

Psychiatric Disorders as Recognised by The Shona

BY

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This account deals with the mental disorders of the large Shona group, which comprises over 2½ million Africans who occupy the greater part of Southern Rhodesia. Included in this group are at least four major sub-tribes, but there are no important differences between them in their outlook towards disease. Indeed, it would be true to say that the conception of disease of the Shona is not very different from that of most tribes of Southern Africa.

The Shona have a good idea as to what constitutes madness (*kupenga*). They define a person as being mad when he does not talk sense, or performs foolish or amusing acts without realising what he is doing. He may be restless at times, violent, or quiet on other occasions.

The Shona are well aware of man's liability to suffer from psychological disturbances, and whilst most of their *nganga* (witchdoctors) treat all kinds of complaints, including mental disorders, a few claim to be specially skilled in this speciality. The Shona appreciate the serious nature of a mental disorder, but at the same

time know that a great number so affected recover completely, many even permanently, and so it is easy to understand how a certain *nganga* who happens to treat a mental subject receives credit for his recovery which would have happened irrespective of his efforts. The *nganga's* reputation is enhanced by such a recovery; his failures are forgotten or overlooked, and the word soon spreads that he is particularly skilled in the treatment of mental disease.

There can be no doubt that a *nganga* can be of assistance in a patient's recovery from a mental breakdown, especially when an external or exciting factor is largely responsible for it. The *nganga* in his highly colourful dress creates a deep impression. He stands out as one endowed with a special mystical or supernatural power which his family has inherited for untold generations. He understands his own people in a way that no European, however skilled, can ever hope to equal. There is no doubt that the *nganga* instils more confidence amongst the traditional Africans who still constitute the majority on the Continent, than the Western doctor when the complaint is one of a neurosis or an anxiety state. He can achieve far more by pure suggestion, as he is a link with the ancestral spirits of any patient. Through his own divining or healing spirit he is able, it is believed, to contact these spirits and reveal which of them is responsible for the psychological breakdown.

The *nganga* is the keystone or main figure in African medical practice to-day, and so it would be of interest to refer briefly to the mental make-up of the Shona *nganga*. Paul Radin stresses the neurotic make-up of the *Shaman*, who corresponds to the Shona *nganga*. He is required to pass through a period of acute mental strain during his initiation, and only after this is over is he ready to start treating patients. The Shona *nganga* also passes through a period of acute mental strain during his initiation, and only after this is over is he ready to start treating patients. The Shona *nganga* also passes through an interesting period of illness before people come to realise that he is being troubled by a healing spirit, but there is nothing characteristic of this illness, although at times it might take the form of mental confusion. There is nothing special about the type of person destined to become a *nganga*, in contrast to the *Shaman*. Nor have I been able to detect a neurotic personality in the make-up of the Shona *nganga*. In fact, I have always been impressed by their normal stable personalities.

On the other hand, the mediums for the tribal spirits (*mhondoro*), who are responsible for rain and the general welfare of the Shona tribe, almost invariably become mentally disorientated in the initial period before being accepted as mediums. It is necessary at this juncture to give a few more details about the tribal medium of Mashonaland, as he is intimately concerned with spirit possession. Mashonaland is divided into a number of districts, each under its tribal spirit (*mhondoro*), whose function it is to bring the rain and to care for the wellbeing of the community as a whole. Of special interest to this study is that each tribal spirit is supposed to select a person as its medium or host through whom the spirit makes known its views and demands to the people.

As he becomes possessed the medium begins to shake vigorously and behaves as if he is in a trance or hypnotic state. There can be no doubt that when an individual becomes possessed he is in an abnormal frame of mind. Possession is hastened by the playing of appropriate music and is preceded by considerable muscular contractions, with rapid movements to and fro of the head and limbs. Once possession has taken place, the medium is said to be no longer capable of recalling what he says during this trance. When possessed, all the preliminary contractions cease and he behaves normally, although every now and then he may grunt or emit long sighs.

When the spirit leaves, the medium again begins to shudder, yawn and stretch out his arms as if in flight. Occasionally these actions are so severe that he falls to the ground in a state of exhaustion. I have never seen a medium take alcohol during possession or before he enters this state. He does not fast either before the ceremony, as has been suggested, in order to induce a state of hypoglycaemia. Possession of men and women is so frequent an occurrence that it can be expected at almost any ritual ceremony. It is a form of mental reaction which deserves the serious consideration of psychoanalysts practising in Africa.

In order to understand the causes of mental disease in the Shona it is necessary to refer briefly to the factors recognised by them as being responsible for disease as a whole, since the Shona believe most ailments have a spiritual causation. They believe that any spirit can bring about any disease. They also believe that disease may be due to natural causes. The death of an old man does not evoke surprise,

as it is part of life that everyone should die. No fear or alarm results if a man passes away after an accident, as people can understand clearly how that happened. It is not considered natural for any child or adult up to middle age to become ill or die, especially if death is sudden, inexplicable, surprising or unsuspected. Death, even after a chronic troublesome and painful illness, necessitates resort to a *nganga* to divine its cause.

Four important groups of spirits are believed to cause sickness, the two most frequent being the spirits of the parents or grandparents (*vadzimu*—spirit elders or ancestral spirits) and the witch (*muroi*). The *vadzimu* are more often considered responsible for sickness or death than the *muroi*—twice as often, according to my experience. The *ngozi* or angered spirit is related to those of the *vadzimu*, but is the angry spirit of one who died an unnatural death, such as murder. The Shona believe that these spirits can all cause mental illness as well as physical sickness, but they recognise that there are other factors which lead to mental disorders, such as the incorrect use of magical medicines, ghosts (*chipoka*), worry, strain and improper development of the brain.

Although the Shona have no difficulty in knowing when a person is mentally disordered, it is extremely doubtful whether a *nganga* can differentiate between a neurosis and a psychosis, except perhaps that he recognises which is the more serious. He would not be able to diagnose an anxiety state that manifests itself with visceral symptoms such as abdominal pains. He would attribute it to a disorder in the abdomen. He knows, however, when a person is mad, behaves in a peculiar manner and cannot be reasoned with, but he certainly cannot classify the different psychoses, although he appears to recognise certain mental syndromes which he invariably attributes to an offended spirit.

WITCHCRAFT (KUROIWA)

When interrogating *nganga* one notices that witchcraft is one of the most frequent causes given for a mental breakdown. Further, there are certain types or patterns of mental disease which the African attributes to witchcraft.

It is quite likely that when an African is depressed he confesses to being a thoroughly wicked person and also a witch. This idea can be expected in a people who associate or link badness and evil with the witch. In the same

way a European in the throes of a depression mentions his utter badness, but would not use the word witch. Thus many *nganga* claim to have cured people who admitted to being witches, whereas the patients were really suffering from a form of melancholia.

In common with other African tribes, the Shona believes that madness may be due to a spell cast by a witch. One *nganga* described how an enemy or witch might procure a small portion of the victim's stool or urine, place it in a container and hang it on a tree. When the wind blows in the victim's direction it is believed that a curse descends upon him and he goes off his mind.

There are many different ways in which people are bewitched. One example quoted by a different *nganga* is that of a person who went to a more fortunate neighbour's hut to borrow a little salt or some other food substance. The person refused to lend her any. This angered the borrower, who decided to procure a medicine with which to make the child of the selfish woman mad. This illustration serves to explain that it is unwise for anyone to display signs of selfishness lest they bring down upon them the wrath of someone endowed with the powers of witchcraft and so tragedy ensues. The person so affected with madness becomes possessed at times with the spirit of one of the ancestral spirits which speaks aloud through him and says, "I am mad because you did not give your neighbour salt, and that is why I am like this." This is a good example of a delusion which may be attributed to spirit possession.

An interesting feature of African mental disorders is the large number of mentally disordered people living in the woods or wilds on their own. Many have been there for a very long time. They are greatly feared and are referred to as *gandanga*. These people, when they become mad, were either driven away from their villages or ran away themselves and disappeared into the woods. Some of them could not bear to live with others or were frightened by their weapons. In the woods they had to fend for themselves and feed themselves, and so they became the wild men of the forests. They were known to be dangerous and to have killed people. It is quite possible that every *gandanga* was driven out by the villagers, who could not cope with this affliction. This was the only way of dealing with him, unless he were tied up or confined to a cave, where he would die

of neglect and starvation. The mental disorder of the *gandanga* is said to be bewitchment and his illness is referred to as *Chisara Chisara*.

The Shona understand mental backwardness in a child, but often do not recognise the differences between the congenital form and that developed by a normal infant or child after a brain infection, such as meningitis. All forms of idiocy and mental retardation are included in the term *Rema*, which is attributed to the action of a witch upon the foetus. Most *nganga* inform me that nothing can be done for this form of mental disorder.

Kupenga Kwechitsiko (Menga Ra Mumba) is probably an anxiety state or hysterical disorder and is characterised by the display in the presence of people of a mental imbalance which improves when the person is away from them or leaves the village. It is said that he has been bewitched by someone in the village who dislikes him, but that he recovers when he is removed from the influence of the witch.

Old or elderly people are often linked with the practice of witchcraft, and when an old witch dies his body must not be deposited in a grave without proper ritual ceremony to "fix" or drive away the evil spirit. If this is not done its evil influence will continue and return to cause mental breakdowns among the descendants or even among strangers. Therefore a special ceremony called *Kupfukirwa* is carried out to remove and drive off the spirit. A *nganga* takes a black fowl, administers a special medicine and then allows it to run away into the woods, where it is lost. It is believed this ensures that the witch will never return.

The Shona recognise certain special features in mental disorders. For instance, a person who eats mud (probably geophagy) or other "dirty" matter is said to have a particular form of mental aberration caused by the witch. A disorder of a similar nature is that in which a person continually repeats certain movements or actions. An example of this is the drummer who cannot stop drumming. This disorder is possibly a form of obsession, but to the Shona the witch is responsible for it.

Ebenzi is a person who at times suddenly starts talking nonsense or even performs senseless acts, but in his more lucid intervals is able to carry out his normal duties. *Ebenzi* is believed to be caused by *varoyi we masekati*, the witch who performs his nefarious tasks during

the daytime and plants poisonous objects along the paths of his victims.

Related to kleptomania, perhaps, is the disorder due to the bewitchment of a thief by the person whose belongings he stole. The man goes off his head, but he continues to steal and his constant thefts are now attributed to the bewitchment, which produced an illness called *Zuuanda* in which the sufferer imagines that something is continually moving over his body.

Another interesting mental disorder is that characterised by the patient's mimicking of a particular animal, whose selection depends on the preference of a witch. For instance, if the *muroi* employs a snake to bewitch his victim, he crawls on the ground like a serpent. This type of mental disorder is known as *Mamhepo* and is said to afflict those who are mean and selfish and refuse to help others. For instance, the woman who owns many dresses or food such as salt, milk, sugar and bread and refuses to part with any to someone who asks for it risks developing *Mamhepo*, which comes in bouts or spasms, during which it may be difficult to restrain the sufferer. As many as four people may be needed to hold her, but between the attacks she is apparently normal. *Mamhepo* is probably a form of hysteria or a sequel of epilepsy, since it is said that unless the *Mamhepo* is cured the patient may develop convulsions and die.

A person who is struck down by paralysis in one or both limbs or is at the same time mentally disordered may also be believed to be bewitched, in which case recovery is not expected. It is said that a patient with such an affliction usually dies within a year. It would seem that this disorder is either associated with grave cerebral disease, such as a tumour, or a vascular accident.

Benzi Mazurazura, also attributed to the witch, is a mental disorder in which the subject strikes a person without realising what he has done, but later discovers that he has injured someone. In another form of *Benzi* called *Benzi Rema Kuhwa*, the cause of which is not clear, but possibly caused by witchcraft, the sufferer continually tells lies. At first people believe what is said, but soon realise that nothing he says is correct. It is possible that such a person is suffering from hallucinations, which are not recognised as such.

It is believed that the witch generally plays with owls, which she keeps in gourds stored in

the ground. These owls in themselves are considered dangerous even to their owner, for should she make a mistake when using them she or her children may be destroyed by them. The witch may send an owl on one of her wicked errands to bewitch a victim who develops a disorder called *Kuvanda*, in which the neck becomes stiff and twisted, resembling a severe form of *forticollis*.

Mental breakdown caused by the witch is held to be much more serious than that produced by the ancestral spirit (*mudzimu*). When the *mudzimu* is responsible for the illness the patient may still be able to comprehend what is said to him and what is happening around him, and when asked to do so can stop doing unnecessary or foolish acts; but when he does not realise what is happening around him, his illness is said to be due to the *muroi*. The *nganga* obviously does not realise that in one instance he is dealing with a neurosis and in the other a psychosis.

The richer and more fortunate Africans are the ones who are liable to attack by the witch or sorcerer. It is believed they are subject to these disorders because their fortunate position raises envy in the minds of others; and as the witch is an abnormally jealous individual, those blessed or singled out above their fellow-men would be obvious targets for their witchcraft.

Whilst the witch is evil and harms others, there are special men endowed with the ability to punish them when they have harmed an innocent person. They are said to be possessed with the spirit known as *Chikwambo* and may be likened to the white witch of Europe who, by punishing or eliminating the guilty, fulfil a useful purpose in society. They are really a type of *nganga*. Let us imagine that someone has stolen some valuable property or borrowed money and refused to repay the loan. All efforts to recover the loss have been futile. In desperation the aggrieved person seeks a *nganga* with the *Chikwambo* spirit, as he knows he will be able to recover his property. It is believed that to settle this score this special *nganga* sends a living animal such as a hare, baboon, dove or tortoise to the guilty person's hut. There it suddenly appears and starts to speak to him, demanding that he pay his debt. If he drives the animal away the *Chikwambo* sends another, until he becomes so frightened that he and his family hasten to settle the debt. It is quite possible that the African does not recognise a hallucination as such, but attributes

it to a spiritual cause, and when he sees one in the form of an animal his friends and family believe he has actually seen one which has been sent by the *Chikwambo* spirit.

THE MUDZIMU (ANCESTRAL SPIRIT, SPIRIT ELDER) OR NGOZI (ANGERED SPIRIT)

The ancestral spirit—that is, the spirit of a departed grandparent or parent, if annoyed, may punish one of its dependents, especially a grandchild, with illness. Therefore a mentally disordered person is sometimes said to be suffering through the wrath of one of its ancestral spirits.

Several forms of mental disorder are attributed to the ancestral spirits. An example given to me is that of a man, child or young adult found wandering in the woods. The illness is due to the anger of its dead parents, who were living as strangers in a certain village and neglected the child. The child becomes mad and disappears into the woods to become what is termed a "*muranda*." A *nganga* is consulted and the villagers are told that the child's *mudzimu* is upset. To appease the spirit it is given a black goat, or a fowl, which is chased out of the village and allowed to run into the bush where the original *muranda* was first found. The child will then recover.

Mental Defectiveness (Rema—dull person).—The birth of a child with a low intelligence is usually attributed to the anger of the spirit of a very distant forebear, which has selected one of its descendants to bear the brunt of its wrath.

If several members of a family become mentally confused or mad, this is likely to be attributed to an angered ancestral spirit (*ngozi*), not of the patient's family, but of the family harmed by his people. Thus, after the death of a victim—for instance, in a murder—the angered spirit or *ngozi* strikes at a member of the murderer's family. One after another the members of this family become ill until the cause is recognised and full compensation made.

Another mental disorder called *Musare we Ngozi*, also attributed to the angered ancestral spirit, is one in which the patient behaves as if he were having a fit, uttering many things that seem meaningless.

Kutanda Botse.—When a man or woman wears old sacks, rags and pieces of blanket

around the waist, moves from village to village begging for food, people realise he is suffering from *Kutanda Botse* due to the angered spirit of his dead mother, because when she was alive, perhaps many years ago, he was unkind to her and beat her. At each village the penitent picks up a little earth with a small piece of calabash and blows it away, saying, "Grandmother, you left your snuffbox." These words denote his guilt. The villagers all make fun of him, but give him a little millet which he collects in a large calabash. He continues in this way until he has about three basketfuls of grain and then returns to his home, where beer is brewed with the grain and a ceremony held. The son with the *ngozi* spirit asks his mother's forgiveness, saying, "I have done everything for you Mother." An ox is killed for the angry spirit and all the members of the village eat its meat. As the *ngozi* is now placated, the patient recovers within a few days. *Kutanda botse* may be a form of schizophrenia.

Madness Caused by Magical Medicines.—An important cause of madness is the incorrect use of a medicine which has certain magical powers. One such popular medicine, known as "*divisi*," is employed to increase the productivity of the soil, but if he wishes it to be successful the owner of the land must burn some of it in the centre of his field. If he omits to carry out the precise instructions he has received and sets alight the *divisi* in another part of his field, the magic reacts against the farmer, who loses his senses.

The madness known as *Kupenga Kufukirwa* is another in which a person has been harmed by magical medicines. When a man has practised as a witch for many years and has brought about the deaths of many people of whom he was jealous, his magical medicines turn against him in his old age and in the confused state they induce him to confess all his previous practices.

THE IMPORTANCE OF STRAIN

The *nganga* (witchdoctors) I have questioned also recognise that severe worry and strain can result in mental breakdown. There are many instances of this. For example, a person who has stolen something begins to fear that he will be discovered, until the continual worry leads to his breakdown. Similarly, a man who has committed adultery and fears his wife will discover this may bring the same results. Strain may also follow when someone wants something

so badly that he can think of nothing else, and finally he breaks down mentally. He may want cattle, children or a girl friend. Envy and jealousy are bad traits that are often responsible for a nervous disorder. When a man is rejected by his girl friend after spending all his earnings on her, he may become so upset that he procures a medicine to win back her affection. If this fails he is so distressed that he becomes confused.

The Shona also know that a person with a mental disorder may complain of hearing voices. To them, however, these noises may be due to ghosts (*chipoka*) which approach and beat his ears. The sufferer is continually rubbing his ears and is liable at times to jump up, seemingly without cause, and onlookers find it difficult to understand such behaviour. It is believed that some *nganga* may remove the influence of *chipoka* by sprinkling a special powder (*mbanda*) on to the person with an animal tail, which is part of his equipment. The same powder is also burnt in a *chayenga* (piece of broken claypot) and its smoke is inhaled by the patient. It is believed that when the ghost sees the smoke it moves off and leaves the patient in peace.

In another mental affliction caused by ghosts (*chipoka*), the subject disappears suddenly every now and then. One moment he is seen with someone and the next moment he is missing. His family or friends have to search for him and bring him home. This type of disorder is given the name of *Masaramusi* and is seen in adults of either sex.

Kupenga Kuvumuka is probably a form of hysteria, or perhaps a variant of epilepsy. The subject suddenly jumps up or talks without stop. The suddenness of the episode in some ways resembles an epileptiform seizure. This disorder may suddenly affect a person of either sex and no age is immune.

Treatment.—The different measures adopted by the *traditional* Africans to control the mentally disordered are interesting, although much of what happens still remains a mystery. There is evidence that when a patient becomes difficult to manage, or is a danger to others, he is tied up in the village precincts against a heavy object like a log of wood, so that he is unable to run about and harm others. He cannot remain there for long. From what I have learnt there seems to be no doubt that when a mad person is difficult to control and he is not likely

to become more manageable, he is confined to a cave where he probably perishes from lack of food and water. More usually, even to-day in the more remote parts of Mashonaland, the subject is driven from his home to take refuge in the woods where, as already mentioned, he is now known as *gandanga*. Here he lives on what he can find in the forest and roams about injuring anyone who tries to obstruct his path. The well-behaved or manageable patients are tended by their own families until they recover, as many do, aided by the suggestive therapy of the witchdoctor (*nganga*).

As can be expected, the *nganga* adopts many different measures. Many of them are based on a similar principle and they cannot all be described in this paper. I think it best to describe those used by a *nganga* from Rusape. Although the reader may wonder about the meaning of some of his remedies, and may even be amused at much of the rigmarole, yet the suggestive aspect of the *nganga's* efforts cannot but impress him.

Much thought and argument are usually devoted to the cause of the madness, for, as we know, if this can be recognised and treated the patient will recover. The African has the same purpose in mind as the western doctor, and he too sets out to find the cause, which in his mind is usually a spiritual one. By removing the influence of the spirit concerned he believes that he will effect a recovery.

Ngozi (Angered Ancestral Spirit).—The *nganga* collects the leaves of the Zumbani tree, some of the grass left in a dead person's hut and the leaves of the small tree *Mufandichimuka*. He stamps all these together on a grinding stone and burns the mixture to ashes. The burning ash is given to the patient, whose head is covered with a blanket so that he can inhale its smoke. This induces the *ngozi* spirit possessing the patient to speak through him divulging its name and saying why he is seeking revenge. After the *ngozi* has spoken, the *nganga* takes the patient and a black hen to a pool (*Nziwa*). Here he looks for a *Mukute* tree which grows near the water's edge and orders the patient to sit under it. He cuts off the fowl's smallest toe and then makes a small incision (*nyora*) on the front lower part of the patient's neck and on the lowest cervical spine. He then dips the hen's toe into the powder and rubs this powder, which now contains the blood of the toe, into the cut he has just made. The *nganga* next dips the hen into water, rotates

the patient's head and says, "*Ngozi*, leave the patient alone and come to the hen." The patient is then instructed to step into the pool and wade to the other side without looking back. The hen is left at the crossroads and disappears into the woods, where it is soon lost, with the spirit that had entered it. The *nganga* returns to the patient's house with him and mixes some roots of the *Mukuyu* tree with water from a pond that is known never to become dry, and gives the patient the water to drink for about a week.

Madness Caused by Witchcraft.—The *nganga* collects any item blown by the wind, before it reaches the ground, and mixes this with the seeds of the *Mufuta* tree, the roots of the *Mupatamhora* tree, the roots of the *Muroro* and a little of the patient's urine. He ties them together in a bundle which he hangs from a branch of any tree and leaves it there for two days. Then he takes the patient and two ground nuts to the tree. He asks the patient to sit under the tree and close his eyes, and next cuts the string of the bundle so that it drops down on the madman's head. Immediately afterwards he throws the two ground nuts on to his head as well and orders him to return to his home. Finally, the *nganga* makes another medicine by cooking roots of the *Murungu* tree with those of the *Mukwa* tree in a pot on the earth, placing three pieces of the mushroom called *Howamuwanga* on top of the hearth as well. The medicine is taken in the form of thin porridge.

Incorrect Use of Magical Remedies.—For the type of madness resulting from the incorrect use of a magical medicine such as *divisi*, this *nganga* collects a portion of the root of any tree which crosses a path and a piece of the root of any tree growing at the source of a river. He stamps these together with a grasshopper and one seed of every known African cereal until a fine powder is obtained. This is now mixed with porridge and taken by the patient morning and evening each day for 17 days. If this treatment is not successful the *nganga* procures the leaves or bark of any portion of a tree that has fallen into water. He then finds a vegetable (type of marrow) called *derere*, but if this is not available a certain fish called *Ramba* serves equally well. He mixes these together and adds them into a thin porridge which the patient drinks at noon for 12 days.

Mental disease due to improper or poor brain development (Musoro Watenderera). This is discovered by the diviner when he throws his

bones to find out why a person is mentally disordered. To treat this he cooks together some of the fat and the heart of a sheep with the root of the *Mupetzaikono*. The soup prepared in this way is consumed by the patient for five days. If this fails to achieve a cure the *nganga* cooks the root of the *Muchecheni* tree with the roots of the *Muonde*, *Muveneka* and *Mutoto* trees and the heart of a brown cock. The patient drinks the mixture for 10 days.

CONCLUSIONS

(1) The African recognises that mental disease may manifest itself in different forms, which he has tried to classify according to the type of spirit afflicting the individual.

(2) Whilst each spirit can cause a variety of mental breakdowns or symptoms, those due to the witch are on the whole the most serious, protracted and least likely to be cured. This is not always so, as mental backwardness caused by the ancestral or family spirits can carry a bad prognosis.

(3) The Shona recognises that at times the individual recovers completely, relapses or never improves, but he does not appear to classify mental disease into neurotic and psychotic disorders.

(4) Shona treatment is based entirely on suggestion. This is an important feature of the technique adopted.

(5) Hallucinations may at times be thought to be real and the visual or auditory apparitions sent by a spirit.

REFERENCE

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