David Livingstone, who came from South Africa through Matabeleland. This period is influenced by Vasco da Gama's discovery of the 'Cape of Good Hope' in South Africa and Christopher Columbus' vision of expedition from Cape to Cairo. His missionary venture from the south, through Botswana and via Matabeleland was calculated to plant Christianity in the 'heart of Africa'. Livingstone's brief exploratory expedition in the west of Zimbabwe culminated in his 'discovery' of the mighty spectacular Victoria Falls. However Livingstone did not live to fulfil his vision. It was aborted prematurely when he only managed to reach Blantyre in Malawi. He died in Zambia. But in posthumous recognition of his work, Livingstone's adherents extracted his heart and buried it underneath a tree in Zambia whilst his body was embalmed and is preserved in England. Statues in his honour have been erected at the Victoria Falls in Zimbabwe and also in Princess Street in Edinburgh, Scotland, his place of birth. His name has not been extinguished by history. Prominent places have been named after him such as a street in Salisbury (now Harare) and a town called Livingstone in Zambia. His accounts of Christian history are on display at St Mungo Museum in Glasgow. Despite his prominence, Livingstone's reputation is open to criticism. When his missionary goals are highlighted, critics are quick to portray him as the author of colonialism in Africa. This argument is based on his reliance on slaves as porters during his expeditions. His 'discovery' of Victoria Falls is subject to scrutiny on the basis of indigenous claims of original settlements and its recognition as sacred place known as *Mosioatunya* (Place of Thunder). Moreover he is known for having managed to convert only one person in his entire career who renounced his faith after his death. Nevertheless his missionary exploration has left an indelible mark in the history of Christianity in Southern Africa; Botswana, Zimbabwe, Zambia and especially Malawi as compiled in the *Livingstonia*.

Apart from David Livingstone's path-finding mission in Matabeleland, Christianization in this area is largely associated with the arrival of white missionaries from the London Missionary Society (LMS) in Matabeleland via South Africa under Robert Moffat and subsequently John Moffat. This phase saw the spirited attempts at evangelization, though with little success, of the Ndebele *indunas* (kings) Logengula and eventually Mzilikazi. These preliminary missionary attempts at Christianization of Zimbabwe, consolidated by the colonial hegemony of Cecil John Rhodes, who gave his name to Rhodesia, ushered in a new era of Christian partition in the country. This amounted to establishment of mission stations with hospitals and schools in respective regions such as LMS at Inyathi in Matabeleland; the Roman Catholic Church at Chishawasha, Harare; the Anglican Church at St Augustine Penhalonga, Tsambe in Mutare; the British oriented Methodist Church in Epworth, Harare; the US version of the United Methodist Church in Mutare; the Salvation Army at Howard in Chiweshe, the Seventh Day Adventists at Solusi in Nkayi; the Dutch Reformed Church in Masvingo and the Evangelical Lutheran Church (ELCZ) at Mnene in Mberengwa. In general most of these places, commonly associated with the origins of Christianity have now increasingly become bases of church-initiated universities in Zimbabwe. In August 2003 the Lutheran church celebrated its historic century through camping and marching in a colourful procession from Vugwi in Zvishavane

district, across the giant Ngezi river to Mnene in Mberengwa district in horse-drawn wagons, a replica of the missionary trail. This event marked the first centenary of the Evangelical Lutheran Church in Zimbabwe.

The history of the incursion of Christianity in Mberengwa, particularly the Evangelical Lutheran Church, so well established in the area, forms the basis of our understanding of African Independent Churches. A vivid account has been produced by Hugo Soderstrom, in which he portrays Harald von Sicard, a famous Swedish Christian missionary who operated extensively as pioneer and subsequently as first white bishop of the Lutheran Church. As we have seen in previous chapters, the first appearance of Lutherans in Zimbabwe came with the German missionaries through South Africa. But this stint was short lived when missionaries returned to South Africa. After the German attempt at Christianization, the Swedes took over. These established camp at Vugwi in Zvishavane district in 1902 which now constitutes the foundational place of Lutheranism in the country. The first institutionalized church was established across the Ngezi river at Mnene in 1906. The first resident bishop was situated at Gomututu where visible ruins of his house and first church buildings are still visible and have become monumental symbols in the history of the Lutheran Church. Eventually other mission stations were established at Masase and Chegato, and then Musume and Masvingo in what came to be known as the Eastern Deanery and Manama in the Western Deanery from 1903 to 1914. Thereafter the church spread its tentacles far and wide covering almost the whole district of Mberengwa, some areas like Mapedza in Zvishavane district and Zvishavane town in the midlands in the east. Simultaneously the church grew and developed in Gwanda, Filabusi, Zezani, Beitbridge and established its headquarters in Bulawayo in Matabeleland Province.³⁵

Launching a New Church

The emergence of African Independent Churches in Mberengwa, and particularly in Chatira village where our case study is located, lies within the wider history of Christianization in the district championed by the Swedish Evangelical Lutheran Church missionaries operating in the area. The introduction of evangelization in several chiefdoms in Mberengwa left an indelible mark in the minds of the greater population in almost all chiefdoms in the district. In Chief Mataruse's area, Steven Shava a prominent evangelist in the Lutheran Church congregation at Mahindi School formed his own African independent church in Chatira village within Muvuya Shava family. The church's foundational name is St Elijah Chikoro Chomweya (School of the Holy Spirit) now well renowned as Enlightenment Church. It is within this background of Christianization in Chatira that we can comprehend the healing trends of this independent church.

35 Hugo Soderstrom, *God Gave Growth: the History of the Lutheran Church in Zimbabwe, 1903–1980* (Gweru, 1984), pp. 17–50.

Christianization

ELCZ came to Mahindi, Chatira village where St Elijah Church is located through a prominent Swedish missionary, Bishop Strandvick, whom the Lutherans affectionately called VaRudo (love) and famous for his love for this group of the Karanga people. He was instrumental in the establishment of the congregation at Mahindi and ultimately became the first bishop of the Lutheran Church in Zimbabwe. As an elderman recollected, he first appeared in the area riding on a horse. He settled at a certain place near a *mupfuti* tree situated close to *munda wa Bamba Bheni* (Beni's father's field). He brought *zvihwintsi* (sweets) and *mari* (money) which he gave to the people who came to see him.³⁶

Sabhuku (village head) Chatira, after consultations with Mazvavo, approached Muzvagwandoga Hove, a *muchinda* (chief's junior) also known in the village as *Bambo va mai Misi* (father of mistress, lady teacher) to allow Bishop Strandvick to be given *mumvuri* (shelter). VaBanda was appointed the first teacher at a school established underneath a *mugan'acha* tree in the village just close to *pamba pa Svondo* (Svondo's homestead). Chatira introduced first elementary counting using *mashizha* (tree leaves). Strandvick recruited teaching staff starting with Miss Gumbo and organized community involvement by calling upon participation of other nearby villagers like Madhende and Mhari to start contributing by moulding bricks to construct the school at Mahindi. Muzenda played a very crucial role in the organizational stages. Shava and the people searched for a headmaster to head the school. Shava and the community invited Shoko, whose house had mysteriously caught fire at Murowa, to head the school. Thereafter construction of the school started and within a short time, lessons began. In time another school building was constructed.

Evangelization in Chatira came along with education. The bishop, apart from recruiting teaching staff also arranged and encouraged certain local people to train as evangelists. One such evangelist is Steven Shava, our prime focus in this part of our study who eventually founded his own independent church.

Biography: Founder

Steven Tafa Shava was born in 1925. He received baptism in the church at a river by Nordisjo in 1944. He had started attending school in 1942 at Mahindi. He was recommended to attend standard six at Mnene School. A man from Zion Church identified a spirit that inhabited him. Eventually he went to live in Bulawayo, where he gained employment as an office worker. Whilst plying his trade in this city he also joined the Dutch Church together with four other people. Shava felt uncomfortable worshipping in this church. Strandvick then encouraged him to start a prayer group in which 50 people joined and thus inaugurated an independent form of worship. Later he left Bulawayo for work in Plumtree where he established a worshipping community of 17 people but which expanded to 600 people in a very short time. Tonnel, another Lutheran priest, gave him the go ahead. At one time he invited him to

36 S. Shava, personal interview, 12 August 2002.

worship in Victoria Falls. Initially the people worshipped in a garage but eventually Tonnel built a church at Njube.

Call to Profession

Recounting his dramatic call into the spiritual world in which he was initiated and now belongs, Shava recalls vividly:

I started experiencing ill health after taking medicine or pills. My friends Gambiza and Calvin Shumba advised me to go to a *n'anga* for treatment. The *n'anga* diagnosed an invading spirit as the cause of the problem and advised us to bring a pound so that he would hook the spirit out. We were strongly warned that failure to do so would result in my death within three months duration. My friends ran around scrounging to raise funds but I refused to comply with the traditional healer's advice. I signed this as a vow in a book.

Later on I joined a mining company. In 1948 at the mine I fell sick and was laid to rest in a tent. *VaRumbi* (whitemen) came to visit me with a medical doctor and left *mafuta* (oil) to apply all over my body. I recuperated but the doctor recommended hospitalization which I refused. After some time our group opened another mine at Cement Side. One day I sent some of our boys to collect paraffin and petrol to help remove nuisance ants which had invaded our camp. During sleep at night I woke up, with a bruise and injured leg in the mine. I had experienced a vision. I saw a man next to a mountain. I shouted to him, '*Ndouyako!*' (I am coming) but he replied, '*Dzokera*' (Go back). People thought I was mentally disturbed, lifted me into a tent and called a doctor.

They sang the Lutheran hymn 121 *Jesu She musandisiya, Nyasha mundipe* ('Jesus do not abandon me, Bless me'). I gained consciousness and explained to the white man and colleagues that someone was inviting me to heaven. That experience marked the beginning of my spiritual life. This song had been taught by Ms Gumbo. Whilst Strandvick invited me to train as *muvhangeri* (evangelist) or *murairidzi* (teacher), others encouraged me to train as *mudhumeni* (land demonstrator) and in this respect was given *nyembe* (award). Later in my life I had intermittent experiences of ill health and heard voices of people singing. I was advised especially to sing hymn 192. I reported my experiences to Strandvick and was given a go-ahead to develop my spiritual ministry.³⁷

As a member of the Lutheran Church, Shava exercised his spiritual powers by praying for sick people from all walks of life including Lutherans at his home. One day he was given a vision in his sleep that a man would come. Recalling his call, he connected this with the Mark's Gospel:

Behold I send my messenger before your face
Who will prepare your way before you,
The voice of one crying in the wilderness,
Prepare the way of the Lord
Make his paths straight. (Mark 1:1–3)

37 Ibid.

Whilst reflecting upon his experience, his wife, affectionately referred to as *mai* (mother), saw and told him about visitors coming. He started singing a chorus:

Baba munozviziva zviri mumoyo mangu
Mutikomboreivo tigopinda kudenga

Mai munozviziva zviri mumoyo mangu
Mutikomboreivo tigopinda kudenga

Mutikomboreivo mutikomboreivo
Mutikomboreivo
Tigopinda kudenga

(Father you know what is in my heart
Bless us so that we may enter heaven

Mother you know what is in my heart
Bless us so that we may enter heaven

Bless us Bless us
So that we may enter heaven).

At this moment Shava recalled one of his sons, Baba Feyi, (Faith's Father) who had reported to him that he had met a prophet called Joe. The prophet had told him that his father was a prayerful man. Besides the prophet had also predicted impending problems especially death which would befall the entire family. This message he had suggested should be shared with all relatives of the Muvuya family in the village. The prophet had further indicated his willingness to visit the family and solve this problem by removing the source of evil. So arrangements were then made for the visitors to come home. As he strove to contemplate his dream experience and his wife's report, five visitors were approaching their homestead.

Once the visitors got settled they commenced their operations. They moved to a nearby rocky place in Chengwe mountain and spotted *hari ine chuma muhuro nomwise we zizi* (pot tied with necklace and an owl's tail). They removed and destroyed the objects. Thereafter the senior visitors in the group, Joe and Ngwenya advised Shava to form a church as divine command by drawing his attention to the qualifications of church officers/bishops as delineated in 1 Timothy 3:1ff. It is from this background that St Elijah, an African independent church was formed in 1991.

Birth of a New Church

The church was formed on the day that there was a Lutheran mass at Masvingo, the church's parish mission centre. On his way Shava saw Saru, his brother's daughter, and two other children. He recalled he had been told to go up the mountain with three children.

We did go up the mountain and the children confessed. I returned to collect *mai* and *mai Tonde* (Tonde's mother) and we ascended the mountain. Then Joe came back and

produced a letter with names inscribed for dead relatives at VaChikati's (my brother's) grave. We dug a hole from the grave and removed some bottles. We gathered in the house for prayer. In the process we saw a light of fire. Later we were advised by Dewa, the councillor to register a church. When the letter bearing the names was brought, the people chose St Elijah.³⁸

St Elijah was from its inception linked to one apostolic church in Murehwa from which the influential prophet and five colleagues came. Shava claims to have been given *purazi* (farm), *mugodhi* (mine) and *rwizi* (river) in which people dumped items used for evil practices. Whilst the church hierarchy established Shava as the founder and bishop of St Elijah, Joe served as prophet in the church. One of his renowned actions was his advice to Shava to take pills but not allow them in the house, perhaps prompted by Joe's medical background and profession as 'surgeon'. It is also said he received money and donations from the Red Cross. Despite his advice Shava has continuously maintained an aversion to Western drugs and medication.

Shava's popularity reached tremendous heights in Mahindi in 1970–78 at the end of the War of Liberation, as observed from his many followers and testified to by many of his church members and patients who flocked to his home for *pungwe* (night vigils) and prayer sessions from areas like Mudzidzi and Gomututu in Mataka chiefdom; Masvingo, Vuhwa, Mahombe, Nhenga, Supwi and Runde Mponjani in Negove chiefdom; Mahindi, Ingezi, Murongwe and Chabwira in Mataruse area: all in the Mberengwa district Midlands province; Murowa, Mapedza, Mukwakwe and Gundekunde in Shabani district also in the Midlands province; Matibe in the Mwenezi district; Mushai, Mupagamuri and Berejena in Chivi district in Masvingo province. However *pungwe* conducted by *zvapupu* (witnesses) had become fashionable in the area due to the church's programme of evangelism in which, Shava claimed, some senior *vafundisi* (pastors) and *vavhangeri* (evangelists), mainly from the Masvingo parish in the Eastern Deanery, participated. According to him, some people, envying his growth and popularity in Christian spiritual healing in the church reported to the then Bishop Shiri about the church's spiritual activities. He was not amused with such reports which sought to undermine his power and so resolved to quit the Lutheran Church. But for some people Shava's reasons for leaving the Lutheran Church were primarily social, prompted by his short-lived second marriage. His departure was also timely, since it coincided with his period of retirement as evangelist in the church.

Recently, St Elijah has split into two main sections between Shava and Joe. Shava opted to part ways with Joe for various reasons. According to him, Joe had become unpopular as a prophet both in the family and church. The reasons for the split were mainly over social and financial matters. Shava was advised to break from Joe, and he and his family formed a new church called Enlightenment Mission. Though rooted in St Elijah, Enlightenment Mission revamped its leadership structures positioning Shava as chairperson, Venson Shava his son as the bishop and Chabikwa and Maposa as prophets. The church has rapidly boosted its membership both in Chatira and other villages. It has registered with the new name and devised new structures and

38 Ibid.

strategies. With its stronghold in Harare, the church has sufficiently grasped modern techniques of evangelization and to a large extent embraced Pentecostal ideologies. On the other hand Joe still operates as prophet in St Elijah in Murehwa.

Theological Inter-Denominationalism

St Elijah Church comprises an amalgamation of Lutheran and apostolic doctrines. The church draws some of its prominent hymns from the Lutheran *nziyo* (hymn book) with minor or moderate modifications. It has also adopted the Lutheran almanac and appears to use the Lutheran calendar. The church's theology also reflects to a larger extent Pentecostal or charismatic ideological traits which characterize urban Pentecostalism. This is possibly because the church's stronghold is now Harare where the most active leaders are employed. As a result one may regard the church as devoid of a systematic theology. But its adaptive potential warrants the adoption of a new name, New Enlightenment. Thus St Elijah is shifting the old paradigm of independence, and dangling between traditional patterns of independence and charismatics.

Links with Other African Independent Churches

So far there is no clear evidence of established links with other churches. But when the church conducts its prayer sessions it is open to all and sundry from every denomination. Whether in Chatira or Harare the church conducts regular prayer sessions at weekly and monthly intervals and also on public holidays especially in the rural areas in Chatira. The church also holds *pungwe* programmes, popularly referred to as *zendere*. The church embarks on a vigorous evangelization programme in areas such as Rusape. As typical of many new religious movements in Africa, the new church has also experienced unavoidable schisms mostly sparked by leadership crises emanating from financial administration, constitutional problems and even allegations of sexual misconduct. As may be expected St Elijah has nurtured splinter groups within itself, but most of them remain appended to 'mainstream' St Elijah and even adopt its approach and system with minor modifications.

Regional and International Outreach

St Elijah exhibits a remarkable track of spirited mission which transcends its local geographical boundaries of Chatira. Through its aggressive evangelization campaign the church has penetrated Masvingo provinces in Mwenezi, Mashonaland East province especially in Rusape. Consequently the church has also filtered across the borders into nearby countries like Malawi, where Venson, the spin-doctor of the church, has mingled church programmes with business ventures in Blantyre and Lilongwe. Plans are in the pipeline to penetrate other countries in the region such as Zambia, Botswana, South Africa, Mozambique and Tanzania. It is also anticipated

that the church may establish global connections through migrant infiltration into the United Kingdom and United States of America.

The above exposition of the nature, origin and development of African Independent Churches in Africa, Zimbabwe and Mberengwa provides sufficient background to health matters in the church. In the next part we explore the causes, diagnosis and healing in the particular African independent church, St Elijah Chikoro Chomweya.

Causes of Illness and Disease

Amongst the Afro-Christian church members, illnesses and diseases of a fleeting nature like mild headaches and coughs are taken casually. But when an illness or disease persists, then causal explanations become imperative. Such serious illnesses and diseases are handled by the prophets. A prophetess in the St. Elijah Chikoro Chomweya Church attends to patients complaining of stomach troubles from poisoning, infertility, epilepsy and spirit possession.³⁹ Joe Ellaine Madzimambo, the chief prophet of the same church, deals with special cases of *zvipengo* (mental illnesses), *nhuta* (cancer), *zvitsinga* (rheumatism), *zvipusha* (fits), *maperembudzi* (leprosy), *zurindi* (tuberculosis) and other complex diseases which modern medical officers are not equipped to handle.⁴⁰ However, their understanding of the causes of these serious diseases calls for attention. In this therapeutic system, the patient and the healer share a common worldview which enables therapy to be particularly meaningful to the patient.

For members of apostolic churches, the world can only be properly interpreted in terms of spirits.

The earth is an arena where a cosmological battle is being fought. Locked in this decisive combat are the forces of evil under the orders of the devil, and the Holy Spirit.⁴¹

In this worldview then, empirical physical causes are seen from a spiritual perspective. The result is a shift from a simplistic causal explanation to a spiritual, metaphysical explanation. The causes of the illness and disease in this Afro-Christian church are thus interpreted from the traditional Karanga point of view.

Diseases are perceived as the work of malignant spirits.

Spirits take their orders from Satan to torment the people. In their cunning, some of these spirits claim to be guardian ancestors and seek propitiation ... Other spirits are well versed in family histories ... The power of the devil should never be underestimated. The abilities of the spirits supersede those of spatial temporary beings; thus, the spirits are able to furnish convincing information on any subject. Once the malignant spirits have managed to convince people that they are indeed their relatives and have been accepted, restlessness sets in. The spirits, true to their nature, start a reign of terror. Instead of offering the promised protection, these spirits become the cause for concern. They will start harming

39 M. Rugara, personal interview, 30 August 1989.

40 J. Madzimambo, personal interview, 3 January 1991.

41 O. Ngwenya, personal interview, 14 November 1989.

people and cause illness, disease, tampering with *ugaro hwakanaka* (well-being) ... and make impossible demands upon the living descendants.⁴²

Thus, illness and disease can be traced to evil spirits which masquerade as ancestor spirits.

In this independent church, spirits which take possession of the living are those of people who died in sin and have been to hell. Since they have been denied unity with God, the source of existence, they are restless in search for a decent place to rest. In their quest for belonging, they cause illness and misfortune so that the unwilling host will succumb. These spirits sometimes even cause death. The manifestation that these spirits are experiencing the anguish of hell is evident when they speak through the mediums. Thus a recurrent theme is, '*Kwatabva kunopisa, tipeiwo mvura*' (We come from a hot area, give us some water). These spirits cause illnesses like madness, convulsions, epilepsy, haemorrhage, paralysis and many others. As a result, the members of the church are engaged in a bitter struggle against these spirits because they cause the affected persons to lose faith in God. Through the power of the Holy Spirit, the prophets in the church identify such spirits and they are exorcised.⁴³

St Elijah Chikoro Chomweya members believe that illness and disease in this world can be traced to Satan, the arch-enemy of God, malignant spirits and witchcraft. On malignant spirits, it is apparent that there is a difference with the traditional understanding of *vadzimu* (ancestor spirits). These are lumped together with *mashavi* (external spirits), *ngozi* (vindictive spirits) and numerous *mweya yakaipa* (evil spirits) as being manifestations of the devil.

In the Afro-Christian church, belief in witchcraft is prevalent. Many attribute serious illnesses and diseases to the activities of witches, wizards and sorcerers.

Witches have a variety of ways at their disposal in their nefarious practice ... They have mysterious powers through which they coerce nature spirits to aid them. Thus, they manipulate *zvidhoma*, *zvitupwani* (capricious witches' familiars), *nyoka* (snakes), *mapere* (hyenas), *hurekure* (birds) and *mazizi* (owls) and use them to harm people. They are sent on nocturnal errands and daring missions, attacking people or even strangling them. Unless one is strongly protected, *zvivanda* and *zvishiri* (familiars) do not have any compromises and they carry out their assignments with precision. Serious *zvirwere* (illness and disease) and death are the consequences of the ruthless administration of *varoyi* (witches).⁴⁴

Witches use harmful herbs to poison their victims. In most cases the victim dies of a swelling stomach. Sometimes they employ magical means to inflict harm. Thus, a witch may use a pin to prick a portrait or human carving whilst uttering an incantation and simultaneously damage is done on the intended victim.

Chitsinga (rheumatism) is the speciality of the sorcerers, the evil men. The operational mechanism of *chitsinga* is akin to that of *chimbambaira* (landmine) used by guerrillas against Boers during the war of liberation.

42 S. Hove, personal interview, 15 August 1990.

43 S. Muzvondiwa, personal interview, 23 September 1990.

44 S. Chatira, personal interview, 11 June 1990.

The wizard takes a harmful herb, ties a string around it and then strategically places it on a path or the threshold of the victim's door. Once the victim steps upon it, his leg will be paralysed or seriously harmed. This normally spreads to other delicate parts of the body. If the wizard ties only one knot of the string, only the ankle joint will be affected and if he ties three knots, then the whole leg up to the thigh will be affected.⁴⁵

Indeed, *chitsinga* is a terrible disease. Thus witchcraft and sorcery, alongside spirits, are a cause of illness and disease.

Adherents of the Apostolic Church of St. Elijah Chikoro Chomweya believe that only those who have not been exposed to the true light are prone to illness. The contention is that illness can be traced to lack of faith in God. 'God protects His own.'⁴⁶ According to the bishop of the church, lack of faith in God constitutes a potential cause of illness amongst humanity. He is of the conviction that whoever upholds the Christian values in their fullness is unlikely to suffer from illness. This conviction has as its scriptural base the final chapter of Mark's Gospel: 'Those who believe shall be saved, those who do not believe shall be condemned' (Mark 16:16). As such, his concept of salvation is the 'here-and-now' and, membership in his church safeguards against illness and misfortune.⁴⁷

The leadership of the church identifies another major cause of illness and disease. The cause is positive suffering which is a direct consequence of contravening the laws of God. The illness is punishment from God for practices like incest, adultery, jealousy and hypocrisy. As a result all church members, from the door-keeper to the chief prophet, are susceptible to illness arising from such breaking of interdictions. All members who break the dietary regulations, for instance, are afflicted with illness. These regulations are clearly stipulated in Leviticus 11 and include prohibitions of pork, mice and other 'unclean' foodstuffs. God's punishment can take any form from mild headaches to serious illness. Confession is a prerequisite for therapy.⁴⁸

Thus far, it is clear that the Karanga independent church adherents attribute illness and disease to bothersome spirits propelled by Satan; malicious witches, wizards or sorcerers and their familiars; lack of faith in God; and contravening the law of God. Apparently, the independent church's causal explanations of illness and disease correspond in most cases to a traditional theory of causation and perceptions of illness, disease and health. Table 6.1 presents a wide spectrum of potential causes of illnesses and diseases.⁴⁹

45 E. Chanhuhwa, personal interview, 30 May 1990.

46 C. Mathutu, personal interview, 22 October 1990. Such a way of thinking is endorsed by the perceptions of other Apostolic and Zionist followers among the Karanga.

47 S. Shava, personal interview, 10 April 1990.

48 C. Ruwengo, personal interview, 2 March 1991.

49 Material on potential causes of illness and disease is compiled from interviews with prophetic healers and patients and features of observations of specific healing rites in Mberengwa.

Table 6.1 Causes of Illness and Disease

<i>Patient</i>	<i>Illness/Disease</i>	<i>Cause</i>
1	Mental illness	An arch rival inflicting pain with bone in an attempt to kill the victim
2	Heart problems	A paternal ancestor spirit in search of residence and veneration
3	Right leg paralysed	Malicious relatives applying medicine: demons competing to possess the victim
4	Tuberculosis	Three deceased maternal relatives battling to possess the victim: horn inserted in the hut and a snake licks his body
5	Backache	Spirit roaming in homestead
6	Sexually transmitted disease	Sin
7	Depression	A troublesome <i>shavi</i> spirit
8	Sore eyes, painful jaws	An evil spirit
9	Swollen body	Backsliding and treachery by victim: a witch's <i>hurekure</i> (bird) applies python fat on the delicate parts of her body
10	Convulsions	A snake coils around him during sleep: <i>shavi</i> spirit in search of a host
11	Pneumonia	Malicious sorcerer
12	Haemorrhage	An angry grandmother's spirit yearning for appeasement
13	Rheumatism	Wizard
14	Dizziness, headache	Witches applying medicine using a medicated pot with horn, beads and poison planted in the homestead
15	Neck pains	<i>Zvitupwani</i> (witches' familiars)
16	<i>Mamhepo</i> (fever)	Magicians' business
17	Cancer	<i>Ngozi</i>
18	Stomach pains	Troublesome <i>midzimu</i> spirits
19	Infertility	Maternal spirits complaining about ritual omission
20	Leprosy	<i>Ngozi</i> in quest for shedding blood
21	Cataract	Alien demon

Source: Author's fieldwork (1989–91).

Diagnosis of Illness and Disease

Diagnosis in St Elijah Chikoro Chomweya is the preserve of the prophets. The methods of diagnosis employed are unlike those of Western doctors, although a parallel can be drawn with the *n'anga's* diagnosis. The ability to discern the nature and cause of illness is a rare gift. Not all members have been bestowed with such a gift, and any new claimants are subject to penetrating scrutiny from fellow prophets. A prerequisite is that the church member should be very prayerful, meditative and

lead an admirable Christian life. The prophet Joe experienced a call patterned on the same lines as the biblical prophets. He had a dream in which a bearded man in white garments gave him a rod with which he was to heal the sick. A period of sickness followed and in a delirium, he woke up to find a rod by his bedside. He has been using this rod to attend to the sick.⁵⁰

The power of diagnosis and healing are part of the gifts of the Holy Spirit (1 Corinthians 12:1–10) ... A person who fasts and prays steadfastly is well disposed to receive such a gift. Under the inspiration of the Holy Spirit, the prophet can *vheneka* (enlighten) on an illness, foretell and prevent.⁵¹

Just like other diagnosticians, the prophet admits that some illnesses are difficult to identify. Sometimes by a casual glance at the symptoms he can identify the illness and effect a cure. However, some illnesses are difficult to diagnose because of their spiritual nature. Thus, in diagnosis by the prophets, coming to terms with the spirit world is a major feature.

In diagnosis the prophet is but an instrument of the Holy Spirit. The Holy Spirit is the power through which the identification of an illness and its cure take place. After the relatives of a patient have brought him to church to consult a prophet, hymns calling upon the Holy Spirit are sung by the congregation, for example:

Mweya ... Mutsvene ... uyai!
Mudzimu namashavi zvichaparadzwa,
Uya ... Mweya ... Mutsvene!
Varoyi vachasungwa mbira dzakondo,
Uya ... Mweya ... Mutsvene!
Madumwa namazango zvichatsva.⁵²

(Spirit ... Holy ... come!
Mudzimu and *mashavi* will be destroyed,
Come ... Spirit ... Holy!
Witches shall be tied up hands and feet,
Come ... Spirit ... Holy!
Charms and amulets will be burnt.)

The prophet is then possessed by the Holy Spirit and he speaks in tongues. Diagnosis then proceeds under inspiration and the cause of the illness is identified. If the illness or disease is caused by a witch and she is in the vicinity, she is brought to the scene. In Mberengwa, there are numerous incidents where the prophets call upon a witch to *roonora* (undo witchcraft) and the patient recovers shortly thereafter. If the witch is identified and she tries to play games, she may be severely beaten up until she complies with prophetic instructions. However, the prophets normally avoid explicit accusations since they risk arrest under the Witchcraft Suppression Act. Some

50 J. Madzimambo, personal interview, 3 January 1991.

51 A. Shava, personal interview, 27 March 1990.

52 Chorus sung by members of St Elijah Chikoro Chomweya Church.

prophets also use the 'boomerang' technique where the illness is transferred from the patient to the witch.

If the cause of illness is a malignant spirit, identification is quite easy. The guiding concept is the incompatibility of good and evil. In dramatic confrontation between these two forces, the evil spirits give themselves up as they cannot match the power of the Holy Spirit. As they behaved when confronted with the finger of Jesus, so they cry out when the awesome power of the Holy Spirit bears upon them. Thus, patients who are afflicted by evil spirits groan, shriek and scream when the prophet either lays hands on or points his holy staff at them. The spirits identify themselves, confess their past actions and appeal for mercy. Thus, the prophetic diagnosis mainly involves possession by the Holy Spirit, the diagnostic agent.

Some prophets in the church carry out diagnosis whilst dreaming. Whilst this method is very similar to that of some *n'angas* in the traditional context, the prophets insist that their dreams are guided solely by the Holy Spirit. Thus, whilst the diviners' *midzimu* or *shavi* are instrumental in their diagnosis, the prophets claim to be under the aegis of the powerful Holy Spirit.

The prophet-healer plays a crucial role in the diagnosis of the causes of serious ailments brought forward by patients and their kith and kin for attention. Quite significantly, the church prophet concurs with his clients on the causal factors and perceptions of illness and health. Thus, the prophet becomes a special mediator between the divine and human because he claims supernatural powers derived directly from God. Like his traditional counterpart, the prophet is able to explain in meaningful terms the source of illness, disease and misfortune and proceeds to provide treatment which may be simple but spectacular in its results.

Methods of Therapy

The Karanga Afro-Christian healing activities are numerous and varied but all are dominated by the prophets. These religious functionaries carry out this task of administering therapy as part of their pastoral work. They command profound respect, particularly for those prophets in the main apostolic and Zionist churches who heal free of charge. The rationale is that the prophets received their gifts without paying and so should not demand a fee for their services. God's work does not and should not involve profiteering.

Healing is open to both sexes in the Spirit-type church. A high degree of moral uprightness and a strong prayerfulness are the hallmark of the prophetic figure. A sound knowledge of the Bible, although not a must, is an advantage. The mode of healing adopted by the prophet is shaped by the nature of the illness presented to him.⁵³ Thus, the Karanga independent church prophets have a variety of methods of healing encompassing prayer, exorcism, laying on of hands, expression of faith, confession, immersion and extraction of disease-causing objects.

53 P. Mazvavo, personal interview, 30 May 1990.

In cases involving patients tormented by malignant evil spirits, prayer alone may suffice. The prophet prays over the patient whilst the congregation is singing. Silent prayer cannot overwhelm demons.

I cry out in a loud voice for God to come to the aid of the patient. I arouse the demon, *mudzimu* or *shavi*, urging it to depart from the patient. If the spirit is not a stubborn one, it immediately vacates its habitation so that he or she gains *utano* (health). Some *dhimoni* (demons) are violent and do not give up so easily and may need more than one prophet to pray over the patient. When the spirits finally cannot withstand the assault, they make their exit and the victim shakes violently before he collapses.⁵⁴

Through prayer, the intolerable spirit is discharged and health restored.

In exorcisms effected by Afro-Christian prophets, patients achieve almost unbelievable feats. There is a case at Chegato where a seven-year-old girl was being exorcised by the prophets from St Elijah Chikoro Chomweya of a persistent evil spirit of a grandmother believed to have been a witch. The spirit threatened that if they insisted on driving it out, it would cause bloodshed. The prophets countered by saying that the Holy Spirit was the ultimate spirit of the cosmos and would protect everyone in the room. Upon this, the possessed child lifted, much to the amazement and shock of those present, a huge burning log from the fire place and threw it at the prophets. Fortunately, they had anticipated such a move and were able to dodge it. The senior prophet then drew his sacred staff and pointed it at the child who then fell upon the ground and the evil spirit was driven out.

Some prophets use the laying on of hands as their means to effect healing. Such prophets only pray for their patients and then place the right hand, the symbol of power and goodness, on top of the patient for the Holy Spirit to act through them and effect healing. Other prophets touch the patient and, if it is a case of possession, the patient is shaken vigorously forcing the evil spirit to depart.⁵⁵

The church has serious reservations about people who seek treatment in hospitals. The guiding ideology of the church is that God is able to do everything. Therefore, there is no need to use medicine or go to a hospital for treatment. This is tantamount to questioning God's power. Efforts to use medicine are viewed as a futile endeavour to alter destiny. This ideological thrust has had an indelible impact upon therapy. All chronic illnesses such as epilepsy, tuberculosis and cancer may be healed through resolute and unflinching faith.⁵⁶

The church places emphasis on healing because Jesus' earthly ministry revolved around his curing of illness and disease such as the healing of the blind man at Bethsaida (Mark 8:22–26) and the paralytic at Capernaum (Matthew 9:1–8; Luke 5:18–26). Moreover, Jesus systematically cured ailments of various kinds including demon-possession, fever, leprosy, epilepsy, physical disorders and even injury (Luke 22:50–51). He had the means and ability to deal with psychiatric imbalances such as when he healed a madman residing in a cemetery (Mark 5:15). Also, he wielded mysterious power to combat physical trouble as in the incident of raising the dead

54 S. Hove, personal interview, 15 August 1990.

55 K. Rubaya, personal interview, 24 December 1990.

56 M. Rugara, personal interview, 30 August 1989.

(John 11:44). As a result, any illness on this earth, the dreaded AIDS included, can be cured in the church in the name of Christ.

The only real hindrance to a quick recovery may lie with the patient. The guilt or sin committed by the individual patient and obvious circumstances or factors giving rise to specific complaints must be exposed.⁵⁷ Thus, confession by the patient is a necessary and sufficient condition for healing to be effected. As in the traditional experience, confession turns out to be a mode of therapy. Table 6.2 illustrates certain forms of confessions which the Karanga Afro-Christians believe to have cured specific illnesses and diseases.⁵⁸

Table 6.2 Confessions and Cures

<i>Patient</i>	<i>Sin Confessed</i>	<i>Illness/Disease Cured</i>
1	Honouring spirit of this world	Haemorrhage
2	Consulting <i>n'anga</i>	Demon possession
3	Contravening divine law	Leprosy
4	Consuming pills and drugs offered by modern scientific practitioners	Chronic head and stomach aches
5	Abandoning prayer	Mental disturbance
6	Indulging in incest	Physical disorder
7	Practising abortion	Genital disorders
8	Venerating <i>mudzimu</i>	Abdominal pains
9	Lack of faith	Fever
10	Backsliding in church	Evil spirit affliction
11	Practising <i>uroyi</i> (witchcraft)	Cancer
12	Using magic	Infertility
13	Observing <i>shavi</i> ritual	Epilepsy

Source: Author's fieldwork (1989–91).

Healing can be effected by the use of blessed water, oil and other items. Blessed water is especially recommended. Blessed in this sense means that it has been prayed over. Water which has been prayed over or blessed by the prophet is holy and extremely effective. It is sprinkled on the patient and he is given some to drink.⁵⁹

Before joining, members of this church often have been moving from one denomination to another. This church gives them satisfaction as it combats all forces of evil bent on unsettling humanity. Prophets in this church attend to illnesses ranging from dizziness, head and stomach aches, madness, rheumatism, tuberculosis and many others caused by evil spirits and witches. The two main elements of therapy are water and oil. The blessed water is used by the patient for drinking and bathing whilst the holy oils are applied after prayers. Significantly, water and oil are valued

57 M. Muzenda, personal interview, 15 October 1989.

58 This was confirmed in many interviews with members of the church in Mberengwa.

59 M. Jandura, personal interview, 2 January 1990.

essentially as holy, cleansing, and thus, efficacious. Furthermore, after therapy, the prophet impresses upon the patient the need for frequent prayer in this tumultuous world. Failure to do so leaves the patient vulnerable and the devil may come up with a more devastating illness.⁶⁰

For serious illnesses and diseases caused by malignant spirits and witches, immersion is frequently employed for healing, usually early in the morning after a night vigil. The form is essentially similar to that for 'baptism'. In this dimension, 'baptism' is not used as a rite of admission but as a means of therapy. The practice is conceived as a re-enactment of the healing at the pool of Bethsaida (John 5:1ff). Opened by congregational singing, dancing and praying, this event takes place at the *Jorodhani* (Jordan), a selected pool in Ngezi river. In this spectacular event, the prophet immerses the patients one by one. Believers may also consider this as a purification rite whereby both the patients and the entire congregation are cleansed of evil or equipped with protection against evil powers. The temporal and spatial factors in the context of immersion are particularly important. The morning period at which the event occurs highlights coolness, a desirable condition for health restoration. The Jordan pool is believed to have cool and curative waters. Thus, water plays an important role in the healing ministry of the church. Sometimes the water is thought to cure even the fractured limbs, cuts or cancer and liberate the patient from the grip of evil spirits. The water may also be used for the protection of the home against evil forces perpetrated by witches and wizards. On the whole, the therapeutic process revolves around the prayerfulness and fasting of the healer.⁶¹

Another popular method of healing employed by the Karanga prophets entails the extraction of disease-causing objects. These foreign objects which are taken out of the patients' bodies may be living or dormant. They are attributed to malicious witches and sorcerers who are intent on causing grievous bodily harm. Such objects are extracted by pricking, sucking or rubbing the ailing spot on the patient's body. Alternatively, the patient may be enclosed in smoke or steam and urged to inhale in order to release the offending objects.

I developed complications whilst giving birth at home in Chief Nyamhondo's area. A prophet from St Elijah Chikoro Chomweya Church was hastily summoned. In possession, he said this complication was caused by my husband's former girlfriend whom he had jilted. She cast a spell upon me in order to hurt my husband. The prophet dipped his hands in blessed water and drew out *honye* (worms) from my side. He also skilfully pulled out a *dzvinyu* (lizard) which he said had been instrumental in causing the complications.⁶²

Thus, in Karanga Afro-Christian belief, the elimination of the undesirable objects guarantees therapy. Specific examples of instances of extraction of disease-causing objects are contained in Table 6.3.

60 P. Shumba, personal interview, 3 September 1990.

61 E. Makumire, personal interview, 17 June 1990.

62 C. Banda, personal interview, 11 February 1991.

Table 6.3 Patients, Ailments and Disease-Causing Objects

<i>Patient</i>	<i>Ailment/Ailing Part</i>	<i>Object/Medicine</i>
1	Chest	Dog excreta
2	Neck	Worm
3	Sterility	Pitch-black beeswax
4	Ribs	Black seed
5	Stomach	Hard stick
6	Back bone	Human eye
7	Genitals	Insect
8	Ankle	Stone
9	Navel	Human flesh
10	Swollen body	Demon
11	Head	Flies
12	Fontanelle	Snake

Source: Author's fieldwork (1989–91).

Church adherents firmly believe that witches and sorcerers have the potential to plant even more powerful medicines or objects within or surrounding homesteads in order to cause chronic illness, misfortune and death. The nature of such harmful objects varies. Prominent types include medicated horns, concoctions wrapped in pieces of clothes, insects and reptiles, human flesh, and packages of human blood and excreta. The prophet is the only person equipped to remove the menacing items. He neutralizes the dangerous objects by sprinkling holy water on them, thereby rendering them useless, or demolishes them completely by burning. Significantly, the disease-causing objects are comprised of undesirable, harmful and poisonous material representing evil and destruction. The colour black, associated with the bulk of the disease-causing objects, is a pointer to a dark nocturnal and bad context, times at which evil is perpetrated by witches and sorcerers in an endeavour to cause death and destabilize the health and well-being of the Karanga community.⁶³

The church thus places its central emphasis on the healing power of the Holy Spirit. This is the sole legitimate power in the world and before it all other spirits are rendered powerless. The church strongly opposes the use of Western medicine or consulting the *n'anga*. Prayer, exorcism, laying on of hands, expression of faith, use of holy water, immersion and extraction are sufficient mechanisms to restore the health of a patient. As mentioned above, resorting to Western medicine is seen as fighting against the will of God and undermining his power. As a result, the church resists all attempts at immunization by the Ministry of Health.

Summary of the Independent Church Therapy

The church understands serious illness and disease as having a spiritual and personal cause. Witches are believed to be a leading force in causing illness and death. Evil

63 K. Rubaya, personal interview, 24 December 1990.

malignant spirits are seen as messengers of the devil and they also cause illness and disease. Contravening God's law culminates in dire consequences for the state of the individual and communal health. In diagnosis, the church's prophets are inspired by a dominant spirit, perceived as the Holy Spirit. This is believed to be the sole legitimate power in the world that identifies illnesses and their causes. In healing, the forms include prayer, exorcism, laying on of hands, expression of faith, confession, immersion and extraction of disease-causing objects.⁶⁴ Like its traditional counterpart, the church's therapeutic system provides attractive healing for the majority of the Karanga.

64 The prime focus of this chapter, the independent church system of therapy, concurs well with the findings of Daneel on the beliefs and practices of independent churches embracing Apostolic and Zionist types in Zimbabwe (*Quest for Belonging: Introduction to a Study of African Independent Churches* [Gweru, 1987]). In his studies, independent churches seem to centre around the theme of 'healing', which is why they are also often called 'healing churches'. Also, Daneel's studies reveal that in their services, much attention is given to the cause of suffering and sickness or the concern for the sick. Of special interest is the fact that these churches are also seen to have the same interest in health that was the concern of the traditional religions.

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Chapter 7

Interpretation

Traditional Perceptions of the Causes of Illness and Disease

The Karanga acknowledge the existence of the spiritual and human realms in their religious cosmology. Of paramount importance is the interaction between the realms. Also, well-being can only be secured if the relationship among and within the realms are lived as expected. Non-maintenance of the expected relationships and practices engenders illness and disease.

The spiritual realm is the main source of illness and disease. It is a realm with benevolent and malevolent potency. All 'serious' and 'complex' illnesses and diseases are accredited to *vadzimu* (ancestors) as the cause. However to say *vadzimu* actually 'cause' illness is a misunderstanding of the Karanga people's belief system. In this religio-cultural system the ancestors, rather than 'causing' illness and disease, in fact 'open the door', thereby allowing the witches to act. Ancestors therefore 'withdraw' their protection when due respect is not accorded them. It is the living who 'cause' the illness by not fulfilling their expected duties.

There exists a two-way 'communication' between the spiritual and human worlds. When ancestors 'allow' illness by neglecting ritual it means illness and disease are a 'sign' to the living descendants calling for attention. In a way, the ailments symbolically tell the people that something needs to be rectified, usually by performing a sacrifice. Ancestors, therefore, remain essentially 'positive' in their capacities as 'guardians' and 'mentors' of the Karanga. A kind of father-child relationship surfaces in the context of 'communication'.

The belief system about the ancestors may indicate the existence of an afterlife. Such a fundamental belief means death is not the end of life. Death is considered a transitional stage from the living to the spiritual world. The Karanga ancestors are the 'sacred reality', the king-pin of the traditional society whose benevolence promotes health, life and well-being of their descendants, but they are liable to complain of ritual negligence and thus 'communicate' through illness and disease. As such, illness becomes a symptom of evil necessitating ritual remedies.

The Karanga traditional religious views reflect people engaged in numerous obligations towards spirits and each other as sanctioned by tradition. Socio-moral norms, stipulating that 'if you do this, this will happen' are structured in form of the 'dos' and 'don'ts' which function as codes of conduct. So long as the obligations are fulfilled, the forces are in balance and the Karanga cosmos is healthy. However, if humans fail to fulfil their obligations either through omission or violation, then these become a cause of trouble. The resultant misfortune in the form of illness and disease affects the individual but sometimes it may threaten the entire community. In this regard, those who can restore the health of humans and society, such as the

experienced elders, who 'have seen it all', and the professional *n'angas* are approached in order to identify the human error and resolve the situation. Functioning as sacred practitioners, the traditional elders and diviners help in the execution of these 'laws' which should not be broken at any costs. Thus they draw the lines of demarcation against breach, and safeguard against dire consequences; all in the name of facilitating a healthy community both physically and morally. As a corollary, honour and respect to these seniors is an important moral index in traditional society.

The issue of avenging spirits shows the Karanga's view of 'justice'. If murder is committed, the traditionalists are conscious that the deceased must be compensated. The idea of *kurasira* (casting away the spirit) is dismissed by the Karanga as a means of resolving the impact of *ngozi*. The only viable solution is compensation.

Murder is in fact a taboo and, if committed, an avenging spirit follows up the issue, regardless of whether the victim deserved to be killed or not. Also, the spirit's afflictions, embracing illness, misfortune and death, demonstrate the network of extended family relationships in traditional society. An underlying belief is that the resultant illnesses and misfortunes are not confined to the murderer alone but they affect the whole community.

The inclusion of a virgin girl as compensation, in addition to a herd of cattle, reflects the Karanga's concern for survival. Moreover, once the human payment is acceptable to the spirit, closer ties between the families concerned are thus created. If a ritual of penitence *botso* is involved, then it symbolically enhances the code of respect in the Karanga religious tradition. The ritual also involves the community, illustrating further the centrality of the communal factor. All this is done to promote the well-being of all the people.

Beliefs in witchcraft and sorcery are a conspicuous explanation of illness, disease and misfortune. Such beliefs in fact constitute an integral part of the Karanga traditional religious and cultural system. As mentioned earlier in this chapter, ancestors are perceived as 'guardians' against the machinations of evil. The 'cause' of evil is therefore accredited to malicious humans. These are 'witches' and 'sorcerers' who operate clandestinely to perpetrate evil. Significantly, witches, though human, are considered spirits by virtue of their invisibility, intelligence and autonomy: generally associated with spiritual beings. In spite of their weird nature, witches and sorcerers are an index of evil. They are explicitly associated with the 'negative', that which undermines the very basis of a healthy traditional life.

All the causes enumerated help provide an explanation as to why illness and disease occur. In this causal theory, the spiritual world, with all its mysteries, becomes connected with the human world of the Karanga. An illness in this world is sometimes interpreted as a signal of the restlessness of the spiritual realm. Illness and disease therefore become a vital code in the 'communication' process between the living community and its departed mentors. Illness ceases to be mere physical discomfiture and acquires a religious overtone which can be explained by recourse to divination.

Analysis of the causal factors depicts the life of the Karanga as a total sum of religious symbolism that permeates their cosmology. Recurrent symbols are 'negative' and 'positive' mirroring 'destructive' and 'protective' forces respectively. In the traditional perception, illness is interpreted as an evil sign of degenerating

relationships. Also, the Karanga beliefs show every sphere of life and each occurrence in it as following on from something else. A person does not just live. When illness and disease occur, there is a greater explanation than simply the physiological composition of an individual. The idea of 'cause and effect' is implicit here. When something happens, there is an explanation: 'it is because of that'. So every move is done to avoid illness and disease in favour of health in the Karanga society.

Diagnosis of Illness and Disease

From the onset of illness and disease, the Karanga contemplate appropriate means to restore individual and societal health through the mechanism of diagnosis executed by the *n'anga*. Based on a variety of modes, diagnosis is in fact 'divination' which detects and reveals the unknown and hidden causal elements of illness and disease. The diviner thus becomes the symbolic professional who is able to explain the causes of illness and disease in the Karanga society. His ability to transcend the limits of ordinary humans, for instance to be able to 'communicate' with unseen forces through possession, makes his role distinct and his verdict authentic. A *n'anga* operating in that state is a 'hierophany', meaning a manifestation of the sacred.¹ The underlying implication is that the *n'anga* is more than a vehicle of communication between the divine and human relationships. In fact he or she turns out to be a representation of this relationship. So diagnosis creates an opportunity for a sacred manifestation when ancestors present themselves to their living descendants.

Diagnosis in the Karanga setting is permeated with religious symbolism. The *n'anga*, for instance, utilizes objects which are sacred and symbolical. *Hakata* (dice) seem to link the divine and the human worlds. As the diviner throws them up in mechanical diagnosis, the dice accrue pertinent information and bring it down as they land on the ground. As such, the dice are not merely ordinary objects and as a result no ordinary person can interpret the throws.

Special equipment like a walking-stick, hand axe and a spear are held by the diviner in his or her right hand. All these are representations of superior power characteristic of the sacred order. For instance, when a walking-stick is placed at the back of a patient in a symbolic action during diagnosis, the spirit possessing the patient is lured to reveal itself. Connected with these objects is the right hand which is traditionally perceived as a hand of strength and power. Snuff also is associated with extraordinary power which is regarded as capable of attracting spirits and repelling evil.

The attire worn by the diviner carries a concentration of symbolism. The lion and leopard skins used by the *n'anga* add a sense of strength and sacredness to the situation. Colours have symbolic meanings.² Black is particularly associated with the power and presence of the ancestors.

The diagnostic set-up in the Karanga context creates a 'ritual' atmosphere which occurs at specified places and times. Diagnosis through dreams, for instance, is

1 See Mircea Eliade, *The Sacred and the Profane* (New York, 1959), pp. 11–29.

2 See Victor Turner, *A Forest of Symbols* (Ithaca, 1967), pp. 69–70.

done only during sleep at dawn and dusk. Also, some linguistic and extra-linguistic performances occur during diagnosis such as singing, dancing and clapping of hands. All such gestures are significant in that they invoke the spirits and thus link the spiritual and human worlds. This exerts a meaningful impact on the Karanga participants. Such gestures transform the believers from 'profane time' into 'sacred time' within 'sacred space'.³ Thus, the totality of such aspects places diagnosis within a symbolic ritual context.

Elders in the Karanga society are 'think tanks' who facilitate a healthy cosmos and assist in cases of diagnosis. Their knowledge is derived chiefly from experience and is believed to get better with age. Likewise, Karanga mothers are also endowed with special knowledge about, and can read signs of, minor illness in children.

One interesting feature in the Karanga system of diagnosis is the instance of the diviner who effects diagnosis through water. Acting as a 'reflector', water contains some extraordinary power. Notably, numerous 'ritual' practices among the Karanga involve water as signifying health and life. Perhaps by virtue of originating from the 'above', it has 'sacred' elements.

Dreams are a common means of diagnosis which the Karanga closely associate with spirits. Dreams are, in fact, directed by spirits making them an experience of a sacred irruption into life. Although what is experienced in these dreams are things of day-to-day life, these are interpreted and given a new meaning in a diagnostic framework. Accordingly, omens are also perceived by the traditional Karanga as significant phenomena capable of 'communicating' or warning of impending illness or misfortune.

Therefore, the whole signification of diagnosis as 'communication', 'mediation' and 'revelation' of the 'how', 'why' and 'what' concerning the causal factors may be discerned as pointing to the fact that preservation of health and life is a crucial concern among the Karanga. Diagnosis becomes 'sacred action' undertaken by traditional adherents in order to promote the good of the community.

Therapy of Illness and Disease

Ritual activity, entailing the rites of passage and communal rituals performed appropriately, maintains the relationship between the living and their departed seniors that allows for a comfortable, harmonious existence devoid of illness and disease. Rituals, in the Karanga traditional experience, guarantee communion between the spiritual and human realms which ultimately restores health. The underlying belief in ritual activities is that a healthy relationship between the family spirits and the living descendants is a condition *sine qua non* or an indispensable condition that alone guarantees the well-being of individuals and society.

Based on the communication between the seen and unseen beings using symbolic words and actions, rituals in the Karanga context are multi-functional. Birth rituals, for instance, prepare an individual to fit into the Karanga community and assure the same individual the attainability of the supreme good, well-being. Marriage rituals

3 See Eliade, *The Sacred and the Profane*, pp. 68–72.

invoke the family spirits to protect the marriage and ensure that the couple produce offspring who perpetuate the genealogy. Indeed, a couple that fails to produce children in the Karanga society is marginalized. Death rituals are intended to 'domesticate' the dead, and thus make him or her acceptable to those already in the spiritual realm. Yet death rituals may also be regarded as conscientizing the deceased to take up his or her protective responsibility in order to protect the welfare of those still alive. The Karanga rituals, in spite of their multi-functionality, are connected in their sole aim to get rid of illness and disease and attain stable health and well-being.

The Karanga therapeutic system uses available medicines as resources to produce healing. In line with tradition, the administration and prescription of drugs and herbal medicines is the domain of the herbalist. However, this skill is also accessible to elderly members of society, enhancing the idea of corporate responsibility for the benefit of society. What is striking about the traditional therapeutic system is that the herbal nomenclature is apt and meaningful, at least from the believer's point of view. Although the explanations may sound rather secular, the adherents attach deep religious significance that relates to the whole understanding of their spiritual cosmology. For instance, the herb called *chifumuro* which is used to cure an unspecified chronic illness is derived from the verb *kufumura* which means 'to expose to shame'. As such, it is perceived as capable of exposing and thus weakening illness in a patient. Similarly, a herb used for the treatment of *biripiri* (measles) is called *hazvieri* which means 'unrestricted'. In the Karanga interpretation, such a herb destroys the problem without restrictions. Also, the natural characteristics or properties of certain species explain the therapeutic value of the herbs. *Nhundugwa* (shrub) and *gavakava* (aloe), because of their bitter taste, are capable of overcoming *ndongorongongo* (navel inflammation). Likewise *jekacheke* (sharp-bladed grass) is viewed as effective in eliminating menstrual pain. Here, we unearth a meaningful herbal etymology which the Karanga consider as invested with curative potential. Whilst herbal medicines vary according to the complaint, a fundamental unity is obtained in the desire to vanquish the undesirable illness and disease and restore the Karanga individual and subsequently societal health.

In the entire system of healing, the individual is not left alone to fend for his or her own life. Group-participation is involved and it facilitates the process of treatment. In the event of chronic illness and disease, the Karanga pursue 'the holy action'⁴ in a quest for health restoration as follows:

- kusuma* (to invoke spirits)
- kurapira* (to medicate)
- kudira* (to sacrifice)
- kupinga musha* (to strengthen the home)
- kuuchika* (to restore fertility)

All this activity, in the Karanga therapeutic context, is not without meaning. Such actions amount to an invocation of spirits who are instrumental in establishing favourable conditions so that peace and stability prevail. Thus far, an analysis of the

4 See Claus Jouco Bleeker, 'The Future Task of the History of Religions', *Numen* 7 (1960): 221–34 (229).

symbolism and religious implications of the Karanga traditional system of therapy shows a meaningful, efficacious practice bent on eliminating illness and disease and restoring health.

The Case of an Afro-Christian Church

Both the traditionalists and the Afro-Christian church adherents share a common worldview to a large extent. In each case spirits are a causal explanation for illness and disease. As mentioned earlier in relation to traditional beliefs, the positive role of *vadzimu* (ancestors) is recognized and acknowledged, whereas in the Afro-Christian church, ancestors are lumped together with *mashavi* (alien spirits) and *ngozi* (vindictive spirits) as *mweya yakaipa* (evil spirits) associated with the devil and arch-enemy of God. This means adherents believe in a battle that is raging on earth between good and evil powers. Ancestors, therefore, 'pretending' to be friendly and benevolent, are perceived as deeply malevolent. In that respect, ancestors and other spirits represent forces of evil.

The Karanga traditionalists and Afro-Christian church believers share corresponding perceptions with regards to witchcraft and sorcery as a prevalent causal explanation for illness and disease. The practitioners of this craft are motivated by jealousy, hatred and maliciousness. Whilst in the Karanga tradition one can only be bewitched with the consent of one's disgruntled ancestors who compromise with witches, the situation appears different in the Afro-Christian church system. In this case, the success of witchcraft is attributed to lack of 'faith' in God. Thus 'faith' becomes significant in the Afro-Christian church conviction. Lack of it renders life meaningless and subjects one to attack by evil forces. 'Faith', therefore, is 'salvific'.

Contravening the 'laws' results in illness and disease. The difference may lie in the fact that the Karanga traditional 'law' is sanctioned by tradition whilst for the Afro-Christians, the 'law' is 'divine'. What is significant is that in both cases the operation of 'divine retribution' is in force. Abrogation of the socio-moral norms or divine interdictions creates disaster in the form of illness, disease and misfortune. The opposite is true for positive behaviour. As such, the polarity between good and evil is further enhanced.

Both religious trends are equipped with the ability to discern the causes of illness and disease through spirit possession. Whilst the *n'anga* operates under the influence of *mudzimu* or *shavi* spirits, the prophet is possessed by the 'Holy Spirit'. In spite of variations in terms of the operating spirit, both systems are united by a common concept of 'power' which manifests itself in ecstatic behaviour especially in diagnosis and healing contexts. Such a parallel understanding is striking.

The prophet, by his ability to diagnose and interpret illness and disease expertly through conversing with the spiritual world, is endowed with a special gift. In that respect, he is capable of effective healing. Like his traditional counterpart, he extracts and exorcises illness and disease. Instead of making use of herbal treatment, the prophet resorts to healing through prayer, laying on of hands, confession, baptism and expression of faith using symbolic language and action in ritual contexts. Active

participation of the Karanga community invokes the Holy Spirit and transforms 'profane' space into a 'sacred' one ultimately leading to restoration of health. The prophet-healer, therefore, becomes one of the central religious personnel in the Afro-Christian church. In this way, St Elijah Chikoro Chomweya Church, like traditional religious adherents, shows a fundamental concern to restore health and save humanity from an evil-ridden world.

Conclusion

This research has disclosed in numerous ways a critical focus within Karanga society on health and well-being. The beliefs and practices observed are all oriented towards the upkeep of health and strenuous efforts are undertaken to correct the situation whenever well-being is threatened. In this context, the Karanga religious phenomena as a whole exhibit features which demonstrate that illness and disease are intrusions that disturb the equanimity of life and must therefore be redressed. There are physical and spiritual forces sufficient to account for all wickedness, tragedies and diseases that occur.

Numerous factors confirm this conclusion. Whenever well-being is at stake, a *n'anga* is consulted to ensure that the Karanga are able to continue with meaningful existence. The persistent influence of wandering vengeful or alien spirits that cause trouble in the Karanga society also demonstrates the pervasive concern for well-being. Moreover, the counter-witchcraft measures outlined in this research demonstrate that the Karanga guard their health jealously.

What may be perceived by outsiders as a natural occurrence, like diarrhoea in a child, is understood as a spiritual act. As has been demonstrated, most diseases are ascribed to spiritual forces with utmost concern for health. Moreover, bad dreams are seen as foreshadowing an illness or death thus leading the family into taking precautionary measures. Also, the need to observe sacred prohibitions is geared towards the upkeep of health and well-being. Violation of rules or codes of conduct is believed to result in illness and suffering for the offender and the entire community.

From the onset of illness the Karanga contemplate appropriate means to restore the health of the individual through diagnosis carried out by the *n'anga* who communicates with the spiritual forces governing life. The importance of the *n'anga* as diviner and therapist attests to the essential place of health in the Karanga religious cosmology. Whenever an illness is prolonged, a diviner is consulted to determine the cause and prescribe appropriate medicine. The same ideas are pursued in the wake of misfortune, such as a woman tormented by infertility.

Prevention of illness in a ritual context also leads us to the conclusion that health and well-being form the underlying idea of the Karanga experience. Protection in the form of material objects is aimed at warding off possible danger. Whilst to the casual observer these objects have no religious implications at all, to the Karanga traditionalists, the protection they afford is conceived as either attracting good invisible powers or repelling evil ones. Whilst prevention is anticipatory, the Karanga have many healing methods at their disposal. Rituals, for instance, are performed to eliminate evil afflicting humans. The use of exorcism, extraction of causal objects,

confession, sacrifice and direct application of medicine are bent on eliminating illness. The comprehensive list of illnesses and herbs effective in counteracting the consequences of illness provide meaning within ordinary existence.

When illness and disease set in, family members do not play the part of passive observers. The situation becomes a cause for common concern. Relatives are quick to explore the means of combating the illness. Also, the need for confession in illnesses arising from the violation of social and moral norms confirms that traditional healing is carried out by the entire community. Harmony is re-established between the transgressor and the spirit world and also between the offender and the community.

We have seen also that traditional thought patterns have been carried over and have influenced the outlook of the Afro-Christian church in Mberengwa. Whilst Christian orthodox beliefs are clearly perceptible among the believers, qualifying them in their view as fully Christian, these operate in ways aimed at preserving health and well-being. In fact it seems that it is just this fundamental preoccupation with health and well-being that has proved to be the major attraction of the Afro-Christian church amongst the Karanga.

It is their evaluation of the role of ancestors that marks the point of departure of the Afro-Christian church from traditionalists. Whilst traditional society acknowledges ancestral rites, in the Afro-Christian church this is flatly denied and ancestors are relegated to the realm of evil spirits. The Holy Spirit assumes a central role and this gives new meaning to the concept of the spiritual order.

The Afro-Christian church prophet and the *n'anga*, however, share basically the same worldview. Their main concern is to identify the cause of illness, which is an intrusion, and to restore the health of the individual. Significantly, the domain of the prophet, like that of the *n'anga*, is not limited to treatment of illness only. Both the *n'anga* and the prophet address misfortune and issues of death, and work towards the prevention and eradication of these. The prophet, through the supreme power of the Holy Spirit, which is perceived as capable of conquering all evil spirits including the machinations of witchcraft, ensures the well-being of the adherents. Thus alongside the traditional diviner-healer, the prophet-healer is an obvious option within society as a source for diagnosing and eradicating illness and misfortune. Whilst the sources of inspiration are clearly different between the *n'anga* and the prophet, the interpretation of the causes of illness and diagnosis follow basically the same pattern: diagnosis is followed by restoration of health.⁵

Prophetic healing, especially extraction of disease-causing objects, has as its direct parallel the extraction of such objects by the *n'anga*. The major difference lies in the setting. In prophetic healing a prayer session is held prior to the healing. The type of the objects extracted, like sticks, worms, stones and thick substances are similar and common to both healing systems. Differences arise, however, after the healing has been performed. Whilst the *n'anga* normally prescribes protective medicine to ward off any possible future attacks, the prophet has quite different recommendations. The prophet sets aside two tasks for the patient in order to facilitate the restoration

5 It would, however, be carrying the comparison too far to postulate that the prophet-healer is in reality a *n'anga* clothed in 'white' and operating under the guise of the Holy Spirit to restore individuals' health.

of health. The person is expected to undergo confession of guilt and also undertake intensive prayer. Confession is a prerequisite for healing because the patient must be at peace with himself and with God. Confession thus serves a crucial role as the patient, now cleansed, is better disposed for the action of the Holy Spirit. Healing by immersion is also geared towards cleansing to enable the patient to become a member of the 'School of the Holy Spirit'. In all cases, healing is an essential feature in the indigenous Afro-Christian church.⁶

Alongside the diviner-healer, the prophet is regarded as a unique therapist. Sharing the same cosmological perspectives as his clients, the prophet is able to penetrate the Karanga thought-world and this results in healing of a holistic nature. The use of holy water, smearing of oil and burning of sacred paper as a defensive mechanism in the Afro-Christian church may be paralleled by the use of charms and amulets in the traditional practice. Sprinkling of holy water around the homestead has also its parallels in traditional religion where the homestead is 'fenced' against witchcraft through protective items. Even though such protection assumes new meaning because of the changed setting, the underlying concern still persists.

In all of the cases described, either among traditionalists or in the Afro-Christian church, what emerges as essential among the Karanga is the desire to preserve health and well-being in a world that is potentially dangerous and populated by forces of evil. This close association of illness with spiritual forces confirms the general conclusion of this book that in all of its forms, Karanga religion is characterized by a central preoccupation to maintain health and well-being and to restore it when a breakdown in general good fortune occurs.

6 The Afro-Christian church constitutes a fully therapeutic community. The construction of the church 'hospital' shows that the health of the members is a matter of prime concern. It is here that, according to the adherents, the church helps patients overcome the stresses and strains of ill-health. Healed and revitalized, the well-being of the patient is secured by belonging to the church community.

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Appendix A

The Karanga Perception of Causal Factors of Disease

<i>Illness/Disease</i>	<i>Traditional Interpretation</i>
<i>Manyoka</i> (diarrhoea) in a child	Breast feeding or pregnant woman put something on <i>nhova</i> (fontanelle) so that if other children pass by they will contract the disease
Downs syndrome	Mother is <i>muroyi</i> (witch)
Disproportional pregnancy	Woman is <i>muroyi</i>
Sunken <i>nhova</i> of adult	Victim tampers with weak medicine
Painful labour	Woman is <i>muroyi</i> or woman is <i>mhombwe</i> (promiscuous)
<i>Chipengo</i> (mental illness)	Victim is <i>mbavha</i> (thief) or sign of impending spirit possession
<i>Chimumumu</i> (dumbness)	Victim attacked by <i>zvidhoma</i> (capricious witch familiars)
Closed child's eyes	Mother killed a snake while pregnant or mother admired chameleon before delivery
Abdominal distension at birth/child not sucking	Mother committed adultery during pregnancy
<i>Jeko</i> (menstrual pain)	Contracted from an affected person's clothing
<i>Zvipusha</i> (epilepsy)	An act of witchcraft
Mouth sores	Victim is a thief or dishonest person
<i>Chibhokisi</i> (smallpox)	Victim is <i>muroyi</i>
Swollen belly	Adultery or having intercourse after menopause
Elephantiasis	An act of sorcery
Frequent abortions (miscarriages)	Wrong doing, ancestral wrath
Scabies	Children tampering with ash
<i>Dzungu</i> (dizziness)	<i>Shavi</i> spirit possession
Blood letting in nose and mouth	<i>Ngozi</i> affliction
Measles	One of the parents committed adultery
<i>Zvirwere zvavakadzi</i> (venereal diseases)	Victim is promiscuous
Tuberculosis	Husband or wife committed adultery when his/her partner was ill
<i>Dzibwa</i> (flu)	Originates <i>pasi</i> (natural)

Source: Author's fieldwork (1989–91).

Appendix B

Names of Common Illnesses and Diseases

<i>Shona</i>	<i>English</i>
<i>Buka</i>	Convulsions
<i>Chapfunga</i>	Bilharzia
<i>Chibayo</i>	Pneumonia
<i>Chibereko</i>	Placenta
<i>Chibhokisi</i>	Small pox
<i>Chifo</i>	Deformity
<i>Chifuva</i>	Chest
<i>Chikosoro chorutakatira</i>	Whooping cough
<i>Chipande/Nhongonya</i>	Fontanelle
<i>Chirwere chemoyo</i>	Heart problem
<i>Chirwere cheshuga</i>	Diabetes
<i>Chitemo/Musoro</i>	Headache
<i>Chizonono/Siki</i>	Gonorrhea
<i>Dzibwa</i>	Flu
<i>Dzungu</i>	Dizziness
<i>Gosorwa</i>	Coughing
<i>Gurokuro</i>	Goitre
<i>Gwirikwiti</i>	Measels
<i>Kubuda ropa</i>	Bleeding/Haemorrhage
<i>Kuchonyoroka</i>	Squinting
<i>Kuminyuka</i>	Sprains
<i>Kuoma mutezo</i>	Hemiplegia
<i>Kuremara</i>	Lameness
<i>Kurumwa nenyoka</i>	Snake bite
<i>Kuvhunika</i>	Breaks
<i>Kuweta</i>	Urination
<i>Kuzungaira</i>	Mental retardation
<i>Kuzvimba muviri</i>	Swollen body
<i>Kuzvimba rutivi</i>	Oedema
<i>Magwiriri</i>	Snoring
<i>Magwirikwizha</i>	Mumps
<i>Makumbo</i>	Legs
<i>Mamhepo</i>	Winds
<i>Manyaro</i>	Fatigue
<i>Maperembudzi</i>	Leprosy
<i>Maroto</i>	Nightmares
<i>Matsi</i>	Deafness

<i>Maziso</i>	Conjunctivitis
<i>Mhetamakumbo</i>	Paraplegia
<i>Mota</i>	Boil
<i>Mudumbu</i>	Stomach ache
<i>Munyama</i>	Misfortune
<i>Munyaviri</i>	Rash
<i>Musana</i>	Backbone
<i>Mutsiba</i>	Neck
<i>Nyongo</i>	Bile
<i>Ronda</i>	Wound
<i>Ruriti</i>	Tuberculosis
<i>Rutsva</i>	Burnings
<i>Shanga</i>	Cataract
<i>Siki/Njovhera</i>	Venereal disease
<i>Tsviyo</i>	Epilepsy
<i>Ungomwa</i>	Infertility
<i>Upengo</i>	Madness
<i>Urema</i>	Disability
<i>Upofu</i>	Blindness
<i>Zheve</i>	Ears
<i>Zvipusha</i>	Fits

Source: Author's fieldwork (1989–91).

Appendix C

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