

Some Cultural Aspects of Traditional Medicine, Traditional Religion and Gender in Zimbabwe

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Abstract:

This paper documents the responsibilities of spirit mediums in Zimbabwe and highlights gender balance in the systems. It reveals that the spirit of the same Gombwe may be on men, women, or objects, at different places at the same time and the choice is made by the spirit. Hence, gender balance is not an issue. The study also seeks to find out the views of African traditional medical practitioners about the way traditional medicine should develop: i.e., independent development, or integration, or assimilation into the conventional system. N'angas and herbalists had mixed feelings about the course of action to follow, but all, including maGombwe, agreed that there is need to develop traditional medicine. The government of Zimbabwe, like other governments in the Southern African Development Community region, supports the development of traditional medicine.

Key Words: Traditional medicine, traditional religion, spirit medium, training, herbalists.

Quelques aspects culturels de la médecine traditionnelle, de la religion traditionnelle, et des sexes au Zimbabwe

Résumé :

Cette études documente les responsabilités des esprits médiums au Zimbabwe et met en évidence la balance des sexes dans les systèmes. Elle révèle que l'esprit du même Gombwe peut être dans l'homme, la femme, ou les objets, à différents endroits en même temps, et le choix est fait par l'esprit. La balance des sexes n'est donc pas un problème. L'étude vise aussi à démontrer les opinions des praticiens africains de médecine traditionnelle quant à la façon dont la médecine traditionnelle devrait se développer : développement indépendant, ou intégration, ou assimilation dans le système conventionnel. N'angas et les herboristes avaient des sentiments ambivalents quant au plan d'action à suivre, mais tous, y compris maGombwe, sont d'accord qu'il y a un besoin de développer la médecine traditionnelle. Le gouvernement du Zimbabwe, tout comme les autres gouvernements dans la région de la Communauté du Développement du Sud de l'Afrique, supporte le développement de la médecine traditionnelle.

Algunos Aspectos Culturales de la Medicina Tradicional, la Religión Tradicional, y el Género Sexual en Zimbabwe

Resumen:

Este estudio documenta las responsabilidades de los médiums espirituales en Zimbabue y destaca el balance entre los géneros dentro de los sistemas. Revela que el espíritu del mismo Gombwe puede residir en hombres, en mujeres, o en objetos, en diferentes lugares al mismo tiempo, y el espíritu es el que escoge. Por lo tanto el balance de géneros no es un punto en cuestión. El estudio también trata de encontrar los puntos de vista de los practicantes de la medicina tradicional africana, y de cómo debería de desarrollarse la medicina tradicional: el progreso independiente, o integración, o asimilación al sistema convencional. Los N'angas y los yerberos tenían sentimientos encontrados sobre cual curso seguir, pero todos, incluyendo a maGombwe, estuvieron de acuerdo en que existe la necesidad de desarrollar una medicina tradicional. El gobierno de Zimbabue al igual que todos los otros gobiernos de la región de la Comunidad Sur Africana de Desarrollo, apoya el desarrollo de una medicina tradicional.

Alguns Aspectos Culturais da Medicina Tradicional, da Religião Tradicional, e Gêneros em Zimbabwe**Sumário:**

Este estudo documenta as responsabilidades dos espíritas videntes em Zimbabwe e destaca o equilíbrio dos gêneros masculinos e femininos nos sistemas. Revela que o espírito do mesmo Gombwe pode estar em homens, em mulheres, ou em objetos, em lugares diferentes ao mesmo tempo, e que a escolha é feita pelo espírito. Por isso o equilíbrio dos gêneros masculinos e femininos não é um problema. O estudo procura também descobrir o ponto de vista dos Praticantes Africanos de Medicina Tradicional sobre a maneira pela qual a medicina tradicional deve se desenvolver: desenvolvimento independente, ou integração, ou assimilação no sistema convencional. N'angas e os herbalistas discordavam sobre como proseguir, mas todos, inclusive os maGombwe, concordaram que há uma necessidade de que a medicina tradicional seja desenvolvida. O governo de Zimbabwe, como outros governos na região Sul-africana de Desenvolvimento da Comunidade, apóia o desenvolvimento da medicina tradicional.

Einige kulturelle Aspekte traditioneller Medizin, traditioneller Religion und Geschlecht in Zimbabwe**Zusammenfassung:**

Diese Studie dokumentiert die Pflichten der Spiritmedien in Zimbabwe und unterstreicht das Gleichgewicht der Geschlechter im System. Es erleuchtet, dass der Geist der gleichen Gombwe auf Maennern, auf Frauen oder auf Objekten sein kann, und zwar auf verschiedenen Orten zur gleichen Zeit, wobei der Geist die Wahl trifft. Daher faellt das Geschlechtsgleichgewicht nicht ins Gewicht. Die Studie versucht auch die Ansichten traditionell-medizinischer Doktoren ueber die Art un Weise der Entwicklung traditioneller Medizin zu erkunden,: Unabhængige Entwicklung, Integration oder

Aufnahme in das herkömmliche System. N'angas und Herbalisten hatten gemischte Gefühle betreffs welcher Weg zu folgen sei. Jedoch alle, einschliesslich der maGomwe, stimmten überein, dass die Entwicklung der traditionellen Medizin notwendig ist. Die Regierung von Zimbabwe, wie auch andere Regierungen der Suedafrikanischen Voelkergemeinschaft, unterstuetzt die Entwicklung traditioneller Medizin.

Some Cultural Aspects of Traditional Medicine, Traditional Religion, and Gender in Zimbabwe

Takawira Kazembe

Background

The relationship of traditional religion, traditional medicine, and gender in Zimbabwe does not appear to be clear in the minds of some people who question whether there is gender equity in traditional practices. Many people in Zimbabwe, the youth in particular, appear to be unclear as regards the roles of traditional medicine and traditional religion in the life of indigenous Zimbabweans who criticize the traditional systems. They prefer Western medicine because they think that the Western medical systems are scientific whilst traditional medicines are not. They criticize traditional religion as inefficient, having to seek the intervention of ancestral spirits in their communication with god as well as prayer objects. These criticisms are due mainly to socialization by colonial governments and missionaries.¹

While the missionaries and the colonial masters wreaked havoc on the masses, the spirit mediums remained the custodians of the peoples' culture.² Large numbers of African families (both rural and urban) consult traditional medical practitioners for their health care needs because these practitioners are accessible, affordable, culturally appropriate and acceptable, explaining illness in terms that are familiar because they are part of the local belief systems in which the practitioner and the patient are culturally bound and the practitioner has a personal interest and stake in the patient.^{3,4} Most of these visitors to traditional medical practitioners, however, consult the practitioners secretly, usually at night because they fear being labeled as backward and unholy by their neighbours.^{5,6} The labeling is a result of manipulation by missionaries and former colonial masters who taught the indigenous populations that anything that was not done according to the European styles was substandard.¹

African traditional medicine was suppressed and then ignored.⁷ The treatment of traditional systems practitioners by colonizers in Zimbabwe is in many ways similar to the treatment of Rosicrucians and Rosicrucian philosophers in the seventeenth century.⁸ The persecution of traditional practitioners and the denigration of traditional systems was so devastating that some people, even today, think that Western medicine was created by Western science from scratch and that herbal medicine is limited to the backward third world societies. When they hear of Caucasian men and women taking part in herbal medical practices, Africans think that they are trying to be like them because missionaries and colonial masters taught them to think of herbal medicine as African medicine. They even refer to herbs as African medicines. Many are not aware that every society has had its own traditional medical practices and that traditional medicine, in one form or another, is practiced all over the world, even in the developed cities of the two Americas, including the United States of America; in Europe; and in Asia. Traditional medicine is part of culture which itself is always becoming modified with time,⁷ and all medicine is modern.⁹

African traditional medical systems define disease and illness within given social contexts and are intricately interwoven in the social status of the group concerned.⁷ Traditional medicines that are non-Western have very different assumptions underlying them which do not fit in with Western scientific assumptions.¹⁰ The barrier between Western medicine and traditional medicine on the African continent might appear insurmountable, but that is due to the failure of Western science to understand African traditional medicine, mostly because insufficient effort has been applied by Western medicine to accommodate African traditional medicine. On the other hand, African traditional medical practitioners have not exposed their practices sufficiently to Western medical scientists to enable Westerners to understand the African ways.

In developed countries, a resurgence of interest in herbal medicines has resulted from the preference of many consumers for products of natural origin.¹¹ The arsenal of Western medicine can no longer cope with the many different health problems, and the medicines are less and less available.¹² Herbal medicine use has increased dramatically over the last decade. Many users of non-conventional medicines use them on the recommendations of their health care provider.¹³ Most patients seeking treatment by non-Western medical providers in the developed countries do so for the relief of signs and symptoms related to chronic illness while they are under the care of a physician who will be guided by clinical data derived from appropriately conducted clinical trials that will support the use and value of the herbal medicines.¹⁴ This is different from what happens in African traditional medicine, where the patient moves between Western medicine and traditional medicine even for the same illness, at the same time depending on what they perceive to be the source of the problem, using the two systems in a complementary or supplementary way.⁷

Exploitation of African medicinal plants for commercial purposes is not new. Consider the aloe species that are native to East and Southern Africa. Their medicinal use in Africa is extensive and has been for thousands of years.¹⁵ They are described in pharmacopoeias and in traditional systems of medicine.^{15, 16, 17} Aloes have been transferred from their native locations in Africa and are now cultivated and processed for commercial drug aloes in India¹⁵ and in many other parts of the world.^{15, 17} Traditional medical practitioners in Zimbabwe use aloe for the alleviation of many ailments, but the plant is not being commercially exploited, despite its abundance in the countryside. Some of the criticism of traditional religion is a result of employing double standards, since most of the critics secretly partake in traditional ceremonies when the going gets tough due to *ngozi* (“vengeance,” see Appendix I).

Methodology

Some leading spirit mediums in the Chiweshe District in the Mashonaland Central Province, in the Mutoko District in the Mashonaland East Province, and in Harare—and their senior subordinates—were interviewed between 2001 and 2007 so as to document the relationships involving traditional medicine, traditional religion, and gender among the participants. The Chiweshe and Mutoko areas were chosen because of the concentration of leading spirit mediums in these regions. Harare was chosen because of its central location. The results of this study are generalizable over Central Africa because the spirit mediums have collaborators all over Central Africa and claim that their spirits know no boundaries. Questions included the nature of spirit mediums, their responsibilities regarding traditional medical practices, the influence of traditional religion on traditional medicine, the history of traditional medicine, the relationship of men and women in these cultural practices, and the way forward (Appendix 2). Sample selection was guided by consideration of information richness. The

purposive sampling led to six spirit mediums in Chiweshe (four men and two women), four mediums in Mutoko (two men and two women), and two spirit mediums in Harare (one man and one woman) being interviewed, each on several occasions over the study period. All the spirit mediums who were invited to take part in the study accepted.

Member checking (checking views of participants with other participants) was done during the course of the study to determine whether the views of the spirit mediums were being faithfully interpreted, and to ascertain whether the results of discussions made sense to all participants. Data collection and analysis took place until analytic saturation was reached. The spirit mediums were interviewed both when possessed and when apparently free from the influence of the spirit. Interviews of possessed mediums were not planned. If and when a planned visit coincided with spirit possession, the opportunity was utilized and interviews were conducted. Each of the mediums was interviewed under possession on at least two occasions, and the mediums were happy to be told that such an opportunity had availed itself and assisted with explanations that helped considerably during data interpretation. Some of their explanations were more elaborate when possessed than when not. There was no serious contradiction between what was said when possessed and what was said when apparently free from the influence of the spirit. The more senior the spirit mediums, the more interview time they occupied, the greater the number of times they were interviewed, and the greater their contributions to the final results of the study.

When there was conflict between data from different spirit mediums, the data were discussed with different mediums and further explanation sought. In general, disagreements were not about facts, but about interpretation, and involved subordinates, but not the leading spirit mediums. Further discussions and member-checking led to resolution of the disagreements. Data interpretation, triangulation, and authentication were ongoing.

The gender composition of the sample of spirit mediums was not a result of a conscious decision by the researcher. It just happened that there were more famous male spirit mediums in Chiweshe than there were female. The choice of mediums in Harare was a result of recommendations of spirit mediums from Chiweshe, who suggested six names, from whom the two were chosen on the basis of popularity with no conscious decision to maintain gender balance.

Results and Discussion

The spirit mediums belong to different levels, governed by the source of their spiritual powers.² There happens to be more males in the higher ranks than there are females, but this is just an accident of life, which has nothing to do with the current ideas about gender balance. The placement of people into ranks is not done by humans. The spirit that possesses a person will decide what and how the person will perform when under possession, and ultimately decide the rank of its medium. In fact, it is the spirit that is ranked. Gombwe is the angel of God.² At times it is not possible to differentiate the responsibilities of the different spirits and spirit mediums. Spirits can be on different mediums in different places at the same time, and they will be known by different names depending on the languages spoken in the different places.

Dzivaguru was the spirit medium in charge of Mozambique and Eastern Zimbabwe, especially in the nineteenth century. The spirit did not live in one place. The spirit was known as *Changara* in Mozambique, but in Zimbabwe it was known as *Dzivaguru*. Dzivaguru is also known as a place where different people go in search of solace, a place where ways of life are

explained, where spirits and naShave are judged and cleansed, and where ways to ask for rains and for forgiveness of wrongdoing are explained. The location of the state of life known as Dzivaguru also changes with time, depending on the reasons the location was initially chosen. Around 1870 it was in Mount Darwin at a place known as Chiswiti. It then moved to Chiweshe in the 1930s. In Mashonaland East it was at Mutiusinazita, near Marondera. In Manicaland it was in the area then under the jurisdiction of Musikavanhu, near Chipinge. In Matebeleland the spirit was resident at Matonjeni and at Mabwadziwa.

There were many such places where people used to go and pray, and a representative would take peoples' requests and explain different phenomena. Answers to requests would depend on how the people who requested went about their lives. Life was different then from how it is these days. If one asked for food in the wilderness, it would be provided in the prepared/cooked form or in the form of milk. In those times one would be given whatever would be available, even money, but such events have become very rare. The spirit mediums explain that the changes have resulted from the differences in the way people obey God's laws.

As a person, Dzivaguru is known as Gabriel, the head of Angels. The spirit Chaminuka is the same spirit as Dzivaguru. The medium Chaminuka was in Chitungwiza, near Harare, when Nehanda, the spirit of the Angel Agnes, was at Shavarunzwe, near Mazowe. The works of Chaminuka, Dzivaguru, and Nehanda were similar. They were all responsible for the general well-being of people. They would meet, discuss, and agree on solutions to national problems. Nehanda had special responsibilities concerning the well-being of women and children, sacred places, sacred things, and the handling of the different kinds of battles. When the males could not agree, she would argue that as a representative of women, her views should prevail, since she was the mother of the children who might die fighting the battles.

The placement of Gombwe at some location depends on what the Gombwe is going to do at the location. The spirit can be placed anywhere (on a man, a woman, or an object), depending on the circumstances and state of the peoples' holiness. Women have always had a share in the ranks of spirit mediums. The present-day medium of Makate, one of the spirits that reigned in the nineteenth century in the present-day Mutoko District and the surrounding areas, is a woman known as Nyabowa, a descendant of the former medium Makate, in Mutoko. The place known as Dzivaguru today, in Chiweshe, was recently headed by a woman possessed by Nehanda for quite some time. When the medium died, a man who was possessed by Chaminuka, and who had been working there together with the woman, took over. A few years later another medium of Nehanda arrived there and is working under the medium possessed by Chaminuka.

The purpose for which the spirit comes to a medium at a location decides the position the medium will occupy. Thus, it is not just the gender considerations that decide the seniority of a medium at a location, and the position occupied does not decide the responsibilities of the medium. The actual position a medium occupies at a place might not be important. What is important is the works the person does at the place. The placement of the spirit on some object has at times led to some confusion, especially with foreigners, who fail to understand what would be happening, and then end up mistaking the people for object worshipers.

The Gombwe rarely handles herbal medicines, but trains and guides subordinates who prescribe the medicines to patients. This practice, like all the other practices of the spirit mediums at the level of Gombwe, is independent of the location of the spirit medium. The practices are so similar that one might think that they trained under the same mentor whether the interview was in

Chiweshe, Harare, or Mutoko. The similarities of the recall and interpretation of events by the spirit mediums was equally striking, particularly when they were interviewed while possessed.

Training of Spirit Mediums

Unlike the practice in biomedical systems, one does not choose to be a spirit medium. The choice is made by the spirit, and the chosen medium cannot decline the approach. The chosen person then spends many years of apprenticeship under a renowned spirit medium, receiving guidance and cleansing, as well as partaking in ethno-educational activities until he or she becomes proficient in the expected roles in the chosen vocation. The training of spirit mediums does not concern how the spirit will operate, but is largely based on the general behaviour of the medium as a person when he or she interacts with other people and the environment. The training socializes the medium into the operations of spirit mediums. The rest will be the responsibility of the spirit.

The training is very much unlike that of Western medical practitioners, who acquire the basic skills through an intensive and selective education, specializing in related medical disciplines. The training of African traditional medical practitioners is through observation and a long and tedious apprenticeship system involving intervention of spirits and ethno-socio-curricula activities, and is bound to be ethnocentric³ and thus very much unlike the training of biomedical personnel.²

The subordinates of the Gombwe are men and women who would have specialized in the handling of the different illnesses. They are under the influence of their own spirits, which may be ancestral spirits at the level of Sadunhu or Tateguru.² Some of the subordinates will be of the level of Gombwe, or they may be possessed by spirits at lower levels. These spirits and the ancestral spirits may possess anybody, male or female. It is quite common for grandfathers to possess males or females, and for grandmothers to do likewise. The choice of the medium is purely a responsibility of the spirit, and the living have no influence on the choice.

N'angas and Their Views

N'angas are spirit mediums whose training involves a form of apprenticeship taking place under the mentorship of established spirit mediums. The spiritual aspects of an N'anga do not need any training. The spirit, once cleansed, will look after the training aspects, but the herbal aspects of the practice of traditional medicine, together with the art of divining, require training—although the spirits possessing the trainee will facilitate the acquisition of the requisite skills. The formal educational levels of N'angas and herbalists are usually low or totally absent. Although they may be experts in their field, they are not likely to be comfortable working side by side with conventional doctors due to differences in formal educational levels. Besides, their training systems are so different as to be incompatible. The traditional practitioners are not likely to be able to explore the content of the conventional system and compare it with their own traditional knowledge systems to enable integration to work. The Western-trained conventional doctors are university graduates who trained to international standards. The traditional practitioners have gone through their traditional educational system, which renders them proficient in their trade, but would not be expected to compete with the Western-trained doctors in medical discussions.

Some of the traditional healers who were interviewed in this study think that they have something to offer the conventional system and would wish to be absorbed into the conventional

system. There are others who fear that the conventional system would acquire their secrets and render the practitioners irrelevant and discard them; hence they think that they would lose out if integrated. The views of conventional doctors can be inferred from studies by Berman et al.,¹⁸ who concluded that American physicians had little acceptance for traditional Oriental medicine and Native American medicine systems that would have similarities with traditional medicine in Zimbabwe.

Herbalists and Their Views

Herbalists are not spirit mediums. They are people who have learned the different herbs and herbal treatments through association with the Gombwe, or Sadzinza, or Tateguru, or N'anga, as they help them collect and prepare herbal medicines and perform other duties.² Generally, the training of people to become herbalists is different from that of N'angas, who approach spirit mediums for the purpose of training and cleansing; the herbalist trainees approach spirit mediums and N'angas for traditional treatment. If this treatment takes long, the patients spend their time doing very little, and often partaking in the general activities that take place there, end up knowing a lot about the activities of their hosts.² Some enterprising people with knowledge of herbs have started to work at formalizing the training of herbalists. Both men and women have equal chances to choose and train to be herbalists, and anybody may embark on the training and become an herbalist. Those who become herbalists through the formal system are likely to have higher general formal education, but will not necessarily become better herbalists since herbal practice is believed to be extensively influenced by spiritual interventions. It is, however, not yet known how the two groups of herbal graduates will compare, but the question of gender bias does not arise.

The extent of training, attitudes towards legitimacy, and use of traditional medicines have been accepted by the Ministry of Health in Zimbabwe and the rest of the Southern Africa Development Community countries. The Zimbabwe government even actively promotes the development of traditional medicine in the country. It is not known whether traditional medicine will eventually be integrated with the mainstream medical system. Herbalists are not spirit mediums, and given the chance, they would not hesitate to join the mainstream medical system, unlike spirit mediums, who would have problems since they would need permission from the spirits to operate under the conditions of the mainstream medical system.² Their training requirements and operations after training are totally different from those for practitioners of the mainstream system. The spirit mediums would, however, wish to see herbal medicines developed, as long as genuine collaborators can be identified.²

Efficacy of African Traditional Medicines

The leading spirit mediums (maGombwe) lament that patients have to cross borders between Western medicine and the non-conventional traditional medicine. They admit that there are cases they are not comfortable with, such as fractures, but they insist on the efficacy of their medicines. They boast that whilst the conventional system rushes to chop off organs in cases of cancer, traditional medicine practices restore normalcy to the patient. They chide those who accuse them of using unclean medicines simply because they do not manufacture their medicines in factories. They question the wisdom of wanting to manufacture what nature has already prepared for them, and point out that those who need to manufacture medicines do so because they do not have the medicines in the ready form. The mediums believe that some of the advice given to people by the conventional system is offered by people who do not understand how spirit mediums work and what they stand for, rendering the border-crossing between conventional

medicine and traditional medicine rough and unnecessarily hazardous. They lament the need for people who understand both the conventional system and the traditional medical system to help patients cross the border so that they may concentrate on gleaning the best from both systems. They point out that the question of which system is better than the other becomes unimportant if the patient knows what to seek from which system.

Findings

The study revealed that there are more male spirit mediums than there are female spirit mediums, and the choice of the medium is a responsibility of the spirit that also decides what the medium will be responsible for and how the medium will perform. A spirit can be on different mediums in different places at the same time, and the location may change with time depending on the requirements at the different times. The spirit can be placed on males, females, or objects—although the placement of the spirit on an object may give rise to confusion of interpretation, particularly by foreigners, who might associate the people with worshipers of objects. The practices of the spirit mediums at the level of Gombwe are independent of locations, and different spirit mediums in different locations behave similarly, and their recall of events when under spirit possession is identical, as though they all receive their information from the same source. Most of what a traditional medical practitioner does can be traced to the influence of and control by the spirits, and the spirit decides on the gender of the medium.

Spirits and their mediums are generally understood to be responsible for the general well-being of people and the question of gender bias does not arise. The Gombwe rarely handles medicines, delegating the function to subordinates. Some of the subordinates belong to the same order as the Gombwe and they have the same restrictions by the spirits. Some are N'angas, and they are flexible in terms of who they can work with and where they may work. The subordinates who are herbalists are not spirit mediums and are free from the restrictions of spirits.

The control of spirit mediums by their spirits and their educational backgrounds will influence their degree of involvement with the mainstream medical system, although they showed mixed feelings in discussions regarding integration. Some of the traditional healers who were interviewed in this study think that they have something to offer the conventional system and would wish to be absorbed into the conventional system. There are others who fear that the conventional system would acquire their secrets and render the practitioners irrelevant and discard them; hence they think that they would lose out if integrated. N'angas are generally not comfortable working side by side with conventional doctors because of incompatibilities between their training and educational systems. The traditional practitioners are proficient in their trade, but would not be expected to compete with the Western-trained doctors in medical discussions. In contrast with the spirit mediums, who would need permission from the spirits to operate under the conditions of the mainstream medical system, herbalists would not hesitate to join the mainstream medical system if given the opportunity.

Although the Zimbabwe government actively promotes the development of traditional medicine, it is not known whether traditional medicine will eventually be integrated with the mainstream medical system.

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References

1. Peresuh, M., and T. Nhundu. 1999. *Foundations of Education for Africa*. Harare, Zimbabwe: College Press Publishers (Pvt.) Ltd.
2. Kazembe, T. 2007. "Traditional Medicine in Zimbabwe." *Rose+Croix Journal* 4: 56. <http://www.rosecroixjournal.org/home.html> (retrieved August 11, 2007).
3. Waane, S. A. C. 1990. "The Use of Traditional Medical Plants: the Cultural Context." *Arusha Proceedings of International Conference on Traditional Plants*. (Sponsored by the Ministry of Health, Tanzania.) Dar es Salaam, Tanzania: Dar es Salaam University Press, February 18-23, 1990.
4. Satima, F.T., S. R. McBride, B. Leppard. 1998. "Prevalence of Skin Disease in Rural Tanzania and Factors Influencing the Choice of Health Care, Modern or Traditional." *ARCH Dermatol* 134.
5. Aquina, M. 1967. "The People of the Spirit: An Independent Church in Rhodesia." *Africa: Journal of the International African Institute* 37:203-219.
6. Chavhunduka, G. I. 1994. *Traditional Medicine in Modern Zimbabwe*. Harare, Zimbabwe: University of Zimbabwe Publications.
7. Sindiga, I. 1995. *Traditional Medicine in Africa*. Nairobi, Kenya: English Press Ltd.
8. Rebisse, C. 2005. *Rosicrucian History and Mysteries*. San Jose: Grand Lodge of the English Language Jurisdiction, AMORC, 2005. 83-97.
9. Janzen, L. M. 1978. *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley: California, University of California Press.
10. Dicarolo, R. E. 2007. Exploring the Frontiers of Science. <http://www.healthy.net/scr/Interview.asp?> (retrieved September 8, 2007).
11. World Health Organization. 1996. *Expert Committee on Specifications for Pharmaceutical Preparations, Thirty-Fourth Report*. Geneva: World Health Organization, Technical Report Series no. 863:174-184.
12. Van Puyvelde, L. 1996. *Research, Development and Production of Plant Based Medicines in Africa: Example of Rwanda*. (International Organization for Chemistry in Developing Countries.) Harare, Zimbabwe: University of Zimbabwe Publications.
13. Hepner, D. L., M. Harnett, S. Segal, W. Camann, A. M. Bader, and L. C. Tsen. 2002. "Obstetric Anaesthesia, Herbal Medicine Use in Patients." *Anaesthesia & Analgesia* 94:690-693.
14. Chez, R. A., W. B. Jonas. 1997. "Primary Care." *American Journal of Obstetrics & Gynecology* 177 (5):1156-1161.

15. Raina, M. K. 1982. *Cultivation and Utilisation of Medicinal Plants*. Okhla, New Delhi, India: Research and Development, Ranbaxy Laboratories Ltd. (Pamphlet)
16. Onayade, O. A., A. A. Onayade, and A. Sofowora. 1999. "Wound Healing with Plants: the African Perspective, Chemistry, Biological and Pharmacological Properties of African Medicinal Plants." (International Organization for Chemistry in Developing Countries.) Harare, Zimbabwe: University of Zimbabwe Publications.
17. World Health Organization. 1999. *Monographs on Selected Medicinal Plants*, vol. 1. Geneva.
18. Berman, B. M., B. B. Singh, S. M. Hartnoll, B. K. Singh, and D. Reilly. 1998. "Primary Care Physicians and Complementary-Alternative Medicine: Training, Attitudes, and Practice Patterns." *The Journal of the American Board of Family Practice* 11 (4): 272-281.

Appendix 1²

Chaminuka, Dzivaguru, Kaguvi, Nehanda are some of the most revered spirit mediums in the history of the Shona people of Zimbabwe.

Gombwe: Shona name for the highest spirit medium for which the spirit is not of a dead person. This is not an ancestral spirit, but believed to be a spirit created for the purpose

maGombwe: Plural of the word Gombwe.

maSadunhu: Plural of sadunhu

maSadzinza: Plural of sadzinza

Mashave: The spirit which possess these are spirits that were created for the service of people. They are not spirits of dead animals or of living animals. These spirits render the people they possess to behave like animals when they are possessed, hence they are erroneously thought to be spirits of animals. A person possessed by any of these spirits will behave like the animal associated with the spirit. For example, a person possessed by shave rebveni behaves like a baboon. (Bveni is the shona name for a baboon.) The spirit just causes the medium to behave like a baboon, but the spirit did not come from a dead baboon. The spirit was created to be like that. There are many animals associated with such spirits. These spirits are not limited to animals. They can be associated with anything else.

maTateguru: Plural of Tateguru

Mbuya: Grandmother

Member checking: A form of triangulation of data. The researcher will be asking different members or participants to answer questions and comment on the views of other members on related issues. It is a form of data validation.

N'anga: Spirit medium who is also an herbalist who charges clients for services. Most traditional healers belong to this group. These are the real herbal practitioners. Most of their powers emanate

from the medicines they possess. Their spiritual powers are considered to be much less than those of the Gombwe and the Sadunhu.

N’gozi: Spirits associated with people who must be compensated for something bad that was done against them. They may be spirits of dead people who come back for vengeance. They return to make the wrongdoer or relatives of the wrongdoer to pay compensation to their families. The level of compensation depends on the severity of the “crime.”

Sadunhu: This word is synonymous with Sadzinza. This is the founding leader of a clan. The Shona people believe that clans were started when they moved to Southern Africa from the north. As they moved from Egypt they settled around the area of the Great Lakes for a while. During that time they divided themselves into clans to facilitate marriage. Originally, twelve clans were created. The number increased as need for intermarriage arose and also because of wars.

Sekuru: Grandfather

Tateguru: This is a great grandparent, usually in an extended family. The plural for the word is maTateguru.

Sahwira: A family or extended family friend.

Shave: Singular of mashave

Appendix 2

Interview Guide

The participants were guided to talk in such a way that at the end of the interview the following questions would have been addressed:

Guiding Questions during Interviews of Spirit Mediums:

Personal Information about Spirit Mediums

1. Where were you born?
2. How long have you been practicing as a spirit medium?
3. How did it all start?
4. Did you receive any training to be able to do what you are doing?
5. At what stage did you start feeling you were, e.g., a Gombwe, or a Sadunhu, or a Tateguru, or an N’anga, or an herbalist, etc.?
6. What makes people at your level different from those at other levels?
7. Where do the powers at the different levels come from?

8. How free are you to collaborate with others?
9. Do you have any rules to guide you in your work?
10. What happens after the death of spirit medium?
11. Are there any established succession procedures?

Relationship with God

12. If God interacts with people through spirit mediums, what is God's relationship with people at the individual level?
13. Are there any similarities between traditional religion and Christian religious groups?
14. Is it possible to practice traditional religion and still be a Christian?
15. Why are people forming the different Christian religious groupings?
16. What is the relationship between spirit mediums and these religious groups?

Relationship with Western Medicine

17. How does traditional medicine relate to Western medicine?
18. Is it possible for a person to rely on traditional medicine and have nothing to do with Western medicine?
19. At what stage do you refer patients to Western medical practitioners?
20. What do you expect them to gain from such visits?
21. Are you involved with any type of collaboration?
22. What are your views about collaboration with Western medical personnel?

Gender Balance

24. What is the relationship between men and women in the hierarchy of spirit mediums?
25. Why are there fewer women who are higher in the hierarchy of spirit mediums than there are in the lower ranks?
26. Do you think that the situation is all right as it is or would you prefer it changed?
27.
 - (a) How do you feel about talking to a woman who is possessed by a man, or a woman possessed by a woman?

- (b) Do you think that such mixed possession has any adverse effect on the performance of the medium?
- (c) Do you know of any spirit medium who gets possessed that way?
- (d) Does such possession give the mediums any special powers?