SHONA RELIGIOUS FACTORS THAT PROMOTE RESILIENCE AMONG PEOPLE SUFFERING FROM CHRONIC ILLNESSES

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ABSTRACT

The study aimed to assess Shona religious aspects that promote resilience among people suffering from chronic illnesses in Zimbabwe. The study adopted a qualitative approach and exploratory design. Data were collected through face to face in-depth interviews from 11 people. Findings pointed to the fact that the Shona cosmology notes the centrality of *vadzimu* in terms of life and death, good health and bad health and other vicissitudes of human life. Shona traditional beliefs and practices such as belief in afterlife, exorcism of evil spirits, traditional rituals, omnipresence of ancestors and many others were reported to strongly promote resilience among sick people. There is therefore need to recognise indigenous beliefs in social service delivery. Social workers should be culturally and spiritually competent for effective practice with certain indigenous African populations.

Keywords: resilience, chronic illness, African traditional religion, spirituality, social work

INTRODUCTION

Different cultures have developed means of dealing with loss in their own style depending on their beliefs. Many patients who are confronted with chronic or fatal conditions rely on spirituality and religion to cope (Bussing & Koenig, 2010). Spirituality and religion are beneficial in that they help in maintaining self-esteem, providing a sense of meaning and giving emotional comfort (Compton, Galaway & Cournoyer, 2005). The African world views recognise the centrality of the spiritual feature of all elements of life (Mbiti, 1969; Mabvurira, 2016: Mabvurira & Makhubele, 2014). Spirituality, in the African context, is taken to mean the transcendent or invisible substance which connects the entire universe. At the heart of African religion is the quest for harmony: harmony between the human being and nature; between the human being and the community; between the human being and the living spirits of ancestors; between the living and the dead; between the visible and the invisible worlds; and most importantly harmony between human beings with God (Banana, 1991; Mbiti, 1969).

African traditional religion has been seen as a buffer in difficult moments. The Patriot (2014:12) argues that "It is not just any religion that comes to your rescue in times of tribulation, but the religion of your ancestors". Rosmarin et al. (2009) concede that much of the available literature on religious coping focuses almost exclusively on Christianity and knowledge about it in other religious populations is scanty. It is also important to recognise that strengths are culturally defined and strength in one culture may not be strength in another culture (Goodluck 2002). Given that Africa is a vast continent of heterogeneity, this study focused on the religion of the Shona people of Chiweshe communal lands in Zimbabwe. Social workers practice in multicultural societies and international settings and are ethically obliged to be culturally and spiritually competent. It is important to recognize belief systems such as Shona traditional religion which do not necessarily conform to the world major religions. Thus, a qualitative study employing purposive sampling of chronically ill people was conducted with

the aim of finding the impact of African traditional religion and spirituality on the resilience of Shona people suffering from chronic illnesses. The article proceeds with a review of the literature on Shona traditional religion, the strengths perspective, and resilience, an overview of the study's methodology and findings, and finally recommendations and conclusions for social workers helping clients who subscribe to an African traditional religion orientation. The study sought to find out the impact of African traditional religion and spirituality on the resilience of people with chronic illnesses with special reference to Shona traditional religion of Zimbabwe.

Though there is debate over the definitions of religion and spirituality, social workers recognise that building on the spiritual strength of the client may enable the clients to improve their coping skills (Heyman, Buchanan, Marlowe & Sealy, 2006). Even though the terms religion and spirituality are often confused and sometimes used interchangeably, a number of scholars have tried to distinguish between the two. Lembke (2012) distinguishes the two concepts by arguing that spirituality consists of a larger sense of being, and loose and informed relationship with the unnamed, while religion is a more formalised set of practices by a community of people who have shared beliefs about a specific being or entity. Religion may be seen as something implying membership to a spiritual organisation with customs, traditions and structure (Kirst-Ashman, 2007). Hodge (2001) argues that spirituality is conceptualised as an individual's existential relationship with a perceived transcendence while religion refers to a particular set of beliefs, forms and practices that have been developed by people who share similar experiences of transcendent reality.

Resilience is a complicated term used in many areas such as ecology, engineering, psychology, agriculture and development studies. Resilience is contextual in many ways as well and must be understood as multi-dimensional and varies across time and circumstances. According to Glover (2009), the concept of resilience dates back to the Second World War when clinicians noted that some evacuated children appeared to suffer more psychological damage than those who stayed at home to face some bombings. Barker (2003) defines resilience as a human capacity (individual, group and/or community) to deal with crisis, stressors, and normal experiences in an emotionally and physically healthy way; an effective coping style. Resilience can also be seen as the ability to bounce back from some form of disruption. Windle (1999) also defines resilience as a successful adaptation to life task in the face of social disadvantage or highly adverse conditions. Resilience is a two-dimensional process concerning the exposure to adversity and the positive adjustment outcomes of that adversity. This implies that there should be an impact of a risk factor and the ability of an individual to adapt. The authors adopt a process rather that outcome definition where resilience is understood as the multi-level process that systems engage in to obtain better-than-expected outcomes in the face of adversity (Van Breda, 2018).

The concept of resilience has developed roots in social work although social work research related to it is relatively new. There is a growing interest in recognising spirituality as a source of strength and resilience is social work practice. In a study of African American women in Kansas in the USA, Banerjee and Pyles (2004) found that the women reported that their spirituality helps them manage their difficult situations by reassuring them that their higher power is looking after them. They also argued that spirituality helps to lessen the impact of problems on them, find inner peace, build self-esteem. It also helps to nurture hope despite the challenges of life. Traditional religions and spirituality are important as sources of resilience (Mabvurira, 2016). This is buttressed by Van Breda (2018) who spoke of cultural resilience processes such as traditional spirituality. He (Van Breda, 2018) further notes that resilience

theory celebrates local and indigenous knowledge. Since its inception in the 1970s, the concept of resilience has informed social work practice with various client groups. The resilience theory is closely knitted with the strengths perspective in that most people's strengths are sources of resilience. The strengths perspective also recognises that people are resilient.

REVIEW OF RELATED LITERATURE

Among the Shona people, illness and death cannot just happen without a spiritual force behind it. As argued by Masaka and Chingombe (2009), even if the cause of death of a relative is uncontested and apparent, the Shona would still want to know it. They believe that science cannot fully account for a plethora of mishaps that trouble humanity. The Shona traditional religion is sometimes called the *Mwari* religion as hinted by The Patriot (2014:12) which argues that "Zimbabwe had a vibrant Mwari religion that had been in existence since the creation..." This is against some Eurocentric scholars who believe that the Shona have no religion (Gelfand, 1962). In Gelfand notes that the Shona admit there is a Creator, an omnipresent spirit whom they call Mwari, *Chikare* or *Musikavanhu* (Gelfand, 1962). When praying, the Shona approach lesser spirits who are in communication with senior spirits which include God. Religious influence goes beyond what is termed religion in a narrow (Western) sense, among the Shona people. This is evident in culture, politics, literature and medicine (Shoko, 2008). Kazembe (2009) notes that among the Shona people, the concept of God is similar to the one used in the monotheistic religions such as Christianity, Judaism and Islam. Machingura (2012:85) mentions that "The aspect of being in touch with the spirit world is something linear and centrally important in the Shona worldview before one's birth, during one's life, at one's death and after one's death". He further argues that in the Shona world-view, one can never think of a situation where he or she is not in contact with the spirits. In order to have peace, the "living living" must thus have contact with the "living dead".

At the highest level of Shona cosmological levels is Mwari, God the Supreme Being. The Shona believe that the living cannot reason or argue with Mwari. There is no personal relationship between the living and the Supreme Being. This Mwari is also known as *Musikavanhu* (the Creator of humanity), *Nyadenga* (the Great Spirit that lives in heaven) and *Samasimba* (the Almighty) (Mabvurira & Makhubele, 2018). Prior to the coming of the whites, the Shona people used to hear the voice of Mwari at Matopo Hills (Taringa, 2006). It is even believed that the Matopo shrine was central to all the nations including the Israelites who came to seek blessings from Mwari (The Patriot 2014). For the Shona people, Mwari is not a *dues otious* (remote God), but He interacts with his people through ancestors and lesser deities.

The Shona strongly believe in *vadzimu* (ancestors). These are the spirits of deceased relatives that act as guardian spirits for the living members. The Shona thus believe in an after-life in which those who die are seen as having a different and continuing existence in the spirit world and are still members of the extended family (Swift, 1989). Only an adult who bore children has a capacity to become a *mudzimu* (singular for *vadzimu)*. After the death of an adult, the process of *kurova guva (*bring home ceremony*)*, is done to bring back the deceased's spirit to protect the family. The event is usually done a year or more after the death of an adult person who bore children. The Shona believe that when a person dies and is buried, his/her spirit will be wandering in the wilderness until it is brought home to look after the family.

Ancestors are close to human beings and serve as their custodians. Banana (1991:27) argues that for the Shona, "Life is an endless enterprise, death is not death; it is a vehicle from the ontology of visible beings to the ontology of invisible beings. Death is part of life, it is a

gateway to eternity, it is a gateway to life in the hereafter". Matikiti (2007) further notes that these ancestors could communicate with *Mwari*/ God during times of crisis.The *vadzimu* are believed to live in invisible communities parallel to the communities of the living. They watch over the living in their everyday lives. This is supported by Taringa (2006), who posits that even though they inhabit in the world of spirits, the *vadzimu* are still present in the human community as guardians of the family traditions, providers of fortune and punishers of those who break accepted mores. They also act as intermediaries between man and God. Despite their protective role, they also have the capacity to become angry and they can cause sickness or other misfortunes. The *vadzimu* take care of the family but can also be offended especially when certain customs, rituals, or traditions are not kept by the living. As Machingura (2012) puts it, failure to communicate with the *vadzimu* is seen as extremely dangerous and disturbing to the social and individual conscience.

African view of illness encompasses a wide spectrum – from ancestors, folk beliefs and witchcraft to modern medical science (Mkize, 2003). Among the Shona people, illness is not seen as a purely somatic condition but is rather viewed as a reflection of some spiritual disease on the part of the patient or even another family member. Matolino (2011) purports that the arrival of illness is taken to be symptomatic of an aberration at the spiritual level. Thus, the common Shona proverb "*Chiripo chariuraya zizi harifine mhepo*" which literally means there is something that killed an owl, it cannot die of wind. If illness is believed to be free of witches and sorcery, the blame will be shifted to spiritual agents (Masaka & Chingombe, 2009). Mishaps are, thus, understood as products of mystical powers. Despite the scientific explanation of the cause of HIV and AIDS pandemic, for example, the Shona people are keen to know why a given member of their family got infected. According to Masaka and Chingombe (2009), scientific explanation is not enough for the Shona people as it fails to explain why the individual has exposed himself/herself to a disease that he knew was fatal. It is even assumed that the Shona people believe that death is not normal and no one should die (Gelfand, 1962). However, Chirongoma (2013) argues that some Shona people identify natural causes of illness. These are called *zvirwere zvepasi* (diseases from the earth). These are diseases with no identifiable cause. Shoko (2007) notes that these are mild and short illnesses which usually disappear without medication. It is, therefore, rare for the Shona people to attribute chronic illnesses to natural causes.

Shona practices in respect to illness, cannot be viewed separately from religious beliefs and spirituality. Illness is seen as communicating something that is proceeding from the spiritual world. For example, ancestors are believed to punish someone by blocking chances in life, bringing bad luck or simply causing ill-health (Matalino, 2011). Illness caused by ancestral spirits and alien spirits is not meant to kill the victim but to alert the people on what is supposed to be done (Mabvurira, 2016). To date, disease or sickness remains a religious problem in Zimbabwe and this means that religion continues to play a significant role in health delivery systems. Many African people understand healing to be part of their religion, culture and tradition (Morekwa, 2004). Religion governs the life of a human being. Most Africans believe that healing without the intervention of the Supreme Being is not effective (Morekwa, 2004). Morekwa (2004) argues that in African life, there is no barrier between the realm of man (physical, social, cultural, amongst others) and the spirit realm. The spirit realm is part of the existence of man. Africans understand illness as an imbalance between the human world and the spirit world.

Spirituality as a Source of Resilience

Spirituality is regarded as a source of resilience (Wong & Vinsky, 2008; Cascio, 2012). According to Martin and Martin (2002), spirituality can give people strength to go where there is a threat and it also gives courage and encouragement amidst suffering and death. Religion can provide a world-view that helps give purpose and meaning to suffering. Crawford et al. (2006) note that spirituality facilitates resilience in four major ways: by helping build attachment relationships, by opening access to social support, by guiding conduct and moral values and by offering opportunities for personal growth and development. Writing in the context of America, Corrrigan et al. (2003) argue that research has it that those members of the general population who define themselves as religious and spiritual have less psychological distress, more life satisfaction and greater achievements of life goals.

Several studies have shown that many people cope with traumatic or stressor events on the basis of their religious beliefs (Pargament, 1997; Openshaw & Harr, 2005; Ramer, Johnson, Chan & Barret, 2006). Peres et al. (2007) note that religious coping is also frequent in cases of severe disease. Religious frameworks and practices may have an important influence on how people interpret and cope with traumatic events. According to Peres et al. (2007), religious coping is not always related to better outcomes. Asher (2001) contends that the ability to experience faith and hope is a large component of fulfilment and contentment at any particular moment in life.

METHODOLOGY

The study adopted a qualitative approach and exploratory design. Engel and Schutt (2009) note that data that are treated as qualitative are mostly written or spoken words or observations that do not have a direct numerical interpretation. According to Padgett (2008), qualitative approach is best fit when explaining a topic about which little is known especially from an insider perspective and where an in-depth understanding is sought. Qualitative approach is also relevant in resilience studies. This is supported by Van Breda (2018) who averred that much resilience research is qualitative which is more amenable to an emic approach allowing the voice and experiences of participants to come to the fore. The study targeted members of Chiweshe communal lands with chronic conditions who subscribe to Shona traditional religion. Purposive sampling was used to recruit 11 study participants. Initial contacts were made with village health workers who helped to recruit participants. Only participants who had been ill for at least two years prior to the study were selected. These were thought to have enough stories to tell about their illnesses. The study purposely excluded bedridden people on ethical grounds.

Data were collected through face to face unstructured interviews from 11 participants. In this study, the interview questions were created by the researchers for the purpose of gathering data from each participant's demographic information, experiences around spirituality, religion and illness. In order to achieve a reasonable amount of consistency, an interview schedule was used. This allowed for elicitation of more detailed and rich information. The data were analysed using Thematic Content Analysis. Thematic analysis is a method of identifying, analysing, and reporting patterns (themes) within data (Braun & Clarke, 2008). Thematic analysis has a theoretical freedom in that it is not tied to any particular theory and as such, offers a flexible and useful research tool (*ibid*). In thematic analysis, a theme captures something important about data in relation to the research question. The researcher's

judgement is crucial in determining what a theme is since there is no hard and fast answer to what proportion of data constitutes a theme. It involves the searching across a data set to find repeated patterns of meaning. Participants were briefed on the nature and purpose of the study and were made to sign consent forms. Only participants who were fit participated in the study. The study was cleared for ethical soundness by the University of Limpopo, Turfloop Research and Ethics Committee.

PRESENTATION AND DISCUSSION OF FINDINGS

Of the 11 people with chronic illnesses who participated in the study, three reported an HIV positive status, two had cancer, two were suffering from chronic heart pain, one had painful legs, one had an ulcer on the leg and the remaining two had hypertension and epilepsy respectively. The participants ranged in age from 20 to 86 years with a mean age of 48 years. The average number of years in African traditional religion was 47 years while the mean time frame with a chronic illness was nine years. All the participants except one were into ATR because it is the religion of their parents and they were raised in it. A number of factors in Shona traditional religion were reported to promote resilience in chronic illnesses and these are presented under the following themes:

Omnipresence of Ancestors

The Shona people of Chiweshe believed that their ancestors are always with them. This, in itself, was found to be a source of strength during difficult moments in life. They reported that the ancestors always pass their problems to God. This was echoed by a participant who said:

> *"Our ancestors are always with us and I think this also gives one strength during illness".*

This is in support of Masaka and Makahamadze (2013) who argue that the Shona cosmology notes the centrality of *vadzimu* in terms of life and death, good health and bad health and other vicissitudes of human life. According to Martin and Martin (2002), spirituality can give people strength to go where there is a threat and it also gives courage and encouragement amidst suffering and death. In the same vein, an elderly man supported ancestral belief as protective factor by saying:

> *"My parents' graves are close to my homestead, I know they are protecting us".*

Among some rural Shona people, burial is done close to the homestead as part of their culture. The "ancestors are critical in the affairs of the living among the Shona people. This is in line with Pienaar (2012) who purports that culture is a critical component of building resilience. The fact that people will be seeing the graves of their departed parents or grand-parents who are thought to have a protective factor as a *mudzimu* gives the chronically ill people strength and acts as a source of resilience. In a study by Banerjee and Pyles (2004) among women, it was found that their spirituality helps them manage their difficult situations by reassuring them that their higher power is looking after them. The omnipresence of ancestors has a bearing on social work practice with Shona people. Social work practice with some Shona

people should observe their religious beliefs as these have the capacity to influence their ability to cope in life's adverse moments.

Shona Rituals

There are certain rituals that were reported to give participants resilience. The process of *kurova guva* (bringing back ceremony) was reported to give people strengths during adverse life circumstances. The process of bringing back home the spirit of a dead person was reported by a number of participants to have positive attributes for the Shona people. When the spirit is brought home, it is believed that it will protect the family. People are not at ease when their deceased relative is not brought back home. The spirit is believed to be wandering at the cemetery and has, therefore, no protective power. They use the term *mudzimu uri musango* which literally means the ancestral spirit is in the wilderness or *musha mutema* which means the homestead is dark when a deceased parent's spirit is not brought home. To this effect, this was echoed:

> *"If you bring back the spirit, you know you are protected come what illness".*

The process of communicating with ancestors was supported by an elderly man with chronic heart disease as very important in motivating people during sickness. He said:

> *"When I feel more pain I call my brother who comes to do some libations to the ancestors. I feel relieved. I have been ill for so many years but my ancestors are protecting me".*

For some Shona people it can thus be seen that communicating with the spirit world can strengthen a person amid challenges such as illness. Some perform rituals to communicate with the spirit world to intervene in the healing of a sick person. The *vadzimu* are believed to live in invisible communities parallel to the communities of the living. They watch over the living in their everyday lives. This is supported by Taringa (2006) who posits that even though they inhabit the world of spirits, they are still present in the human community as guardians of the family traditions, providers of fortune and punishers of those who break accepted mores. Some territorial spirits were also believed to give people some resilience during illness. It was reported that most people in Chiweshe communal lands are of the *vahera* totem and their territorial spirits used to dwell in some sacred hills such as Nyota, Ndire and Bare. One female participant said:

> *"We the people of vahera totem we used to go to the Nyota mountain or to make our petitions to Mbuya Nehanda at Gomba. This used to give the sick person energy and the spirit of perseverance".*

It was also reported that that people of Chiweshe sometimes observe certain rituals as a community if problems have affected a number of people in the community. This was reported to be done through the guidance of territorial traditional leaders. In support of this, Shizha and Charema (2008) contend that community and societal solidarity are the foundation of sustainable social networks and social support provision, and coping strategies required in

the healing process. The Shona traditional religion observes some rituals that have an influence on the members' resilience during illness.

Ability of Traditional Practitioners to Tap into the Spirit World

Another element cited by the participants was the ability of traditional medical practitioners to describe other life circumstances of people seeking their services.

> *"If you go to a n'anga, s/he doesn't concentrate on the current problem but will tap into the spirit world to examine what will be happening in the spirit realm. This gives us confidence that our problem will be solved", said a female participant who was HIV positive.*

A similar observation was found by Mahomoodally (2013) who argues that traditional healers treat the psychological basis of illness before prescribing medicine. In line with the results, Mufomadi (2009:33) indicate that traditional healing is a healing system that is aimed at establishing balance or equilibrium in human beings at several levels; the soul; biological; moral; psychic, subconscious, spirit and physical levels. Shizha and Charema (2012) also applauded traditional healing methods by saying that Western medicine alone cannot detect, prevent, solve or treat the multiple aspects of spiritual, psychosocial and psychological illnesses.

Exorcism

The process of exorcising evil spirits was reported to be motivating chronically ill people. This is what one interviewee had to say:

> *"There is an n'anga in our community, a lot of people throng his place and by merely seeing an evil spirit manifesting in someone you will have confidence that you will be healed".*

Of interest was a family with a mentally ill relative. They believed that the illness was caused by ancestral spirits. They highlighted that whenever the illness got worse, they could go to the kraal to make their petition to the bull that hosted their grandfather's spirit (*bhururemusha*) or *mombe yezita*. This was believed to give the whole family motivation in taking care of their relative who was, at times, violent and could run away from home. This was corroborated by another family with two HIV positive members. The family believed that whenever the illness relapsed, they go into the hut and make some petitions to the ancestors reprimanding them for neglecting the family. One member of this family said:

> *"If the illness worsens we go to our altar".*

Asked how she felt after the process of making the petition, one of the HIV positive persons confirmed that it has always relieved her. This was despite the fact that she confirmed being on ART treatment. Asked to elaborate on what was actually helping ATR or ART, she said:
> *"A lot of people die whilst on ART, my ancestors are taking care of me".*

African traditional medicine combines the spiritual and physical aspects and motivates its members. This is in line with an argument by Mbiti (1969) who notes that Africans are notoriously religious. To them life is religion and religion is life. Religion thus permeates all facets of life of the Shona people of Chiweshe communal lands.

Belief in Afterlife

Some traditional Shona beliefs were found to be a source of resilience even in the event of death. Of interest was an octogenarian with chronic heart problems who said:

> "My son even if I am to rest with my fathers all is well. I know I will meet my ancestors who are sleeping there. I thank my grand-children so much for running around. I pray that my ancestors provide for them in urban areas where they are".

Shona traditional religion thus gives people strength even to face death. In Shona religion there is no belief in hell hence people might not be worried of dying. Dying may actually mean graduating to join the ancestral community. This was supported by another participant who said:

> "Traditionally death means going to another realm where you are able to look after your family in the spirit form. This gives one, strengths not the promise of hell. Where is the hell? It causes people to fear death".

This belief is in line with Banana (1991:27) who notes that for the Shona people "Life is an endless enterprise; death is not death; it is a vehicle from the ontology of visible beings to the ontology of invisible things. Death is part of life, it is a gateway to eternity, it's a gateway to life in the hereafter". This means that for some Shona people even if an illness does not change for the better, they may be comfortable as they know death to mean migrating to the spirit world. This is against an observation by Cicirelli (2002) who argues that religiousness is negatively associated with fear of death.

Community Involvement

Shona traditional religion and spirituality were also found to have a bearing on the resilience of the whole family. This was supported by one participant who indicated that:

> "I feel relieved when I see some relatives giving a hand in the illness of our relative".

When a person is sick for a long time one's paternal and maternal relatives all participate in trying to assist the person. This was confirmed as important by participant who said:

> "If an illness persists, all relatives from the father and mothers' side take part in assisting. This shows that someone is loved and a sick person is motivated".

This supports findings by Matolino (2011) who notes that in the event of an illness in a traditional African community, the community, being one with the individual, has the responsibility of taking care of the sick individual and getting rid of the sickness. Africans, thus, support one another in times of need. On the same note Mapuranga (2010) notes that Africans recognise the vitality of human life and any action which increases human life is condoned.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Findings of the study have critical implications for social work practice in Zimbabwe. Social work in Zimbabwe reflects a wholesome transfer of knowledge from her former coloniser, Britain. In an effort to indigenise and decolonise the profession, here is need to recognise some Shona traditional beliefs in the field (social work) as these have a bearing on the everyday lives of the Shona people. These beliefs include taboos, witchcraft, ancestors, wandering spirits, territorial spirits, traditional rituals and the Shona understanding of the Supreme Being (Mwari). This may start by a course on religion and spirituality in social work training institutions in Zimbabwe. The course should equip students with skills to make use of indigenous beliefs in the helping process.

Social workers working with African communities should be culturally and spiritually competent. They should seek to understand indigenous belief systems as these may have a bearing on their clients. Social workers should also understand the culture of indigenous communities. This should include the material and non-material cultures. Of importance under culture are vernacular languages. As seen in this study, the Shona language is full of idioms and riddles that may mean something different from their literal meanings. Further to that the study has shown that some Shona people understand illness within the purview traditional African religion hence cultural competence becomes critical for effective practice.

African traditional religion has been found to be a source of resilience among the Shona people during times of illness. It acts a source of individual, family and community resilience. In times of trouble, the Shona people may thus lean on their religion for strengths. Strengths-based social workers must, therefore, search for positive aspects of African traditional religion that may be of importance to the helping process. Social workers should strive to understand aspects of Shona traditional religion such as *vadzimu*, Mwari etc as disharmony between people and these is believed to cause illness.

CONCLUSION

There are a number of positive aspects of African spirituality and traditional religion that promote resilience of members during chronic illnesses. These include, among others, a belief that ancestors are always with the living, performance of certain rituals like bringing back ceremony and belief in afterlife. The ability of traditional medical practitioners to get into the spirit realm and identify other issues about their clients, gives them an edge over allopathic medical practitioners. This in itself motivates their clients. Social workers may find a number of positive aspects of Shona traditional religion to exploit for the benefit of their client.

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