Karanga Religious Perception of Health and Well-Being

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Abstract

This paper discusses theoretical and practical methods that have been applied to the study of the Karanga religion. It offers an "insider" approach based on aspects of the phenomenological method that is, using the believer's first-hand testimony rather than relying on preconceptions about the Karanga religion. As a result, I try to show that the principles formulated by scholars such as W.B. Kristensen, G. van der Leeuw, and J.C. Bleeker are crucial to the study. I also present the practical methods of data collection employed in the study. These include the different types of interviews comprising unstructured, free-association and group interviews as well as participant observation. The pros and cons of utilising such methods are highlighted and recommendations for further research are made.

Introduction

This paper constitutes part of an extended study about the Karanga people in Mberengwa, a sub-group of the Shona people of Zimbabwe, in which I develop an argument which contends that the core concern of the Karanga religion is health and well-being, and that this central concern is logical, rational and consistent (Shoko, 1993: 4). The study discusses a methodology that has developed out of, and partly in response to, the scientific approach to the study of religion in the late nineteenth and early twentieth centuries called the phenomenological method that sought to identify essential structures within religious phenomena. I commence with a section on the philosophical background to phenomenology centred on E. Husserl whose writings influenced, in varying degrees, subsequent

phenomenologists of religion. I then trace the developments and debates through the writings of several scholars in the field of phenomenology like P. D. Chantepie (1848-1920), G.van der Leeuw (1890-1950), W.B.Kristensen (1867-1953), C.J.Bleeker (1899-1983), J.Wach (1898-1955), M.Eliade (1907-1986) and G.Widengren (b.1907), with a view to show that there have been different approaches and understandings of phenomenology and numerous criticisms and queries concerning its operation as a research methodology (Shoko, 1993: 11-39). As C.J. Bleeker has pointed out, "some critics went so far as to deny its right of existence" (Bleeker, 1963: 6). However, I will argue that despite its limitations, the method offers a frame of thinking based on hermeneutics which I adopt and use to test my hypothesis that the core concern of the Karanga religion is the effort to achieve and to maintain a condition of health and well-being both for individuals and the community as a whole (Shoko, 1993: 4).

As part of my argument, I explore the relationship between the phenomenology of religion, anthropology and sociology in my subject area by reviewing previous literature on traditional religion and medical practices in Zimbabwe. In doing so, I critically examine the studies of pioneer and contemporary scholarly writings on the Shona perceptions of illness and health and medical praxis, such as the travellers, colonial administrators, missionaries, anthropologists and sociologists. The works of M.Gelfand, an empathetic medical doctor and lay anthropologist; M.F.C. Bourdillon (1976), an anthropologist; H.Bucher (1980), a Roman Catholic Church Bishop's sociological approach; H. Aschwanden (1987)'s symbolic analysis, G. Chavunduka (1978), a sociologist and M.L.Daneel (1970, 1971, 1974), a missiologist are reviewed (see Shoko, 1993: 40-52). Such studies demonstrate, using different approaches, that health and illness behaviour, as well as health and medical care systems, are not isolated but are integrated into a network of beliefs and values that comprise Shona society. However certain ideological and methodological constraints are exposed (Shoko, 1993: 40-52). This provides the basis for an alternative methodological approach which this paper sets out to explain.

I conclude by presenting the practical methods of data collection in the field. The methods include the different types of interviews comprising open-ended structured interviews, free-association and group interviews, as well as participant observation (Shoko, 1993: 52-58). With regards to my own field-research in Mberengwa, I will show how the phenomenological approach was employed to examine key religious phenomena related to illness and health by examining expressions of beliefs, ritual activities and the role of sacred practitioners.

Definition of Key Terms

"Core concern" refers to the basic, underlying thrust of the Karanga religion. It is the essence of religious phenomena under observation (see Bleeker, 1963:136).

In this case, religion is chiefly orientated towards the achievement of health and well-being and is of ultimate value in the Karanga religion. The term can also be interpreted in the study as referring to the defining factor of the Karanga religion. Thus it is being argued that from observing the phenomena, and in fact pursuing the stages to be discussed in the phenomenological method, it can be validly maintained that the Karanga religion can best be understood in the light of its pre-occupation with health and well-being.

In the study, "health" does not only refer to the absence of disease or infirmity (Dubos, 1986: 281) but also a positive state; that which is necessary for the maintenance of physical and spiritual well-being. From this perspective, the Karanga are seen to perceive health as the "normal" state in which individuals can attain their best, thereby contributing towards the greater social good. "Illness", shall be regarded as that "abnormal" state which hinders an individual to perform his duties as expected by society, or a form of deviance (Herzlich, 1973: 10). "Well-being" refers to the state of fulfilment whereby both the individual and society are spared from mental and physical discomfort, and enjoy peace of mind. For the Karanga religious adherents, it is the harmonious integration of the spiritual powers with the will of the living to produce a balanced physical and cosmological order.

The argument that the core concern of the Karanga is perceived – from an insider perspective - as "logical", "rational" and "consistent", implies an acknowledgement of the systematic, meaningful and coherent essence of their religion. In this respect, this paper proceeds to discuss the view within a phenomenological theoretical framework, giving primacy to the adherents' convictions with the aim that the study will also reflect material with which the believer can identify.

A View from the Inside: The Phenomenological Approach

In order to establish that health and well-being is the central concern of the Karanga religion, I am concerned with looking at the Karanga world from an insider perspective and have thus drawn on phenomenology, a philosophical movement attributed to the German philosopher Edmund Husserl (1859-1938) as well as certain concepts refashioned by Van der Leeuw and other early phenomenologists namely *epoche* and "eidetic vision". As explained by Eric Sharpe, *epoche* is derived from the Greek verb *epecho*, "I hold back". In effect, it means "stoppage", suspension of judgement, the exclusion from one's mind of every possible presupposition. It is also called "bracketing" an object that is present to consciousness. Its importance to this study is that it emphasises the need to abstain from every kind of value-judgement, to be "present" to the phenomena in question purely as an impartial observer, unconcerned with questions of truth and falsehood (Sharpe, 1986: 224). According to Sharpe, the concept, "eidetic vision" is derived from the Greek noun, to *eidos*, "that which is seen", and hence

refers also to "form", "shape" or "essence". This concept refers to the observer's capacity for seeing the essentials of a situation, or in the case of a phenomenon, its actual essence as opposed to what it has been, or ought to be. Actually, "eidetic vision" means a form of subjectivity - it implies, given the acquisition of objective and undistorted data, an intuitive grasp of the essentials of a situation in its wholeness (Sharpe, 1986: 224).

Acknowledging the controversies surrounding the feasibility of *epoche* and "eidetic intuition" within the study of religion, especially with regards to how a subjective observer finds access to knowledge of an objective phenomena, I endeavour to maintain the positions of earlier phenomenologists such as C. Jourco Bleeker (1963), renowned historian of religions as well as W.Brede Kristensen and Gerardus van der Leeuw who in different ways, saw *epoche* as a vital tool in avoiding preconceived ideas, theories or pre-judging the phenomena in order to understand religion from the inside, the believer (see Cox, 1992: 25). In my research, I attempt to see into the very essence of the phenomena themselves by employing two techniques. Firstly through *epoche*, in other words, suspending previously held judgments about the Karanga and or Shona world based on academic theories, personal bias, pre-suppositions and related stances perpetrated by missionaries and explorers during the colonial period. Secondly, through engaging "eidetic intuition" whereby only the essential structures of phenomena are seen. Without overlooking certain practical constraints, that entailed penetrating, or "entering into", phenomena sympathetically in order to unearth the meaning or essential aspects of religion that are true to the Karanga believers. By observing phenomena internally, the "essence" of the Karanga religion seems to be configured around notions of health and well-being. Although my indigenous status proved a great asset in this context, I certainly admit that being insider on one hand and my exposure to Western education on the other hand, had considerable methodological effects.

Methods of Data Collection

Interviews constituted the primary source of data. Only qualitative interviewing methods were used simply because quantitative procedures proved complex and invested with numerous problems. In practice, unstructured interviews turned out to be the most effective (see Sjoberg and Nett, 1968: 211-218). In employing this method, a questionnaire system was used with a general outline of the questions to guide the interviewer to the required research information. The unstructured interviews offered considerable freedom in the questioning procedure and, at times, the question-and-answer sessions did not differ that much from ordinary conversations. Furthermore, the unstructured interviews upheld the respondent's perspectives rather than the researcher's. Due to the social, political, economic, cultural or intellectual variations between the interviewees, a

variety of forms of unstructured interviews were obviously used. For example, the free-association interview was based on the tacit assumption that respondents in the field might hold certain beliefs that they are unconscious of. The free-association method was effective because it encouraged the informants, especially those that were patients, to give "free rein to their thoughts and in the process laid bare certain hidden, subconscious mental processes" (Sjoberg and Nett, 1968: 212). In executing this method, the interviewer attempted to suspend his personal values and beliefs and relied primarily on the interviewee's critical reflection of his/her own observations (Sjoberg and Nett, 1968: 212). Of fundamental importance are the pros and cons posed by the free-association interview as a research tool. Firstly, the method enabled the researcher to acquire valid, sound and reliable data from the Karanga religious adherents. From another standpoint, the free-association method exhibited certain flaws in some respects. Admittedly, it proved, beyond reasonable doubt, that it was excessively time consuming. In addition, a significant number of informants would resist, or in some cases, were reluctant to share their experiences within the context of this kind of interview which sought to probe their subconscious intensively. Also, certain data collected from interviewees was fragmentary.

Group interviews were also conducted in which students, patients and their relatives were gathered into discussion groups. This was geared towards promoting personal interaction which would, in the final analysis, uphold sharing of individual problems and emotional experiences, as well as provide problem-solving devices. Eventually, it was possible to devise a "team strategy" comprising school leavers and teachers acting as research assistants. When this method was formally employed, the subject persons clearly identified "problems", "ambiguities" or "conflicts" inherent in Karanga norms and values, in that the phenomena was brought to the level of consciousness only through group discussion (Sjoberg and Nett, 1968: 217). In addition, the researcher set up "semi-structured" group interviews whereby a number of persons were assembled and systematically interviewed. During the course of such a systematic questioning, some fundamental points emerged which might have not come to the surface had a single person undergone the interview process. One of the disadvantages of group interviews was that it encouraged the rise of self-appointed leaders who would influence the pattern of interchange so that some participants would adopt stands that they did not necessarily espouse, or in some cases, stifled the expression of opinions of others thereby jeopardizing the validity and authenticity of the resulting data (Sjoberg and Nett, 1968: 218).

In order to undertake this research method, the researcher obtained first-hand information by observing and engaging in the activities of the persons he was studying. This helped the researcher to directly experience the phenomena so as to attain an empathetic explanation of what fundamentally constitutes the subject phenomena. In doing so, the researcher was able to partake, at a personal

level, in the therapeutic rituals and other significant experiences. This methodological device required the researcher to see the Karanga medico-religious beliefs and practices from the point of view of the believers. This was accomplished through constant interaction with the Karanga, assessing their actions and behaviour, recording their activities by technical devices and drawing up cases of people involved. Of course as a researcher, it was necessary to keep a diary to record every significant observation during the course of the research. Furthermore, the observer would attentively listen to what the people said. As the term "Observer-as-Participant" implies, this research procedure also meant that the researcher partook in the subjects' activities. Thus he attended to patients in hospitals, participated in religious ceremonies, prayers, meetings, and rituals, as well as attending social gatherings.

Another technique involved the use of electronic recording devices which allowed for direct observation without disruption and without adversely affecting the researcher/subject. The merits of such a procedure are apparent. Nevertheless the use of such technical devices proved detrimental and, in some respects, hindered freedom of expression. Another stricture stemmed from the Karanga belief and value-system. Like in every social order, some quarters tended to be sacred and personal. In the circumstances involving sacred phenomena, the researcher was, apart from being withdrawn from participating, dissuaded from recording his observations. As the observer- as-participant technique was executed within a rigid framework and informed by a "special interest in human meaning and interaction as viewed from the perspectives of people who are insiders; a logic and process of inquiry that is open - ended and flexible; performance of a participant role that involves establishing relations with indigenous people; and the use of direct observation along with other methods of gathering information (Jorgensen 1989: 13-4); it was possible for the researcher to describe all procedural events, the functionaries, time and place for particular events, as well as how and why a pattern of events occurred. Resulting from this method of data collection, a significant number of case studies were compiled and presented in the study. Such cases do not only provide a description but also an analysis of individual cases stressing the holistic phenomenon of illness, therapy, and the attached beliefs and practices. Case histories of the ill and bedridden during the time of research took a considerably longer time to gather and compile than case histories of medical practitioners acquired largely by interviews.

Research Results

The research findings documented in the study reveal the causes of illness and disease as perceived by the Karanga, and disclose moral, religious and natural factors as causes of illness and disease. These encompass spiritual forces, witches, sorcerers, social factors and natural conditions (Shoko, 1993: 59- 85). As one

respondent Kirion Ngara explains, ancestral spirits (*vadzimu*) and witchcraft (*varoyi*) cause illness of a complex nature: "*Vadzimu* are unpredictable. They can be benevolent as guardians but can be malevolent and cause persistent illnesses". In the case of witchcraft (*uroyi*), the disease *mamhepo* (fever) is very common: "The victim becomes worried, confused and mentally ill. He complains of seeing *zvitupwani* (witches crones) and 'things' everywhere. The victim convulges and becomes speechless" (Interviewee, Vengesai Zindoga). As interviewee Tarirai Shiri explains, in the case of sorcery, *chitsinga* (physical disorder), an individual intending to cause harm to another can do so either by bringing his/her victim into direct contact with an object which has been imbued with the power to cause disease (such as a twig, stone, thorn or bone) or magically transmit the disease-causing object from a distance. Such causal factors are established by an *n'anga* (diviner), a traditional medical practitioner.

The study explores various techniques that the *n'anga* makes use such as possession, dreams, omens, ordeals or a combination of these (Shoko, 1993: 86-103). A diviner, Vengesai Zindoga, explains the diagnostic process: "I take *Gata* and put on *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." Diagnosis of the illness and disease is the first step in traditional healing. Traditional healing, as a ritual activity, is most conspicuous at birth, death and communal rites but is also seen in the treatments administered by the *n'anga*. For example, Interviewee Rapai Chivi describes a ritual meant to neutralise evil:

> 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 in the evening, under the cover of darkness. The purpose is to ward off malignant spirits, witches and familiars (*zvitupwani*).

A variety of medicines to cure serious illnesses and diseases are at the disposal of the Karanga people: *chifurofuro* cures fontanel; *ndongorongo* (inflammation of the navel) is cured by *chifumuro; munhundugwa* or *gavakava* (aloe); *hazvieri* cures *biripiri* (measles); menstrual pain can be cured by *jekacheka* (Shoko 1993: 123-128). The Karanga also use herbs and medicines that, they claim, can effectively reverse symptoms of HIV/AIDS. For illnesses like *chipengo* (mental illness), healers prescribe "parasite of *chirovadundu* herb and the seeds of *mufute*. Then put the mixture on glowing ambers and let the patient breathe", explains interviewee, Tichagwa Shumba. For *chitsinga* (rheumatism) and other complex physical disorders caused by sorcerers, informants recommended *chafixe* herb as thoroughly effective (Shoko, 1993: 126). For home protection,

> 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. (Interviewee, Chinembiri Mashura)

In a case study that I presented in the extended study, I also show that Afro-Christian or Independent Churches in the area owe their attraction to this fundamental concern with health and well-being as exemplified by the St Elijah *Chikoro Chomweya*, an Apostolic church's views of the causes, diagnosis and therapy of illness and disease. The 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 (Shoko, 1993: 146). As one informant, Stephen Shava, explained, it is believed that for one to attain good health and well-being, faith is essential. As such, this becomes the centre of orientation of both the Karanga traditional religion and the Afro-Christian Church. The research confirms that health and well-being are related, fundamentally, to the central concern of the Karanga that the adherents perceive it as meaningful and vital to their religious life (Shoko, 1993: 172-4).

Conclusion

The theoretical and practical methodological techniques employed in this paper in maintaining an "insider" view throughout the interview and -observer-as-participant procedures, all contributed to collecting and presenting material in the study which demonstrates that the core concern of the Karanga religion is health and well-being. In this study, I have tried to demonstrate that the numerous possible causes of ailments, the system of diagnosis by a specialist practitioner, and the different prescriptions and therapies applied in a ritual context suggest that the Karanga religion is one whose fundamental concern is health and well-being, and also that such a concern is logical, rational and consistent from the believer's perspective (Shoko, 1993: 162-72).

The spiritual realm features as the main source of illness and disease. It is a realm with benevolent and malevolent potency. In the interviewees' testimonies, all serious and complex illness and disease are accredited to *vadzimu* (ancestors) as the cause. However, beliefs in witchcraft and sorcery also account for illness, disease and misfortune. Such beliefs in fact constitute an integral part of the Karanga traditional religious and cultural system. From the onset of illness and disease, the Karanga contemplate the appropriate means to restore individual and societal health through the mechanism of diagnosis executed by the *n'anga*

who employs various techniques to detects and reveal the unknown and hidden causal elements of illness and disease.

Examining the Karanga therapeutic system more deeply, we realise that it uses available medicines as resources to bring about healing. In line with tradition, the administration and prescription of herbal medicines is the domain of the herbalist. What is striking about the traditional therapeutic system is that the herbal nomenclature is apt and meaningful, at least from the believer's interpretation. 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 a 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, the herb used for the treatment of *biripiri* (measles) is called *hazvieri*, which means, "unrestricted". In the Karanga interpretation, this 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 regarded as capable of overcoming *ndongorongo* (navel inflammation). Likewise *jekacheka* (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 *zvirwere* and restore the Karanga individual and subsequently societal *utano* (health).

From a broader perspective, this study pursues an approach within the science of religion with a view of liberating the study of religion from social scientific biases and assumptions that hinder an "objective" investigation of the "essence" and empirical, visible manifestation of religious phenomena. By utilising the phenomenological approach, it provides an essential mode of empirical research into the study of traditional religions in Africa.

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