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INFLUENCE OF SHONA BELIEFS IN UNDERSTANDING ILLNESS: IMPLICATIONS FOR INDIGENOUS SOCIAL WORK PRACTICE IN ZIMBABWE

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Abstract
For most traditional African communities, religion is life and life is religion. Almost every event in life is explained within the purview of religion. This qualitative study used the Afrocentric methodology in an effort to understand the influence of Shona traditional religion in understanding illness. In line with the canons of Afrocentrism, the study targeted all the members of Chiweshe communal lands in Zimbabwe who subscribe to African traditional religion. Data were collected through unstructured one-on-one interviews, family interviews and focus group discussions. It was found that for the Shona people of Zimbabwe who subscribe to African traditional religion, there is always a spiritual hand in the causation of illness. The study also established that most methods used in managing illness among the Shona people are inspired by the spirit world. Results of the study have a strong bearing on indigenous social work practice in Africa and people of African ancestry in the African diaspora. Culturally competent social workers ought to understand the beliefs and practices of African traditional religions as these have an impact on their clientele.

Key words; Shona traditional religion, traditional medicine, chronic illnesses, *Ubuntu* philosophy, indigenous social work, Afrocentricism, Afrocentric methodology

INTRODUCTION

Each and every society has had ways of explaining and managing illness as well as ways of caring for the sick. In most African societies, illness attracts a religious and spiritual explanation. This implies that illness cannot just occur without a spiritual force (Mbiti, 1969; Chavunduka, 2001). Through colonialism and imperialism most Africans have been indoctrinated into believing that the West provides a universal panacea to most African problems (Chavunduka, 2001). According to Mabvurira (2016), Africans have embraced western religions and have unconsciously negated African knowing. Afro-based methods of disease management which are grounded in African belief systems have thus been relegated to the periphery. Prior to the coming of the whites on the African continent, Africans had ways of managing various ailments and had wealthy social capital based on consanguinity and communalism. When social work was introduced to the African continent, it ignored traditional helping methods that were in place (Thabede, 2005; Thabede, 2008; Mogorosi & Thabede, 2017).

African traditional religion (ATR) has a strong foothold on contemporary Zimbabweans as an integral part of their everyday lives (Kazembe, 2009). The Shona people are a dominant ethnic group in Zimbabwe. There are a number of dialects under the umbrella name Shona; Manyika found in Eastern Zimbabwe, Korekore found in Northern and North East of Zimbabwe, the Zezuru found in Masvingo province, the Karanga and the Kalanga found in South West of Zimbabwe. Though the Shona have been affected by a tide of globalisation, certain traditions have survived to date. (Kazembe, 2009). Shona religious thinking pervades the whole of life. Ancestors occupy a central position. Among the Shona people, illness and death cannot just happen without a spiritual force behind them (Bosman, nd). As argued by Masaka and Chingombe (2009), even if the cause of death of a relative is uncontested and apparent, the

Shona would still want to know it. They believe that science cannot fully account for a plethora of mishaps that trouble humanity.

In Zimbabwe, social workers have pushed Indigenous Knowledge Systems (IKS) out of practice despite calls to indigenise the profession (Mabvurira, 2016). They have done so despite the recognition of African belief systems' importance in illness management and in the health delivery system of Zimbabwe (Gelfand, 1975; Kazembe, 2009; Chavunduka, 2001; WHO, 2002). This is despite the fact that there is increasing attention being given to the relationship between social work practice, culture and indigeneity in some parts of the world (Hodge & Derezotes, 2008; Baskin, 2002; Gray & Fook, 2004; Ross, 2010). Makhubele (2011) notes that in some countries such as South Africa and Zimbabwe, official propaganda depicts indigenous cultures as backward and out of date and simultaneously promotes one national culture at the expense of minority cultures. However, social workers are encouraged to embrace many ways of knowing especially when working with indigenous peoples (Phillips, 2010).

African traditional religious beliefs and practices are key in the indigenization process of the social work profession. Indigenisation refers to the extent to which social work fits local contexts (Gray, 2005). This Afrocentric study proceeds by examining traditional understanding of illness among the Shona people of Chiweshe communal lands in Zimbabwe. It assesses how the Shona traditional religion (Mabvurira & Makhubele, 2014; Mabvurira, 2016) takes the centre stage in the explanation of illness, ways of managing illnesses and caring for the sick and how these have the potential to influence indigenous social work practice.

SHONA TRADITIONAL BELIEFS

The Shona traditional religion is sometimes called the *Mwari* religion as hinted by The Patriot (2014. p12) which argues that "Zimbabwe had a vibrant *Mwari* religion that had been in existence since the creation..." Machingura (2012. p85) mentions that "The aspect of being in touch with the spirit world is something linear and centrally important in the Shona worldview before one's birth, during one's life, at one's death and after one's death". He further indicates that in the Shona world-view, one can never think of a situation where s/he is not in contact with the spirits. The people mostly lean on a supreme being in most of their daily activities. In order to have peace, the "living living" must thus have contact with the "living dead".

The Shona strongly believe in *vadzimu* (ancestors). These are the spirits of deceased relatives that act as guardian spirits for the living members. The *vadzimu* are believed to live in invisible communities parallel to the communities of the living. They watch over the living in their everyday lives (Banana, 1991). This is supported by Taringa (2009. p199), who posits that even though they inhabit the world of spirits, they are still present in the human community as guardians of the family traditions, providers of fortune and punishers of those who break accepted mores. They also act as intermediaries between man and God. Despite their protective role, they also have the capacity to become angry and they can cause sickness or other misfortunes. Though the *vadzimu* take care of the family they can also be offended especially when certain customs, rituals, or traditions are not done/practiced by the living.

Since prehistoric times, illness has elicited witchcraft beliefs. According to Foster (1976), one can hardly avoid dealing with witchcraft and related issues when analysing medical beliefs and practices in African communities. Witches (*varoyi*) are believed to be responsible for illness and other misfortunes haunting people. These

are usually people known to the target as they have to know the person's totem for them to be able to mislead the guardian spirits (*vadzimu*) of the person. Taringa (2009) notes that the Shona people often explain disease and sickness in terms of witchcraft.

The Shona also believe in *ngozi* (avenging spirit). This is an evil spirit of someone who was murdered and is revenging his murder by attacking the murderer or his family. The *ngozi* can attack the victims in various ways such as causing sickness, death or disaster in the family. The *ngozi* is appeased by first discovering the cause of its anger, followed by the appeasement (Muchinako, Mabvurira & Chinyenze, 2016). *Ngozi* is the most terrifying spirit among the Shona.

Taboos (*zviera*) form part of Shona morality. Taboos are understood to be specific rules that forbid people from performing certain actions, the performance of which may result in the negation of the moral conduct that govern human behaviour (Chemhuru & Masaka, 2010). Breaching of *zviera* is thought to invite misfortunes such as bad-luck, drought or death (Tatira, 2000). Violation of Shona taboos is said to invite an angry reaction from the spirit world. Taboos are understood to be fostering desirable conduct in human behaviours. An example of a Shona taboo is *Ukachera mvura nechirongo chine matsito tsime rinopwa* which means if you fetch water with a sooty black pot, the well will dry up. Such a taboo was meant to discourage polluting water sources. The taboos play an important role in maintaining human relations, promoting human and environmental health as well as environmental conservation (Chemhuru & Masaka, 2010). There are certain taboos that are relevant in health issues. For example, *ukaseka murwere unorwara* (If you scoff at a sick person you become sick) (Mabvurira, 2016). This taboo prevents Shona people from teasing ill people but would rather assist them in their times of need. It is also believed that breaching certain taboos would result in long term illness.

The use of totems *(mutupo*) among the Shona is a prehistoric tradition that goes back for centuries. According to Hodza (1979) in Pfukwa (2014), the totem is an animal that a clan takes up and expresses certain values and virtues. Each totem is buttressed by a string of myths and folklore. The *mutupo* serves as a social bond and is an expression of collective identity for a clan or family that carries that totem (Pfukwa, 2014).

Among the Shona people, illness is not seen as a purely somatic condition but is rather viewed as a reflection of some spiritual disease on the part of the patient or even another family member. Matolino (2011) purports that the arrival of illness is taken to be symptomatic of an aberration at the spiritual level. Thus the common Shona proverb "*Chiripo chariuraya zizi harifi nemhepo*" which literally means there is something that killed an owl, it cannot die of wind. If illness is believed to be free of witches and sorcery, the blame will be shifted to spiritual agents (Masaka & Chingombe, 2009). Mishaps are thus understood as products of mystical powers. Despite the scientific explanation of the cause of HIV and AIDS pandemic, for example, the Shona people are keen to know why a given member of their family got infected. According to Masaka and Chingombe (2009), scientific explanation is not enough for the Shona people as it fails to explain why the individual has exposed himself/herself to a disease that he knew was fatal. It is even assumed that the Shona people believe that death is not normal and no one should die (Gelfand, 1962). However, Chirongoma (2013) argues that some Shona people identify natural causes of illness. These are called *zvirwere zvepasi* (diseases from the earth). These are diseases with no identifiable cause. Shoko (2007), however, argues that these are mild and short illnesses which usually disappear without medication. It is, therefore, rare for the Shona people to attribute chronic illnesses to natural causes.

METHODOLOGY

This study used the Afrocentric methodology (Asante, 1988; 1990; 1995; Mazama, 2003; Mkabela, 2005; Pellerin, 2012). According to Mkabela (2005:179) "The Afrocentric method is derived from the Afrocentric paradigm which deals with the question of African identity from the perspective of African people, as centred, located, oriented and grounded. Pellerin (2012) argues that an Afrocentric social scientist is charged with the task of creating new research methods that are rooted in the African people's histories, cultures and experiences. Eurocentric research criteria of objectivity, validity and reliability are inadequate and incorrect when researching human experiences in African communities (Reviere, 2001). According to Mkabela (2005), the principles underlying Afrocentric research are in line with qualitative research in which researchers should actively participate and be involved in the production of knowledge. This study was therefore qualitative in nature. Qualitative approach was the most suitable one to be used because it has allowed the researchers to clarify hypotheses, beliefs, attitudes and motivations of the people under study. This study used the case study design. A detailed qualitative account produced in a case study helped to explain the complexities of real life situations of the study participants.

Target population

The ultimate authority in Afrocentric research should be the experiences of the whole community. With this in mind, this study targeted all the members of Chiweshe communal lands who subscribe to Shona traditional religion. According to Mkabela (2005), inclusion of elders and cultural committees is critical in Afrocentric research. Units of inquiry were, therefore, people with chronic diseases who subscribe to ATR and their families, traditional medical practitioners, village health workers (VHW), community home-based care workers, traditional cultural leaders and the elderly.

Sampling

We used purposive sampling to select participants for inclusion in the study. In purposive sampling, population elements are purposely drawn from the population. Padget (2008) echoes that purposive sampling is a deliberate process of selecting respondents based on their ability to provide needed information. In the current study, eleven people with chronic illnesses participated. The information they provided was augmented by eighteen other members of Chiweshe communal lands who participated in focus group discussions and six families of people with chronic illnesses.

Data collection techniques

According to Pellerin (2012), applicable tools in Afrocentric studies should not threaten, intrude upon or disrupt the agency of people's lives. One-on-one interviews were used to gather data from the chronically ill people. This method was used to gain an in-depth understanding of the subject under review.

Data were also gathered through family interviews. These were families whose member had a chronic disease. Interview questions were directed to the whole family. This data collection method was also used by Wintersteen, Mupedziswa and Wintersteen (1995) who were researching on mental illness in Zimbabwe. Families in all their remarkable diversity are the basic foundation of all human cultures, crises can make families even stronger. We ensured that each family member is given an opportunity to share his or her ideas. We chose this data collection tool based on the principle of *ujamaa* which suggest that African people are communal. The understanding was that individual experiences, beliefs and the problems which are caused by the illness are usually shared by the whole family. The interviews were held at the respondents' homestead during their free

time. Among the Shona people, just like in many other African communities, the family plays a very important role during a person's illness. It is, therefore, critical to understand the family's set of beliefs, cultural expectations and caring practices for people who are chronically ill. In most African cultures, the family is considered as an entity that has existed before one was born and will exist after one has died (Mufamadi, 2009).Data were also solicited from other participants through focus group discussions. Three group discussions were held with the following groups of people:

- traditional cultural leaders and the elderly
- traditional medical practitioners
- village health workers and home-based care workers

All proceedings throughout data collection were in Shona which is the local language in Chiweshe communal lands.

Data analysis

Thematic analysis was used to analyse the data (Braun & Clarke, 2006). The first step towards data analysis was familiarisation with the data. Familiarisation started during data collection when the researcher captured the responses of the study participants. The researcher also read through the data several times and noted down interesting ideas. The second step was generating initial codes. Data were organised into groups. The researcher used a highlighter to indicate patterns in the data. Related data were collated into specific codes. The third step was searching for meaningful themes. Codes were collated into possible themes. All the data relevant to each particular theme were grouped together. The fourth step was reviewing and refining themes. The researchers went through all the themes and ensured that they captured the coded data. Certain themes which were not supported by sufficient codes were removed while others were split into two or three themes. This stage ended by naming the themes in relation to the aim of the study.

PRESENTATION AND DISCUSSION OF RESULTS

The results of the study show that the Shona people have a number of assumed causes of illness, ways of managing and treating illness and strategies for caring for the sick. Most of these are influenced by their religion to a greater extent. In line with the Afrocentric methodology, the researchers tried by all means to ensure that the voices of the participants are heard.

Causes of illness

It was commonly agreed among the participants that if a spirit wants to manifest in a person it may cause chronic illness which can only heal after a person responds to the calling. It is generally believed that a sick person would not respond to medication until s/he goes to a*n'anga* (traditional healer) who will tell her that s/he must welcome the ancestral spirit. The process of welcoming the ancestral spirit was said to involve a ceremony where traditional home-made beer is brewed and certain libations to the ancestors are done. One chronically ill participant reported that she was into ATR because she was told that she was chosen by ancestral spirits to host a healing spirit, so she had no option but to join ATR. She said:

> "I have a healing assignment put on me. We are preparing to welcome the spirit and very soon, the illness will be gone".

Some participants buttressed the call by ancestral spirits by mentioning diseases such as cancer, epilepsy and mental illness which some traditional medical practitioners could successfully cure, and they assumed that some spirits had a hand in their origin.

"Diseases that take long such as epilepsy or mental illness come when one is being called by the ancestors…." Said an elderly man.

Thus, for the participants, illness may be caused by one's ancestors seeking attention or some wandering spirits seeking a person to possess. Other scholars, Muchinako, Mabvurira and Chinyenze (2013) corroborate with the study participants by arguing that Shona traditions have it that if the ancestors want a person to become a spirit medium, they make the chosen person mentally ill. That person may seek medical treatment but will not recover until they accept to fulfil the ancestors' wishes. Social workers working with African communities should always seek to understand the role played by religion with special reference to ancestors concerning illnesses. They may have to encourage their clients in ATR to perform certain rituals in honour of their ancestors rather than discouraging them. However, this may be a delicate endeavour as ATR is diminishing and social workers may be subscribing to other religions other than ATR. Social workers should be culturally competent and should be sensitive to the religious beliefs of all their clients. For the Shona, the spirit world has capacity to cause illness. It is therefore imperative for social workers practicing in Zimbabwe to be familiar with the cultures of the main tribal groups. A social worker who may not be culturally competent may oppose the client's belief system and may therefore shortchange the clients.

Avenging spirits

Though not present in other religions, one peculiar belief in Shona traditional religion is the belief in avenging spirits (*ngozi).* These spirits are believed to cause misfortunes on their targets. Some participants indicated that their illnesses were a result of avenging spirits. This was confirmed by an ill participant who said:

"There is an avenging spirit haunting my family. All my brothers and sisters have died and I too am sick…."

The belief in *ngozi* has always been present among the Shona people and is part of the Shona traditional religion. It is therefore critical

for social workers to recognise such beliefs embedded in Shona traditional religion. There is not one type of *ngozi* among the Shona people and the level of rage is not the same. Apart from causing illness, the avenging spirit can cause other misfortunes like losing jobs, road accidents, sudden deaths, divorces etc. The belief in *ngozi* was mentioned in earlier studies (Bosman,undated; Benyera, 2014; Masaka & Chingombe, 2009; Gelfand, 1962; Chavunduka, 2001, Chavunduka, 2009). These scholars also found that some members of ATR believe that there should be compensation for the avenging spirit hence the Shona saying "*Mushonga wengozi kuripa*" which literally means the solution to an avenging spirit is compensation. Social workers practicing among the Shona people should have an understanding of the various types of avenging spirits as these are thought to be responsible for social problems facing many people.

Possession of some familiars

Possession of familiars is closely related to witchcraft. However, people may possess them so that they may get rich. These familiars may in turn affect the owners, their children or relatives as part of their condition for services they offer to the owner by causing illness. Chavunduka (2001) argues that people may possess these familiars to get rich but in the long run they may haunt other family members by causing illness. Some of the responses in this regard were:

"A tokolosh may need a wife and if it's not given it causes various troubles".

"In our extended family we have people who possess familiars so illness of this nature is not a surprise".

In as much as social workers may have to appreciate the traditional explanations for illness among indigenous African communities, they have to be careful as one illness may have many explanations

on the same individual. Social workers working in African communities must therefore be in a position to discuss issues to do with misfortunes attributed to mystical beliefs among their clients. Western oriented intervention strategies which do not regard these African beliefs may not be effective in helping such clients. However social work perspectives such as the strengths perspective should go a step further to include these African "myths". This is despite the fact that such beliefs maybe against those of the social worker. A client maybe hospitalised but believing that his illness is caused by possession of familiars. Culturally competent medical social workers should be in a position to give a client an opportunity to dispose such things in an appropriate manner.

Punishment from ancestral spirits

Though they are applauded for their protective role, ancestors are also understood to have a punitive role on their descendants. A similar observation was made by the people of Chiweshe who concurred that punishment from ancestral spirits could cause illness. Though these beliefs may seem mythical, they must be recognised in Afrocentric and strengths based social work practice. The participants mentioned that angry ancestors could cause illness as a punishment. An elderly woman reported that when ancestors are annoyed, they can cause illness as a way of communicating that they are not amused by the state of affairs. After being requested to elaborate further on circumstances that can anger ancestors, a traditional leader mentioned things such as not performing certain rituals, not appreciating them and not paying the mothers' cow (*mombe yeumai*).

Rituals that were thought to cause illness when neglected included *kurova guva* (bringing back ceremony), not honouring ancestors and not distributing a dead person's estate as he/she ordered. Most of the participants agreed that illness caused by angry ancestors was easily identified by being long term in nature and could hardly result

in death in a short space of time. It was found that in certain circumstances, a person would get into a trance where s/he could manifest and the angry spirit would speak through the person. Illness from angry spirits was also said to occur at the same time with other misfortunes such as loss of a job, road accidents in the family, everything would just go down. Social workers working in indigenous Shona communities should ensure that their clients are in harmony with their spirit worlds. Furthermore, social workers working with clients who belief in indigenous African religions should not promote behaviours that will antagonize ancestors.

Witchcraft

Belief in witchcraft is found in almost every traditional African community. The witches have the capacity to cause illness on their targets. Witchcraft is one of the beliefs that have stood the test of time among some Shona people. It was indicated that people in Chiweshe area believe that a person can be bewitched by community members who are often his/her relatives who are jealous of that person's wealth or success in life. Things that result in a person to be bewitched included, among other things, having many cattle, good harvest, having successful children, assuming leadership positions in the community or provoking witches. The participants indicated that some people who are jealous could not be witches themselves but may hire the witches and pay them.

"There are witches who cause various illnesses. My child is mentally ill and we don't understand the illness. He utters unfathomable things saying he sees people who want to stab him with a knife. This is nothing other than witchcraft"- said a family interview participant.

Witchcraft was supported by an elderly man within a group discussion who said:

"AIDS is there, we all know but witches are there as well and they are taking advantage of AIDS. These days all forms of illnesses are regarded as AIDS".

In contrast to this, a village health worker argued that though it is African to believe in witchcraft, this belief sometimes interferes with medication as some people delay going hospitals. The witches were believed to suck a person's blood and the person would become very pale and squeaky. Indications that a person had been bewitched are failure to heal, feeling something moving in one's body, chronic pain occurring usually at night and sometimes hearing familiars such as owls making noise at one's homestead at night. This corroborates with Nyabwari (2014) and Taringa (2009) who argue that witchcraft is believed to cause illness among most African communities. This finding has significant influence on social work practice as social workers have to balance between traditional and scientific explanations of illness. As seen here some respondents attributed HIV to witchcraft while from a scientific explanation it is a virus that is transmitted sexually. Some people may not want to take the responsibility of embarking on risk behaviours that resulted in them acquiring the virus. Such people may delay seeking treatment as they believe that they have been bewitched. This finding has serious implications for social work practice in Zimbabwe. Social workers are on the forefront in the fight against HIV and AIDS. Social workers should encourage chronically ill people to go for HIV tests besides assistance they may be getting from other sources of help. In the same regard, traditional healers should be training on the management of HIV and AIDS so that they do not discourage their clients from taking antiretroviral therapy.

Traditional methods of managing illnesses

Shona people have a number of methods of managing illness. Most of the healing and management was done by traditional medical practitioners. As found by Masaka and Chingombe (2009), the

Shona people believe that traditional healers have the esoteric knowledge about things beyond the comprehension of ordinary human beings.

Use of herbs

Humans and animals have used herbs since time immemorial. Plants play a critical role in the lives of humans especially their medicinal components (Sodi, 2009, Pareth, Jadeja & Chanda, 2005). Most of the participants reported that they use herbs such as roots to cure illnesses. Herbs are thus part of the assets that Africans pride in despite being labelled an "uncivilised people" (Mabvurira, 2016). Knowledge of them and their presence are thus strengths that social workers should take into cognisance. One elderly focus group discussant was confident that most chronic conditions can be cured using traditional means. He gave an example of cancer, HIV and mental illness. Apart from his expertise in treating these diseases, he is renowned for snake bites. Some traditional medical practitioners use *nyora* (incisions) to cure some diseases. Sometimes the herbalist can chew leaves or roots of a prescribed tree and administer them on the painful organ. Sometimes s/he mixes various herbs on a trial and error basis as most herbs have no side effects. Patients may sometimes be told to drink the concoctions made from herbs. Most of the herbs are very bitter. An elderly focus group discussant reported that there is a belief that the more the bitterness of the concoction, the more effective it is. The herbs may also be burnt and the sick person is made to inhale the smoke. This may also be done for the whole family to protect other members especially where the illness is believed to be caused by witches.

Afrocentric social workers may have to respect herbs as they form the material culture of some Africans. It is important for social workers to encourage traditional medical practitioners to package their herbs in ways acceptable by people. For some time some people in Zimbabwe have been shunning traditional medicine due to

unhygienic ways it is packaged and administered and at the same time embracing foreign traditional medicine like the Chinese *Tiens* and the Green World products because they have improved packaging. Social workers may have to educate members of Zimbabwe National Traditional Healers Association on healthy ways of administering herbs. Social workers should not discriminate herbalists as some social work clients use herbs. It is also of paramount importance for social workers to establish a linkage between herbalists and pharmacists. The involvement of pharmacists is important so that that may advice herbalists on appropriate dosages to avoid overdose. Pharmacists may also help in identifying the side effects associated with certain herbs.

Healing charms

Charms are used for various purposes among some African communities. Their use ranges from enhancing beauty and protection to healing various ailments. A charm is usually medicinal string that is tied on the sick person's neck or waist. It is worn for a prescribed period of time for other illnesses but is usually permanent in the case of chronic illness. (Mabvurira, 2016). All the traditional medical practitioners who participated in the study concurred that removing the charm would result in the illness worsening. The charm may be a string only or a string with a dried herb tied on it. In some cases, it can be a cloth usually black and white or black, white and red (in colours usually used in African traditional religion). The cloth may be kept by the sick person in her/his house. This was echoed by one participant who indicated that:

"Ever since we have seen people with charms especially those with mental problems"

A traditional healer indicated that the strings used are not just strings but they would have been dipped in medicine. She also highlighted that these strings should never be removed unless the healer directs so. However, one family indicated that the use of healing charms

was a challenge especially where it has to be worn in the neck because most people would see that a person has a charm. A village health worker also reported that most people were afraid of these charms. This was seen when health staff at clinics and hospitals were hesitant to assist people who have charms on. One chronically ill participant said:

"Most people are afraid of these charms even nurses in hospitals are not comfortable touching them".

The mere putting of a charm may act as an asset that can allow some Shona people to persevere amid challenges. Such beliefs may thus act as a source of strength for the Shona people in times of adversity like illness. This may be despite the fact that there may be lack of empirical evidence as to the effectiveness of such charms in managing chronic illnesses. As supported by Thabede (2005) and Ross (2010), social workers working with African communities should respect ornaments and beads that some Africans may put on. Clients may come for help wearing certain artifacts on their bodies. The social worker if necessary should move a step further to ask the client the purpose of wearing such things.

Kurasira

The researchers found that *kurasira* (casting away) is another healing method commonly used in Chiweshe communal lands. Under this method, the evil spirit suspected to be causing the illness is removed and put on an animal or bird. The animal is directed to the wilderness to die there. The animal may survive and any person who kills the animal will contract the illness. This was confirmed by an elderly person who adumbrated that:

"If you take a scape-goated animal you go mad".

In corroboration of the above another elderly participant echoed:

"Sometimes the animals do not die, those are the ones you see staying in mountains. They may even multiply".

The animal is believed to die in the wilderness and this will mark the end of the curse which would have been causing the illness. Scape-goating is usually done on a black goat, chicken or cow. The severity of the problem determines the size of the animal to be used. This method corroborates with Shoko (2007) who found that among the Kalanga people in South West Zimbabwe, members of the group may get rid of a troubling spirit through *kurasira*. Social workers who come across clients who believe that they can get rid of their problems through scape-goating should ensure that such clients do so and also ensure that animals are not abused as this is against the law of the country.

Divining bones *(Hakata)*

Divination has always been present among most African communities. Various objects are used in the process. Participants in this study revealed that divining bones were identified as one of the healing methods. These are animal bones used by traditional healers. They may not be real bones but stones, wooden sticks or any other material that the *n'anga* uses. The bones are thrown and the way they appear will be interpreted by the *n'anga*. Divining bones may be used to tell any cause of illness which may range from natural causes, ancestral spirits, avenging spirits or witchcraft. This was confirmed by a traditional healer who said:

"If I throw my divining bones, I will see the cause of illness".

Bone diviners are one of the common types of diviners in Southern Africa. According to Walter and Jane (2004), the bones are thrown and the position in which they fall is controlled by ancestral spirits. Bone divination forms part of a branch of psychology that has come to be known as African psychology. In Southern Africa, African psychology is advanced by the Forum for African psychology (South Africa). The social work curriculum for most universities in Zimbabwe requires students to undertake foundational courses in

psychology. It may be necessary for social work students to be sensitised on this branch of psychology through their foundational courses.

CONCLUSIONS

Religion is important in explaining the etiology of illness among the Shona people of Zimbabwe. Though some members of African traditional religion acknowledge the responsibility of natural causes their general feeling is that the spirit world is responsible for causing illnesses. Among the Shona people, illness is not seen as a purely somatic condition but is rather viewed as a reflection of some spiritual disease on the part of the patient or even another family member. Most of the techniques used in managing illnesses among members of ATR in Chiweshe communal lands are spirit inspired. The findings of the study have a strong bearing on social work practice in Zimbabwe. Social workers should endevour to understand some Shona traditional beliefs, they should encourage clients to perform traditional rituals where necessary. Further to that avenging spirits which are thought to cause social problems by some Shona people should not be neglected in social work practice. It is also imperative for social workers to understand the various indigenous methods used in dealing with social problems such as illness.

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