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Medical Aspects of Witchcraft Practice Among the Shona*

BY

M. GELFAND, C.B.E., M.D., F.R.C.P.
Department of Medicine, University of Rhodesia.

The implications of witchcraft beliefs on medical practice are widespread among the Shona-speaking people — indeed, as they are in any other part of Central Africa. Once a people accept a belief in the reality of witchcraft, any severe tragedy or personal loss is liable to be attributed to witchcraft, particularly by a rival or jealous acquaintance; and since both sickness and deaths are very frequent and occur as a rule so early in life, these two disappointments frequently trigger off an accusation. For instance, in 35 cases of witchcraft accusations alleged to have been made between 1899 and 1930 there were 24 cases (seven sickness and 17 deaths), and in a later series of cases (1959-1963) 67 cases (21 sickness and 46 deaths) were concerned with these two precipitating or exacting factors. Further, since the infant and child mortality is so very high in Africa and as a child is so much the centre of love and attraction in a family, the mother is exceptionally careful to avoid the child being touched by a stranger or for it to come near a menstruating woman who in this state tends to be highly dangerous.

In the 1899-1930 series of 35 cases of witchcraft accusations there were 10 occasions in which the child was alleged to have been attacked, and in the 1959-1963 series of 67 cases there were 40 cases involving children.

It is well known that certain occupations are liable to be linked with witchcraft practice; this applies in particular to the midwife. Should she have a succession of deaths in her deliveries or even if a single child should die in labour, she

may be blamed by one of the family for being a witch.

The Shona picture the witch as a person who possesses medicines and calabashes which are kept in a hole in her hut in the ground where she might also keep her snakes and other familiars. Therefore it follows that one should not harbour medicines unless they have been prescribed for good reason by a *nganga*. This applies in particular to a woman. Should a female be found to hold medicines in her hut, she runs the serious risk of being imputed a witch. A husband is the one most likely to discover this, and therefore if the woman is found to be in possession of a number of herbs suspicions are at once aroused that this woman practises evil.

There are a number of other circumstances which may trigger off the accusation of witchcraft. Perhaps the best known is where a child or infant falls ill while her father is away in the town earning a living for his family. Should he find his child ill in his village when he returns for his weekend, he might readily accuse his wife of being unfaithful to him and as a result of this evil practice his child had fallen ill.

It follows that an African "midwife" (*ambuya* or *nyamakuta*), too, may be accused of witchcraft practice should a child she delivers die shortly after or if born dead. This does not happen often, but there is always a risk with one who follows this occupation. Again, if a woman continually gives birth to a stillborn child or if she has repeated miscarriages, her husband may associate her with witchcraft practice.

The same suspicion of witchcraft practice may arise if an individual behaves asocially. This applies especially where an individual is expected to keep the family links closely knit together. Thus, where a relative fails to attend a funeral, strong suspicions may be aroused by one or more of the close relatives. A co-wife was accused of being a witch because she did not attend the funeral of the child of another wife of the same husband.

*Based on a lecture given to the Catholic Students Society, University College of Rhodesia, on 11th October, 1966.

Special diseases are believed to be caused by a witch, though a witch can be responsible for any ailment. As a rule these diseases are of greater severity and very liable to cause the death of the affected individual. The more sudden it is the more apt is it to be attributed to witchcraft. However, many of the diseases linked with witchcraft are prolonged and fatal. These are commonly linked with rheumatism, lumbago and arthritic disorders — all of which are particularly difficult to cure under any circumstances. Acute mental disorders are also linked with witchcraft practice.

There are several diseases which are linked specially with the practice of witchcraft when an effort is made usually to prevent something unpleasant or asocial occurring. Thus if a husband is afraid lest his wife will allow another man to sleep in her bed during his absence, he plants a special medicine in it, and should this person sleep in the bed, he is struck by a frightful disease known as *runyoka*, in which his abdomen swells and from which he eventually dies. Similarly, a man who wants to ensure that no one steals his crops plants a special medicine in his fields, and anybody, on entering them, would develop a most serious disease, very refractory to treatment.

However, any affliction may be linked with witchcraft, especially if it is severe, swift and sudden in appearance. However, often a chronic ailment may also be associated with evil intent if the patient suffers much discomfort and is afflicted by pain. People grow suspicious of evil practice when there are a series of deaths, each one following rapidly upon the other and an obvious reason is not forthcoming.

When I came to study the frequency with which witchcraft practice is attributed to sickness I found that no less than in about half of my patients a witch was blamed. Thus in every other illness in which the cause was divined by a *nganga* a witch was blamed. This must provide some idea of the extent this belief has on the general African population of witchcraft.

On the other hand, whereas the witch is often blamed for an illness or death, there are comparatively few cases of actual witchcraft accusation in which the accused points a finger at the victim declaring him to be a witch. I am not aware of the reason for the infrequency of witchcraft accusations.

In contrast to the very frequent association of illness and death with witchcraft practice, I would be inclined to favour a special personality being necessary in the one who points the finger: one who is clearly worked up and with little control over his feelings finds relief from his state of

tension by an attack on his supposed enemy or rival.

The doctor must also be concerned with the physical effects which result from such beliefs, for when an individual is accused of being a witch she is likely to be held responsible, with resultant bodily injury.

A few may be killed in the attempt and others may meet their deaths when the hut in which the victim is sleeping is set alight.

Thus out of 90 cases in which there was witchcraft accusation brought before the courts in Mashonaland between 1959 and 1963, 17 victims were injured. In three cases there was attempted assault, one committed suicide and one attempted to commit suicide.

It is not generally appreciated that the belief in witchcraft has certain significant effects on the management of the sick. One of the unfortunate effects of this belief is that the sick person, should he believe as he might easily do, that he has been cursed and therefore has evil in him, prefers to leave his home and family and go elsewhere lest he should bring sickness and death in their midst, and so he moves off, preferring to go some other place where he can lie down away from his dear ones who would suffer also, as intended by the witch. He might even go to a hospital for this reason and so save his own kin.

The opposite attitude is seen when a sick person arrives at a village and the villagers, fearing that the stranger is possessed by an evil spirit, are loath to visit the sick one or offer any assistance. We meet this attitude when Father Law, S.J. arrived desperately ill at Umzilas village in Mozambique in 1880. The chief feared lest Law's illness would be transferred to his people. He could not be sure that Law was not bewitched. So ingrained is the fear of death in the African that after a funeral those concerned with the burial festivities take special medicine which will remove any possible taint of evil. Perhaps it is this fear which has prevented the African people from providing a form of nursing service for the sick.

Strange as it may seem, the belief of witchcraft in some ways tends to maintain the public health. Because of the fear of a rival or enemy obtaining one's excreta, nail parings, hair or discarded menstrual pads, the Shona are particularly careful to dispose of these in a place far from the reach of any such person. Thus these articles are generally buried or destroyed or burnt. In this way infected material like faeces and urine are completely disposed of. Thus in my experience the precincts of a village are free from debris and human excreta and thus unfortunate witchcraft beliefs may be regarded as a valuable means of

preventing the spread of various diseases like typhoid fever or gastroenteritis. On the other hand, it may be argued that the requirement whereby food and drink are shared from one pot or plate may mean the introduction of diseases due to infection by the tubercle bacilli or the amoebic parasite in the food or drink. This practice has as its basis a belief that the food is not being poisoned by the host and that he is prepared to eat whatever is given to the others. On the other hand, the sharing of food and drink makes for good relationship and tends to discourage the greedy and selfish. It is wrong for any man to eat on his own. When he eats he should share his plate with someone else, who in turn does the same.

The witchdoctor also accepts the principle that prevention is better than cure, and we therefore find him supplying a whole host of different charms all aimed to prevent the evil of a witch or the development of a serious disease which may carry off a child. Since the mortality in infants and young children is so high, it is understandable that the general population ensures that the baby is given adequate protection from birth. The child may be bathed in water to which a white shell is added, but later the charm or talisman is worn either at the neck or the waist. There are countless varieties of these charms. Every family is expected to protect its homestead against the entry of a witch. The process is called *kupinga musha*, a rather costly procedure in which the *nganga* drives a peg into the ground in each corner of the village. This practice is carried out not only in the village, but also in the urban townships.

I have said enough to convince any audience that following the belief in witchcraft infringes all the time on the practice of a medical practitioner who has to treat African patients. An understanding of this cult will go a long way towards giving the practitioner a better idea of the Shona people. An appreciation of this practice ought perhaps to bring out in him a certain degree of sympathy. To know a disease one must know the whole patient.



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