

## Literary perspectives of healing practices and approaches to medicine in Chinodya's *Strife*

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### Abstract

*This paper focuses on the dilemma in which some African societies are finding themselves, as the western approach to healing is applied as if all cultural groups are homogenous throughout. This western approach is usually applied with the intention of replacing the existing indigenous healing systems that are already in place and are functional. African cultural groups, like any other cultural groups around the world, have their own approaches to diagnosis and curing of diseases. However, it appears that western approaches are overriding the African approaches, and thereby engendering problems among some of the African cultural groups whose indigenous healing systems are rooted in the spiritual world. In Africa, there are spiritual problems that require spiritual remedies hence; a western approach applied to a spiritual problem could culminate in fatality. At times, the mixing of both African and western approaches may not yield positive and visible results. Strife exposes the dilemma resulting from applying western approaches in an African cultural group and the likely outcome of such a predicament. This paper adopted the African World View Theory as the sub-theory, since the primary text, Strife, is from Africa and written from an Afrocentric perspective, by an African author. Furthermore, the article looks at differing belief systems, herbalism and the role of spiritual mediums. It was found that often a duality in the approaches to healing exists, as illustrated by the characteristics of Dunge and Hilda Dolly.*

### Introduction

In general, some Africans are often associated with African concepts of ethnic identity and culture and many believe in supernatural beings. African religious systems seek to explain the persistence of evil and suffering, as much of the suffering that people encounter is believed to be caused by the supernatural. There is always a reason behind everything that happens in the African context, whether good or bad. Thus, African people's lives, in general, revolve around the influences of the spiritual world. Therefore, illnesses that are grouped under spiritual problems will always require spiritual remedies.

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In African tradition, the supernatural can be manipulated by human beings for both good and evil. Furthermore, in the African context there ought to be a reason for everything that happens, for example, the occurrence of illnesses. Mbiti (1989) stresses the fact that the spirit world of the African people is very densely populated with spirit beings, spirits and the living dead or the spirits of the ancestors that interact with the living people in the natural world. There are human beings who have the power to communicate with, or rather have access to these spirits. People, like herbalists and traditional healers, are there to connect with the supernatural in order to be guided regarding medicines that assist the people in their communities to curb some, if not all, kinds of illnesses. A problem arises when these herbalists and traditional healers defy the intended operations by using the same powers to manipulate roots and herbs that in turn harm other people. In such instances it becomes the evil manipulation of the supernatural, and includes acts, such as witchcraft, sorcery and black magic. Such acts result in people suffering from illnesses that are spiritually linked, and that would not respond to western approaches of healing.

Rabaka (2007) notes that the African worldview theory is a combination of the classical and contemporary, continental and diasporic Africa, as well as overarching perspectives on human experience and the natural and phenomenal world. It is differentiated from the worldviews of other people in so far as it is rooted in, and grows out of African history and culture. African people's beliefs about God, nature and major life rituals, such as birth, puberty, adulthood, marriage and death - exhibit enough commonalities to warrant being called an African worldview. According to Rabaka (2007), these commonalities in many areas of the life-worlds and lived experiences of African people render interminable philosophical disputes and semantic discussions, as to whether there exists a general, or universal, African worldview that is utterly unnecessary and unrewarding.

The metaphysical is present globally but the way it is perceived and comprehended differs from continent to continent and from society to society, as the human species is different in culture and religion, and has different cultural and historical backgrounds. Thus the African World View Theory qualifies best in the approach to the analysis of the chosen texts.

### **African culture and tradition in contemporary Africa**

Traditional and cultural practices have been in place probably since the beginning of mankind, and have been passed on from generation to generation, hence their presence today. Social groups in the whole of Africa have specific traditional practices fashioned to their beliefs and ways of life.

Maluleke (2012) asserts that traditional, cultural, practices reflect the values and beliefs held by members of a community for periods often spanning generations. These beliefs and values shape a community's way of conduct amongst themselves, their environment and the supernatural world.

All societies are unique in their particular ways of embracing certain cultural ideologies that set boundaries which distinguish the normal from the abnormal, good from evil, wrong from right, the Manichean dichotomy. Traditional African culture has ways of identifying illnesses as well as solutions for dealing with such illnesses, which are known as indigenous healing. Constantine, Myers and Kindaichi (2004) define indigenous healing as "helping beliefs and strategies that originate within a culture or society and that are designed to treating members of a given cultural group" (p. 111). Indigenous healing is peculiar to specific cultural groups, such that the methods of indigenous healing vary from one cultural group of Africans to another. Ojelade, McCray, Meyers and Ashby (2014) argue:

All cultural groups have a nosology (illness classification system), etiology (beliefs concerning the cause of the illness), diagnosis (identification and labelling) and prognosis (expected outcome) (p. 494).

According to Ojelade et al. (2014), by applying the nosology, people, and in this case African people, are able to group illnesses under the spiritual causes group or under the natural causes group, and from that nosology they know the different methods of treatment for the specific illness. Laher (2014) observes that "an illness is described as spiritual if it involves an element linked to the intangible or supernatural environment" (p. 193).

However, there is a belief that applying alien illness and treatment approaches to different ethnic and cultural groups may jeopardise the ill, as beliefs and practices are confined to specific groups. Ally and Laher (2008) state:

By ignoring the cultural context and belief systems of African people – a lot of pain has been caused as a consequence of misdiagnosis and the application of inappropriate therapeutic techniques (p. 46).

In contemporary Africa, according to Maluleke (2012), culture and tradition have shifted significantly from the traditional podium. and appears to be a mixture of traditional elements and alien features (Maluleke, 2012). The traditional Africans, like any other traditional groups of people in other parts of the world, were aware of the difference between the physically living and ancestral spirits and other superhuman beings that belonged to the invisible world. The advent of colonialism particularly altered some of the African traditions and cultures, as well as approaches to illnesses and the curing of these. Dualism evolved as many Africans were converted to Christianity, as well as other religions

such as Islam, but at the same time, were holding on to, and practising, African ways of life, a trait noted in *Strife*.

It can, therefore, be concluded that the contemporary African culture is another form, a hybridised culture, as it is a fusion of the original and alien culture and traditions. This hybridised culture usually overrides and overpowers the original culture resulting in a higher possibility of the extinction of different African cultures. The inability and failure of nations foreign to Africa to understand and access the African way of life, including the operations involving the metaphysical world, may be some of the reasons why African ways of healing are rendered unscientific. Inokoba, Adebawale and Perepreghabofa (2010) observe:

The metaphysical is anti-science world-view; it breeds and cultivates uncritical, unquestioning, irrational, un-adventuring, fetish and other attendant cultural traits that hinder the development of scientific knowledge (p. 28).

The metaphysical is an anti-scientific worldview from the perspective of Inokoba, et al. (2010). This perspective could be emanating from the fact that the supernatural is beyond the known laws of science. However, the African world view incorporates the metaphysical standpoint. This means that African societies have an understanding of the metaphysical and its operational levels. Ojelade, et al. (2014) point out that all cultural groups have a nosology, etiology, diagnosis and prognosis pertaining to health matters. This is a scientific approach to identifying and treatment of diseases; therefore, the approach of African cultural groups could be regarded as scientific.

If Africans can implicate the metaphysical in health matters then, to some extent, Africans can explain the metaphysical since it is part of their worldview. To further reinforce that Africans may be able to explain the supernatural, the art of interaction with the metaphysical is passed on from generation to generation. It cannot just be passed on without an assortment of rationales, procedures, repercussions and significance. Thus, the African comprehension of the metaphysical in relation to diseases and treatment is exclusive, as noted in *Strife*.

From a psychological perspective, a seizure occurs when there is an abnormal electrical discharge in the brain. From an African perspective, witchcraft causes epileptic seizures. Does it mean that witchcraft (African) can cause abnormal electrical discharges in the brain when a victim is bewitched? This again goes back to Ojelade et al.'s (2014) argument that all cultural groups have a nosology, etiology, diagnosis and prognosis. The nosology and etiology vary in each culture, based mainly on the beliefs,

values and worldviews. What may be considered an incurable disorder in one culture may have an instant remedy in another.

*Strife* is about how a group of people of African origin crumbles when the people dismally fail to observe their culture and tradition, by assimilating to western approaches to illnesses and diseases while they are, at the same time, holding on to traditional, African approaches to healing.

### **The dilemma of healing approaches in *Strife* – Western versus African**

The text, *Strife*, employs two voices, one narrating the present day whilst the other is narrating the past. In the present day narrative, the isolated Dunge Gwanangara's family is facing serious calamities that are causing social unrest to members of the family. The first born child, Rindai, experiences an epileptic attack on the night of his wedding with occasional attacks recurring thereafter. The other children are also afflicted by strange illnesses. The father, Dunge Gwanangara, is a devoted Christian as opposed to his wife, Hilda Dolly, The moon huntress, who resorts to traditional healers and diviners in search of help regarding the illnesses and misfortunes of her family. Besides Rindai's epileptic attacks, Kelvin drops out of university after he has become insane. Shuvai has a boil on her leg which disables her, resulting in her walking with a stoop. Slowly the family members perish one by one, dying under 'unclear' circumstances. The surviving members try to connect with the rest of the extended family members at the end of the story.

The voice narrating from the past unveils the life of the people who are now ancestors to the present Gwanangaras. The narrative details how a character, Mhokoshi, flees from the village into the forest and later disappears. When Mhokoshi disappears, the family members assume he has died and try to follow the traditional African way of dealing with such cases. The family members witness strange happenings at their homesteads and link them to Mhokoshi. The attempts to appease Mhokoshi are unfortunately not carried out properly, hence Mhokoshi (from the past) reappearing to his people and resurfacing in the Gwanangara family (the present) many years and generations later, in different forms of illnesses.

*Strife* gives the reader the opportunity to peek occasionally into history and at the same time experience the present life in the same narrative. The reader conceptually transcends to the past and this helps in understanding the supernatural as the story unveils. Chinodya (2006) purposively uses two narrators in order to distinguish the past from the present, as well as to substantiate the link between African people's lives and the metaphysical. Critical to this study is how Chinodya (2006) ficti-

tiously explicates the dilemma that befalls African traditional approaches versus western approaches to illnesses in *Strife*.

An African family is inclusive of living members, which includes the extended family and other members who are residents of the spiritual world. The African worldview integrates the metaphysical aspect. This implies that African people evenly concede the synchronised human world to that of the supernatural as normal. This synchronicity in African people's lives could be the rationale behind Chinodya's (2006) representation of the metaphysical in *Strife*. The Gwanangara family in *Strife* is a typical African family that is directly linked to the supernatural world. The link is visibly perceived by the observable illnesses that are distressing the family.

Rindai, the first born child to Dunge Gwanangara and Hilda Dolly, The moon huntress, is attacked by epilepsy on the very night of his wedding. For African people, this epileptic attack is not perceived just as a natural incidence. Rindai's epileptic attack is considered as a tribulation, as noted from the following lines in *Strife*:

He [Dunge Gwanangara] does not know. He does not really know what happened and why; why this misfortune has chosen him and his son [Rindai], singled out his family. For forty years he has placed his complete faith in the Bible and throughout his life God has shielded him from trouble. The incident on his son's wedding night has shocked him; rent him like old cloth (p. 3).

The above quotation plainly symbolises the dilemma in which African people ultimately find themselves after embracing foreign cultures and traditions at the expense of their own. The problem that Dunge Gwanangara is currently facing, from an Africa perspective, is of a spiritual nature, and hence requires spiritual remedying. For forty years Dunge has believed and confided in the Bible; however, an African will always be an African, and for that reason the probability of identifying with his or her Africanness remains great. One can never run away from one's own shadow. The shadow in this case is metaphorical in that it entails the cultures and traditions that are innately bonded to individuals. Thus, no matter the forty years that Dunge Gwanangara might have willingly or unwillingly detached himself from his shadow through western religious practices and approaches to life, he still needs to reconsider reinstating and reconciling with his shadow, his African beliefs regarding the origins and cures of illnesses.

At some point it seems that Dunge Gwanangara is realising that the catastrophe that has befallen his family does not respond to, or require, the remedies that may be readily tabled and are prescribed

by the Bible. With this murky awakening, Dunge Gwanangara abides by the advice he receives from his neighbours as shown in the text where it reads “forty years of faith have not dulled his [Dunge Gwanangara’s] fear, like a true black man, he listens to the words of his neighbours” (p. 3). Dunge Gwanangara has lost faith in the Bible because this time it has let him down.

After Rindai has returned from the hospital with pills, Dunge Gwanangara invites the herbalist home, and rituals are performed incessantly:

A big fire was made in the yard, a drum full of fresh roots and leaves boiled on the embers, secret ablutions were conducted at night in the bathroom; steaming blankets, scented grass coals smouldering like incense, bitter porridge that had to be swallowed, spoon by spoon; signs and symbols invaded his [Dunge Gwanangara’s] home (p. 3-4).

In other words, the narrative here makes it clear that spiritual problems require spiritual remedying, and that some foreign remedies do not readily provide solutions for African problems and illnesses.

### **The role of the herbalist**

The presence of the herbalist somehow entails the calling upon and intervention, as well as establishment, of a link between the natural and the spiritual world, in an effort to help the ailing Rindai. The presence of the herbalist resonates with Ojelade, et al.’s (2014) argument that all cultural groups have a nosology, etiology, diagnosis and prognosis. The presence of the herbalist is typical for indigenous healing to take place, specifically in an African context. Values, beliefs and the African worldview, which incorporates the metaphysical, are integrated in the indigenous healing.

The bottle of pills versus fresh roots and leaves points at dualism or cultural hybridity, a kind of dilemma that is prevalent in contemporary Africa. Rindai’s ailment may be classified under spiritual illnesses and, therefore, requires a spiritual remedy rather than the mediation prescribed by the Western medical doctor. Laher (2014) observes that “an illness is described as spiritual if it involves an element linked to the intangible or spiritual world” (p. 193). When one considers the second narrating voice from the past, it becomes clear that Mhokoshi is responsible for Rindai’s tribulation, thus rendering it a spiritual problem.

This dualism is also noticed of the character, Kelvin, who is a son to Dunge Gwanangara, and a brother to Rindai. Mhokoshi’s spirit manifests by speaking through Kelvin (p. 44) saying “Do you know who I am? I am Mhokoshi! I want my weapons back.” Thus, the diagnosis of Kelvin as a schizophrenic patient (pp. 41-42) may not necessarily be appropriate. The novel infers that Kelvin’s prob-

lem emanates from a spiritual source and so does Rindai's. Thus, somehow, both cases require spiritual remedies. An implicit warning is detectable in the narrative that applying foreign approaches to Rindai and Kelvin's problems, like that of dispensing pills from the hospital, would jeopardise their healing. Thus, Alley and Laher (2008, p. 27) state:

By ignoring the cultural context and belief systems of African people – a lot of pain has been caused as a consequence of misdiagnosis and the application of inappropriate therapeutic techniques.

In other words, Chinodya implies that both Rindai and Kelvin should not have been taken to the hospital in the first place, considering that their illnesses are of a spiritual nature. As an African with an African worldview, Dunge Gwanangara should have initially consulted a medium to find out why Rindai has had an attack coincidentally on the night of his wedding, and also why Kelvin just goes insane before sitting for the exams at university.

Unlike his wife, Hilda Dolly, The moon huntress, who believes in diviners and herbalists, Dunge Gwanangara is sceptical and does not believe in African tradition and culture as stated by the narrator, "My father believes that *n'anga's* [diviner's] bones cause nothing but trouble. He wants to be supportive, but tries to maintain a detachment" (pp. 27-28).

### **Dunge Gwanangara versus Hilda Dolly**

Dunge Gwanangara's detachment from African culture and tradition is symbolic of his detachment from his ancestors. The absence of ancestors may automatically entail the absence of protection from the spiritual realms; thus the calamities inflict anguish on his family. The calamities may be interpreted as signs that are signalling Dunge Gwanangara to react in connection with his relationship to that of the spiritual world. Failure to respond and attend to the supernatural world's expectations aggravates the suffering of his family, who are being exposed to an assortment of illnesses.

Hilda Dolly, The moon huntress, is portrayed as a unique African woman. This is clearly illustrated by her typically fighting for the wellbeing of her family. Though she is married to Dunge Gwanangara, a devoted Christian, Hilda Dolly seems to be more specifically rooted in the traditional African culture, and she truly believes in the metaphysical being influential in life. She is aware that the illnesses of her family are stemming from the spiritual world and that they, therefore, require a spiritual remedy.

The name 'The moon huntress' is illuminating and reflective of her personality, namely that of believing in the cosmos. Characters like The moon huntress are said to be able to understand and ma-



nipulate events and time by just observing and reading stars and planets in the cosmos. Some thinkers classify astrology as a form of the occult, and thus astrology is deemed evil. Mashau (2007, p. 638) notes that “the occult carries the idea of things hidden, secret and mysterious”. In *Strife*, The moon huntress always looks at the moon, understands different stages of the moon’s phases and is always anxious when the times that coincide with her son Rindai’s epileptic attacks draw near:

She [The moon huntress] searches the sky for a slice of moon. Sometimes she is too early by a day or two and the darkness yields nothing to her anxious eyes. She knows nothing of lunar calendars but her instincts are alive to the power of the moon. It knows the secrets of wombs, the ebb and flow of human tide. The moon knows everything, regulates everything. Once or twice she is late and she stumbles upon the startling, razor thin finger nail in the west. She gasps. She does not sleep. Her bag is already half packed. It dreams of impromptu journeys. She waits for the phone to ring (p. 1).

To the moon huntress, Rindai’s attacks are linked to a specific stage in the different phases of the orbits of the moon. It appears that The moon huntress may be accessing information or power through reading hidden meanings or through contact with the force of supernatural beings, as explained by Montenegro (2008). If The moon huntress can read the hidden meaning underlying the link between human beings and the cosmos, then that manifests a connection to the metaphysical. This may, however, entail a possibility of obtaining a remedy from that same source of power, but the problem is the way the characters are mixing both African and western approaches at the same time.

### **Mediums**

In Chapter 12 of *Strife*, the African approach is brought to the fore when The moon huntress and her two sons consult Mbuya Matope, a diviner from Gutu. The diviner is also reliant on the powers of the supernatural world in order to find the right roots and herbs for different ailments from the forest. This is evident from the text when Mbuya Matope says:

We had to go a long way. The forest almost denied us our request. I kept praying to my ancestors to show me the bush, and just when we were about to give up, there it was right in the open... (p. 139).

Mbuya Matope, like any other diviner mentioned in *Strife*, banks on her ancestors and the spiritual world in her works and divination and in helping people believed to be experiencing spiritual problems. A link is established between the natural and spiritual worlds, such that the diviners are directed properly to the right roots and herbs. Thus the presence of the metaphysical is perceived as it seems to be the instruction manual from which the African diviners in *Strife* obtain the proper nosology, etiology, diagnosis and the prognosis, as argued by Ojelade *et al.* (2014).

Mbuya Matope warns The moon huntress of the possibility of the disease transferring from Rindai to the next child when she says: "It is possible for the disease to pass from one sibling to another. This does not usually happen but if it does, that would be very unfortunate indeed" (p. 139). Mbuya Matope is explaining how the healing process may work at times. Instead, The moon huntress goes on to challenge fate by willingly offering her body to host the disease and set her children free from their ailments. She says "Mbuya Matope, if the illness should leave my son but has to inhabit another person then let that be me, not any of my children" (p. 139). The moon huntress volunteers to take over the disease from Rindai, and in Chapter 12, the disease has moved into her and transforms from epilepsy to cancer.

At the hospital, the doctor announces that he is putting the moon huntress on anti-depressants and valium (p. 144) because the diagnosis has it that The moon huntress is very anxious and depressed. This may, however, be a wrong diagnosis. Mpofu (2011) contends that some of the ways to treat mental and spiritual illnesses in African culture are through divination, ritual enactment, cleansing rituals and traditional herbal medicines. The moon huntress's 'cancer' may not have been real, but a spiritual condition that needed a spiritual remedy, considering how she contracted the condition. In the end the doctor also gives up on The moon huntress's 'cancer' where it says "the doctor closes the file and says 'she left it too late. There is nothing more we can do'" (p. 150). But Godfrey knew how the moon huntress had challenged Mbuya Matope to lodge Rindai's affliction in her own body.

### **Conclusion**

It appears that the dilemma of African people lies in western approaches interfering with the traditional African approaches to illnesses and curing. African approaches have roots in the supernatural world; hence, the African worldview theory that is unique to Africans. Through the fictional representation of approaches to illnesses and curing in *Strife*, the mutual interconnectedness of the African cultural groups and the spiritual world is fortified.

In *Strife*, Chinodya deliberately employs duality in the narrative to differentiate the earthly world from the supernatural world. The explanations and narration of the supernatural are important in that they reveal the source from which the Gwanangara family's complications are emanating; thus, the problems are spiritual and, hence, necessitate spiritual remedies.

It can be concluded that to a greater extent incoming cultures, civilisation/modernism, do have an impact on existing African cultures, such as the dilemma as presented in *Strife*. Alien cultures tend to dilute African cultures that are already in place, thereby shifting the pivotal point from which African culture has been operating. This is evident in *Strife* where spiritual diseases that require spiritual remedies are diagnosed from a western perspective.

The presence of modernity and the subsequent exposure to foreign healing systems slowly melts away the traditional African approaches. The melting away entails the separation of African people from their cultural ways of interacting with the supernatural world and their nosology, etiology, diagnosis and prognosis pertaining to health matters (Ojelade, et al., 2014). The further African people drift away from their African footing and anchoring, the more calamities they encounter, which globalisation, modernity or even Christianity may never be able to address or attempt to provide solutions for.

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