

The Causes of Mental Illness Among Shona People by Shona Elders in Harare*

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Mental illness has been part of a global disease burden for years. The greatest challenge has been the scarcity of health professionals. However, indigenous knowledge system has been a resource that has been marginalized in understanding and treating mental illness. This study aimed to explore the causes of mental illness identified by Shona elders, with the view of capturing the psychological themes entrenched in their culturally constructed experiences. In-depth, semi-structured interviews were conducted with five elders and analyzed using the interpretive phenomenological explication method by Hycner. The elders reported frequent exposure to mentally ill individuals within their community. Findings suggest that Shona elders understand a spiritual component dominates mental illness causes. Also, biological and social factors cause mental illness. These findings indicate that there is some congruence on principle and difference in practice between understanding of mental illness by indigenous knowledge system and mainstream psychology. Our results have questioned the absence of valuing cultural approaches in mental illness research. African countries need to review their mental health policies and implementation. There is a need for culture-sensitive practice to maintain the respect of indigenous people.

Keywords: Zimbabwe, mental illness, indigenous knowledge system, explication, conventional

Background

Ritchie and Roser (2018) suggested that the global burden of disease estimates that slightly more than one in 10 people globally lived with a mental health disorder in 2017. Disability-Adjusted Life Years (DALYs) map of disease burden shows that mental illness and substance use disorders accounted for about 5% of the global disease burden in 2017. The World Health Organization (WHO, 2011) indicated the scarcity of professionals shown by the presence of one psychologist for 2.5 million people and one psychiatrist for every two million people in Sub-Saharan African. Therefore, the shortage of mental health practitioners creates a huge treatment gap in the diagnosis and treatment of mental illness. Mainstream health on its own is struggling

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to service the population whose mental well-being is deteriorating.

Since the early 2000s, Western-based treatment strategies have been the center of randomized controlled trials in African countries, which have provided evidence on the effectiveness of mental health strategies (Lund, 2018). The introduction of a “Friendship Bench” in Zimbabwe, where lay health workers deliver counseling intervention, is a significant development. However, the poor in the rural community are not benefiting from such interventions. The health workers who are affordable and easily accessible to them are conventional healers. In such an environment, the development of the mainstream health system and that of traditional healers should be balanced.

According to Patel and Kleinman (2003), Zimbabwe has extensive private and traditional healthcare services and cultural diversity. However, there is evidence that poverty has affected the lives of people with mental illness, as public health services are limited. The mental health strategy 2014-2018 collaboration and coordination has focused on the mainstream health system while it remains silent about the conventional healers’ policy. The country’s efforts to improve mental health strategy lacks a holistic approach if we are to consider that a majority of Zimbabwean consult traditional healers before visiting mainstream health facility (Pitorak, Duffy, & Sharer, 2012).

Arango et al. (2018) suggested that research has identified various factors contributing to mental illness which include biological, psychological, and environmental factors. These factors may appear in combination or rarely as single factors. Also, this Western perspective approach differs from the conventional healing system approach, which posits that activities of supernatural agents are perceived to be the significant causes of life misfortunes, such as mental illness (Ventevoege, Ria Reis, & de Jong, 2013).

Understanding mental illness as a concept is challenging since the perception of the phenomenon depends on who is defining it. Health practitioners should not be blinkered by assuming a rigid set of professional principles when working within a cross-cultural society. This study sought to understand the cause of mental illness as experienced by Shona elders in Harare.

Methodology

We conducted in-depth semi-structured interviews with five Shona elders. Participants were recruited in Harare between June to August 2014. One researcher (V.M) used a combination of purposeful and snowball sampling to recruit established Shona elders who were known to be above the age of 50 years in the community. Participants were Shona speaking elders.

One of the authors (V.M) conducted the interviews, a black male mother tongue of Ndebele language. He has recruited participants from communities where he has lived and communicated in Shona.

During the interviews, one author asked the participants to describe the causes of mental illness which they have encountered in their life with mentally ill people. The interviews lasted between 60 and 90 minutes and were conducted at an elder’s house, at a convenient time and in a private space. The responsible author audio-recorded the interviews, which were then transcribed and translated by another author (P.T). The author (V.M) took detailed notes during these interviews. We analysed the data using an interpretive phenomenological approach (IPA) as elucidated by Hycner (1999).

We obtained ethical permission to conduct the study was obtained from the Women’s University in Africa. Written consent was obtained in written form to conduct the interviews and audio record them. Authors (M.M and P.T) took steps to protect the identity of participants when storing data and reporting findings.

Findings

The elders reported regular encounters with mentally ill people in their life. They expressed confidence in traditional healers' ability to assist people with mental illness. The elders managed to identify the causes of the phenomenology of mental illness.

Causes of Mental Illness

Witchcraft (*Huroyi*)

The participants indicated that the leading cause of mental illness is witchcraft (*Kuroya*) among Shona people. The Shona elders reported that the structure of the Shona community, which includes the family of origin and that of procreation, results in the existence of complex dynamics. Issues such as jealousy are a common reason for family members to engage in witchcraft. Family members may be unhappy about the success of others, which results in them engaging in witchcraft activities to destroy prosperity. The quotations below illustrate this point:

In life, strangers rarely come to affect your success. It is usually your relatives who will bewitch you because they are jealous of your success. This will result in an individual becoming mentally ill. Sometimes they will do it to avenge a wrong (stealing or killing a loved one) which you have done. (Participant 1)

If you steal, there are high chances that you will end up being mentally ill. The condition happens when your victim consults a person who knows how to revenge, like some traditional healers. (Participant 4)

It appears that success and wrongdoing are an equal threat to some people in a Shona community. The success of others always threatens bad people as they prefer that others should be at the same level or below them. However, prosocial people may engage witchcraft to settle a wrong committed against them.

Drug and Alcohol Abuse (*Zvinodhaka*)

The elders unanimously indicated that another significant cause of mental illness is drug and alcohol abuse. Cannabis and alcohol were the main substances reported to be altering human behavior. The following extracts are an illustration of this:

A lot of our youth who abuse cannabis and alcohol end up presenting with mental illness. They usually use these substances to induce a feeling of euphoria, which then affects how their behaviour as they develop mental illness. (Participant 4)

Smoking cannabis and drinking alcohol results in mental illness. (Participant 2)

The use of behavior-altering substances causes mental illness without the influence of a spiritual force. People's need to manipulate emotions seems to make them to use drugs, which leads to a change in their mental well-being.

Congenital Disabilities (*Kuzvarwa uri chirema*)

The participants reported that having a child with defects suffered during pregnancy, and the process of birth may cause mental illness. Other people develop a mental illness due to head injuries sustained in a motor vehicle accident.

A child who is born with down syndrome has the blood circulation to the brain affected. (Participant 5)

A person who is involved in a motor vehicle injury may develop a mental illness because of head injuries. (Participant 1)

The elders indicated that mental illness has other causes that they could not explain the mechanism. However, they suggested that the effect on blood circulation to the brain leads to mental illness. Living with people who had the condition helped them to identify the association between them.

Generational Curses (*Kutukwa nevadzimu*)

The participants pointed out that mental illness can be the work of a generational curse as every generation of a specific family has a person or people mentally ill. This perpetual generation curse is a result of the work of the ancestral spirit. The quotations below are an illustration of this:

There is always a relative from the past up to your current generation having a mental illness. It is the work on ancestors for your relative to experience it. (Participant 2)

Mental illness is a known condition for your family, although not everyone has it. Consult a traditional healer will reveal that it is a curse from the past. (Participant 4)

What the above quotations suggest is that failure to be in harmony with ancestors may lead to life long conditions like mental illness for generations. The traditional African system work based on the balance between the dead and the living. Instability leads to life challenges caused by their ancestors.

Improper Use of Love Portions (*Mupfuhwira*)

According to some of the participants, infidelity is a problem that needs more than counseling to resolve it. Shona people use different medicine given by a traditional healer to spiritually control a partner so that he or she can be faithful. When used without the knowledge of the partner, it will cause mental illness. The following extracts illustrate this:

Love portion is designed to resolve infidelity when used openly between two partners. However, it will turn a partner into a “zombie,” causing mental illness. (Participant 6)

The love portion will make the affected person to experience hypersomnia as the person is always sleeping even in the middle of a conversation. This behavior indicates the presence of mental illness. (Participant 1)

Shona elders indicated that the love portion strengthens marriage. However, abuse of the portion will result in severe consequences as the victim may be mentally ill. Practitioners should ensure that the effects of a love potion are not mistaken for a sleep disorder.

Stress (*Kushungurudzika pakufunga*)

The participants reported that various life challenges lead to mental illness. The challenges include economic, social, and cultural stressors that people encounter in their lives. The following verbatim expressions illustrate the theme:

There are money problems which stress people such as not having money, conflict with a partner, and trying to keep respecting a difficult in-law. The pressure which it creates causes mental illness to a person. (Participant 2)

I have seen a person who got fired from a job becoming mentally ill. In another situation, a wife who was always in conflict with the relatives of her husband ended up being mentally ill. (Participant 6)

Life in the Shona community needs balance to prevent mental illness. Stressful situations are always available and may be unavoidable. Mental illness caused by stressors has nothing to do with a spiritual force or the ancestral spirit.

Discussion

Our findings suggest that Shona elders believe that they can identify the causes of mental illness among their community members. The results further indicate that various factors cause mental illness. Research classifies these factors into spiritual (witchcraft/*huroyi*, improper use of love portions/*mupfuhwira*, generational curse/*kutukwa nevadzimu*), biological (alcohol and drug use/*zvinodhaka*, congenital disabilities/*kuzvarwa uri chirema*), and social (stress/*kushungurudzika pakufunga*) factors.

We do not have data that allows us to assess the effectiveness of the Shona elders practice described by the participants in this study. However, our interaction with Shona elders in Harare, Zimbabwe, indicates that they have been engaging in identifying the causes of mental illness. It is surprising to realize that these Shona elders have existed for years, helping the existence of their families. The knowledge which they have gained over time seems to have assisted their community in evolving and surviving the presence of mental illness over time. Our findings suggest that elders are a support source that is readily available and can benefit the country if added to the public health system.

This study identified culturally explained causes of mental illness. African communities and the current research have identified some standard causes of mental illness. These causes include emphasis on the role of a spiritual etiology (Muchinako, Mabvurira, & Chinyenze, 2013; Kajawu, Chingarande, Jack, Ward, & Taylor, 2016; Teuton, Dowrick, & Bentall, 2007), life stressors (Muchinako et al., 2013; Edgerton, 1966), substance use (Muchinako et al., 2013; Kortmann, 1987). Our findings concur with the results of Edgerton (1966), who found that mental illness may not only occur as a result of witchcraft only but other reasons like stress. However, the current results show a diverging perception when Edgerton (1966) proceeded to state that psychosis may occur for no reason. This difference in the rationale might be due to Edgerton's study being old, and the current study may have the effect of new findings.

The discovery of spirituality as a cause of mental illness has led to a growing interest in the phenomenon within healthcare, research, and policy (Vermandere et al., 2011). A significant break came in 2015 when the Executive Committee of the World Psychiatry Association accepted the consideration of patients' spirituality, beliefs, and practices and their relationship to the diagnosis and treatment of mental illness (Verhagen, 2017). This suggestion brings dignity to the treatment of Africa people, such as Zimbabwean, through culture integrated into the formulation of mental illness. It is noteworthy that even though research has repeatedly shown that people have expressed the need for spiritual factors to be addressed within healthcare (Mental Health Foundation, 2002). However, this had been previously and currently ignored by most professionals (Cook, 2011). Research needs to work on African theories that provide detailed meaning to the spiritual experience of patients, which will help to address the spiritual component in treatment.

The results of the present study are consistent with the results of an earlier study by Muchinako et al. (2013), which found that a love potion causes mental illness. The need to curb infidelity using the love portion may result in fatal effects as a loved one may develop mental illness. However, the use of a specialist like a conventional healer ensures competence, which results in the desired outcome.

Muchinako et al. (2013) suggested that Shona community members in Zimbabwe attribute mental illness to a range of factors that include aging, alcohol and drugs, diseases, employment problems, and political influence. The current findings concur with the previous study on alcohol and drugs, and conditions causing

mental illness. This point seems to be influenced by modernization as only alcohol was a substance found in Shona history. The effects of globalization seem to have brought negative behaviors, such as the use of drugs that cause mental illness. Changes in the political landscape have led to cultural diffusion leading to challenges which result in mental illness. Previously, a cohesive society that had clear bureaucratic structures used to protect Shona people from unnecessary internal conflict. However, democracy has created chaos in politics leading to mental illness when robust policies have not supported the implementation. At the same time, aging and unemployment seem to indicate that intragroup differences among Shona people are factors influencing perception vary along the lines of exposure.

The fact that the interviewer was a Ndebele speaking man may have affected how the participants responded to the questions. This presents the need for more research to establish a comparison of the findings with the attitudes and beliefs of Shona elders in other parts of the country.

Despite the identified limitations, our findings provide an informative view of the experience of Shona people. They present mental illness in ways that indicate some variations from the Western perspective by explaining a spiritual component that resonates with African belief system. Also, Shona elders are advocating for mental illness to be identified and treated in a dignified way (culturally sensitive).

Conclusion

Shona culture has existed since the conception of the human race, with repeated evolving within its boundaries to preserve its values. They have tracked the presentation and causes of mental illness, leading to an explanation that is in harmony with their culture. However, local health policies need to align with the international policies which now respect specific values found within the indigenous knowledge system. The presence of similarities between the understanding of the causes of mental illness between Shona culture and the Western perspective should facilitate their ability to unite as opposed to separation. Working together does not mean ignoring differences; it only demands vigilance among practitioners from both sides to act cautiously without dehumanizing their patients.

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