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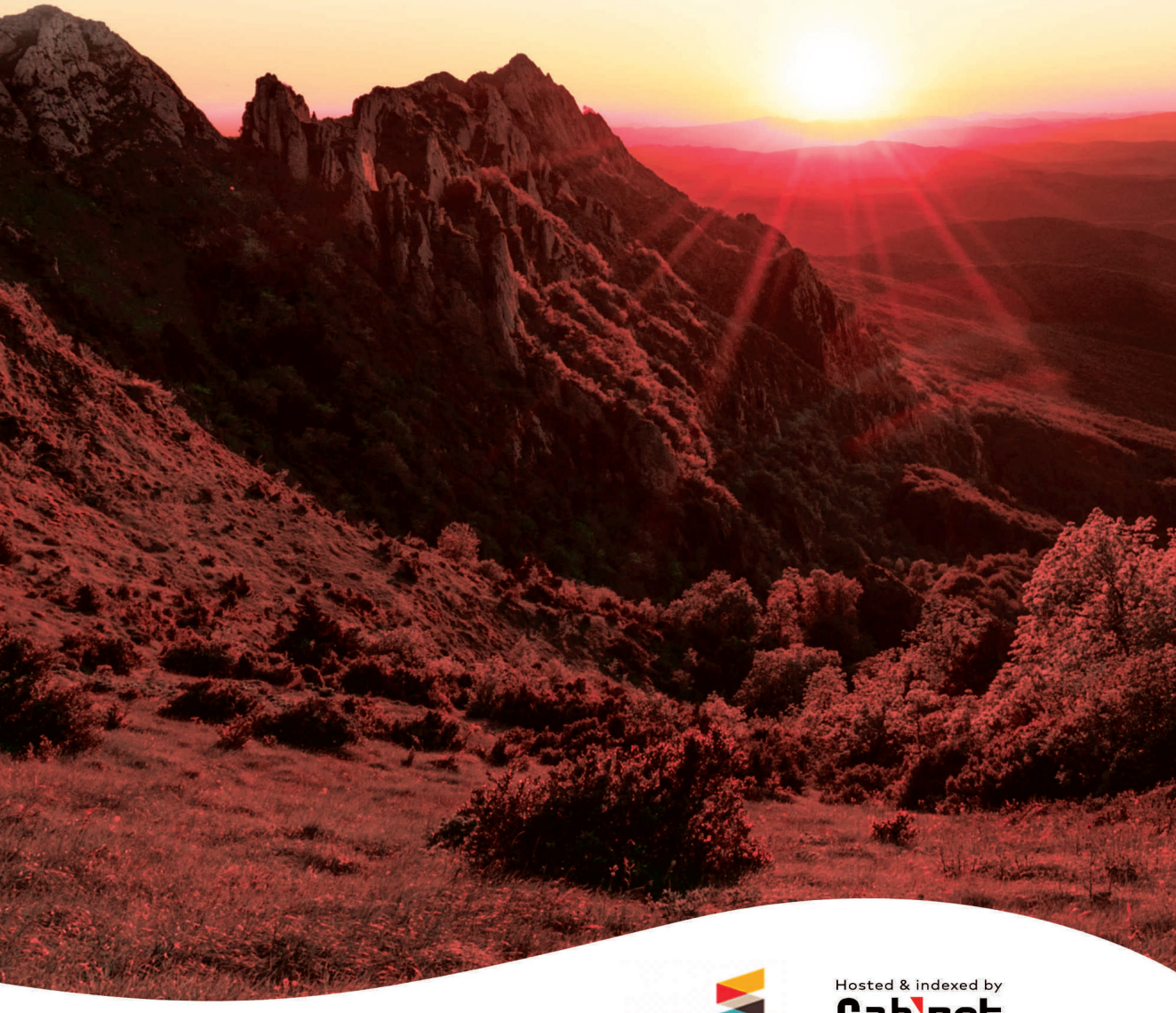

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Causes, manifestations, and healing strategies for psychiatric conditions in Zimbabwean Short Drama - *Mari Kushinga* by ZIYA Cultural Arts

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Abstract

This paper presents a qualitative exploration of the representation of the causes, manifestations, and healing strategies of psychiatric conditions in *Mari Kushinga*, a contemporary Zimbabwean drama. Mental health challenges remain a pressing concern in present-day Zimbabwe, where increasing numbers of individuals exhibit symptoms of psychiatric distress. However, the underlying causes of these conditions often remain undiagnosed or are ambiguously interpreted, leading to uncertainty about appropriate therapeutic interventions. While many families turn to biomedical or postmodern methods of treatment, such as psychotropic medication, clinical counselling, and psychiatric institutionalisation, traditional explanatory models and healing systems continue to exert significant influence within communities. Drawing on *Mari Kushinga* (2024), a drama performed by ZIYA Cultural Arts Trust, popularly known as Vharazipi, this study interrogates how artistic performance mediates cultural understandings of mental illness. Anchored in the theoretical frameworks of postmodernism, psychiatry, and Afrocentricity, the analysis reveals that greed and the pursuit of ill-gotten wealth (*kuromba/ukuthwala*) are dramatised as principal causes of psychic disintegration. The drama further portrays traditional healing systems as central to restoring individual and communal equilibrium. The paper argues that *Mari Kushinga* serves not only as a mirror of contemporary Zimbabwean society but also as a critical site for negotiating the interface between indigenous epistemologies and modern psychiatric discourse.

Keywords: Psychiatric conditions; *kuromba/ukuthwala*; *Mari Kushinga*; ZIYA Cultural Arts Trust; Afrocentric psychiatry

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Introduction

In recent years, Zimbabwe has faced a troubling increase in psychiatric disorders, often manifesting in severe and violent ways that have profoundly affected families and communities. Mental health problems are increasingly linked to social breakdown, substance misuse, and economic hardship (Chikomo & Nhapi, 2020; Motsi & Mavengere, 2021). A particularly serious incident occurred in 2021 in Redcliff, Kwekwe, where Thubelihle Keshol Ngwenya reportedly murdered seven people and injured several others in his neighbourhood (NewsDay, 11 October 2021, allAfrica.com). Another tragic event took place in Gweru (Zimbabwe) during the COVID-19 lockdown, when a man killed a child without mercy (Commu-Amplifying Community Voices Talk). Beyond such homicides, other psychiatric episodes have caused significant property damage, such as the April 2022 incident where someone vandalised glass panels at Econet House in Harare before destroying his family home in Zhombe and assaulting his father (NewsDay, 24 April 2022).

Equally distressing are reports of sexual violence committed by individuals living with both HIV/AIDS and severe psychiatric conditions, which have traumatised young girls and left them vulnerable to lifelong physical and psychological harm (Gwaambuka & Chibanda, 2019). Collectively, these cases illustrate the growing public health and social crisis caused by untreated or poorly managed mental health conditions in Zimbabwe.

Equally visible are many individuals showing signs of psychiatric distress who move through Zimbabwe's cities, towns, and growth points. Many scavenge for food from bins and dumpsites and dwell in abandoned buildings, bridges, or makeshift shelters without access to clean water, sufficient food, or healthcare (Mupfumira et al., 2022). Despite the severity of this crisis, government intervention remains limited, with few programmes focused on rehabilitation, reintegration, or providing community-based mental health services. This neglect has left society desperately in need of increased awareness and structured intervention (World Health Organisation [WHO], 2023).

Statistics published by the Zimbabwe Ministry of Health and Child Care estimate that 1.3 million people, out of a national population of approximately 14 million, are living with some form of mental illness (Médecins Sans Frontières [MSF], 2017; Zimbabwe Ministry of Health & Child Care, 2020). However, the availability of essential services, trained personnel, and medication remains

critically inadequate, making adequate mental health support inaccessible to most, either physically or financially (Chibanda, 2021; Mukandavire et al., 2023). The National Mental Health Strategic Plan (2019–2023) frames this national crisis within a broader global context, noting that one in four people worldwide will experience a mental or neurological disorder in their lifetime, making mental illness one of the leading contributors to the global burden of disease (WHO, 2022). The report further emphasises that depression has become the world's leading cause of disability, affecting over 300 million people and contributing significantly to more than 800,000 suicides annually, now the second leading cause of death among young people. Substance abuse, especially among African youth, is increasing rapidly and worsens the overall disease burden, yet treatment services remain scarce or underused (Mushore & Moyo, 2022; WHO, 2023).

Echoing this concern, Mugarisi (2020), quoting Alex Gasasira, the World Health Organisation's Country Representative, observes that:

> *.. Mental health is one of the most neglected conditions worldwide. The Mental Health Day provides Zimbabwe with an opportunity to raise awareness about the actions stakeholders are taking to deliver quality mental health services to the public.*

This statement reflects the pressing need for a paradigm shift in how mental illness is conceptualised, treated, and communicated within the Zimbabwean context (Moyo, 2021; Nyatsanza, 2024).

It is within this context that the present study aims to decolonise knowledge production by emphasising local explanatory models and indigenous epistemologies concerning psychiatric conditions (Ndlovu-Gatsheni, 2020; Mpofu, 2022). The paper critically examines the cultural representations of mental illness and healing as depicted in the short Zimbabwean drama Mari Kushinga (2024). Through a critical textual analysis of this performance, complemented by secondary literature, the paper illustrates how contemporary Zimbabwean drama serves as a pedagogical and awareness-raising tool that encourages society to reflect on the spiritual, social, and economic aspects of mental illness. Ultimately, the discussion advances the view that artistic narratives such as Mari Kushinga provide culturally rooted frameworks for understanding and rehabilitating individuals with psychiatric conditions, thereby making a significant contribution to national and community-level discussions on mental health reform (Chikomo & Dube, 2025; Sibanda, 2023; Zimunya & Muringani, 2024).

Theoretical Framework

This study is theoretically grounded in Postmodern Psychiatry Theory (Lewis, 2000), Postcolonial Theory (Young, 2009), and Afrocentricity (Asante, 2007; as cited in Magosvongwe, 2013). These frameworks collectively provide a pluralistic, interdisciplinary, and decolonial perspective for analysing the representation of psychiatric conditions, their causes, and therapeutic visions in Mari Kushinga (2024), a Zimbabwean short drama produced by ZIYA Cultural Arts Trust (Vharazipi). Together, they facilitate an epistemological reimagining of mental health discourse by challenging the dominance of biomedical rationalities while emphasising culturally situated, indigenous, and performative aspects of knowledge creation.

Postmodern Psychiatry Theory

Bradley Lewis's (2000) Postmodern Psychiatry Theory offers the main conceptual basis for this analysis. To understand its principles, it is important to clarify its core ideas. Psychiatry, within conventional biomedicine, refers to the clinical field concerned with diagnosing and treating mental disorders. Postmodernism, on the other hand, challenges the legitimacy of overarching meta-narratives and universalist truth claims that have historically supported Western epistemologies (Mandal & Copan, n.d.; Wendt & Bryant, 2021). It emphasises epistemic pluralism and questions the positivist assumptions that uphold psychiatric authority.

Within this framework, psychiatry is seen as a grand narrative, a discursive formation that legitimises its authority through the rhetoric of scientific objectivity and institutional power (Lewis, 2000; Bentall, 2020). Postmodern psychiatry reveals the biomedical model's epistemic closure, arguing that it often silences alternative explanatory systems, especially those rooted in cultural, spiritual, or artistic experience (Crossley, 2022). As Shiringu (2016) notes, psychiatry in postcolonial contexts like Zimbabwe remains fragmented and under-resourced, with its universalist claims obscuring significant local differences.

Postmodern critique, thus, calls for epistemic decentring, privileging localised, non-clinical, and community-based models of understanding mental distress. Within *Mari Kushinga*, this framework legitimises the cultural and experiential production of psychiatric knowledge, locating meaning-making not solely within the clinic but also within the domain of art and collective narrative.

Lewis (2000) advances a paradigm shift from psychiatry as a science of pathology to psychiatry as a practice of interpretation, one that integrates narrative, performance, and culture as diagnostic and therapeutic instruments. Recent scholarship extends this approach by recognising performance art as a "therapeutic semiotic" through which trauma and psychic disorder are collectively re-scripted (Kirmayer, 2022; Wessely, 2023).

Consequently, this study applies Postmodern Psychiatry Theory to interpret Mari Kushinga as both a reflection and a producer of psychiatric discourse. The play functions as an epistemic space where sufferers, families, and communities negotiate the social meaning of mental illness and recovery. In this way, postmodern psychiatry democratises knowledge, challenging the biomedical monopoly over meaning and positioning lived experience, narrative, and cultural expression as valid modes of inquiry (Lewis, 2000; Cooper, 2021).

Postcolonial Theory

Complementing the postmodern perspective, Postcolonial Theory (Young, 2009) offers a critical framework for placing psychiatric discourse within the ideological legacies of colonial modernity. Young (2009, p. 14) argues that postcolonial thought "provides a language of and for those whose histories and knowledges have been systematically excluded." In this study, psychiatric patients are viewed as epistemic subalterns, individuals whose cognitive and experiential realities are marginalised by the dominance of Western psychiatry (Ndlovu-Gatsheni, 2020; Mudimbe, 2021).

Postcolonial theory examines the colonial origins of psychiatry, revealing how diagnostic categories and treatment paradigms were historically used as tools of imperial control and knowledge dominance (Fernando, 2021). By recovering indigenous explanations of mental distress, postcolonial analysis reclaims agency for colonised individuals, challenging the idea that Western psychiatric knowledge is universally applicable or culturally unbiased (Ashcroft, Griffiths, & Tiffin, 2007; Suman, 2022).

Within the context of *Mari Kushinga*, postcolonial theory illuminates how the drama reimagines psychiatric experience through local cultural idioms, moral cosmologies, and communal healing practices. The concept of agency is central here: it encompasses the ability of postcolonial subjects to redefine or subvert dominant epistemologies of madness. Characters in *Mari Kushinga* resist the pathologisation of their experiences by invoking spiritual and social resources that surpass biomedical understanding. Such representation exemplifies

the decolonial quest to re-centre indigenous epistemologies in mental health narratives (Chitando & Manyonganise, 2021; Manthalu, 2023).

Afrocentricity

The third theoretical pillar, *Afrocentricity,* propounded by Molefi Kete Asante (2007) and contextualised in Zimbabwean scholarship by Magosvongwe (2013), asserts the necessity of locating African intellectual and cultural production within African ontologies, ethics, and histories. Afrocentricity is both an epistemological and a moral orientation, prioritising African agency, cultural continuity, and the integrity of indigenous knowledge systems (Asante, 2007; Ndlovu-Gatsheni, 2020).

Applied to psychiatry, Afrocentricity demands the reconfiguration of mental health discourse to align with African conceptions of personhood, relationality, and cosmology. It affirms the Ubuntu philosophy as a framework of psychosocial restoration grounded in compassion, mutuality, and the interdependence of human and spiritual worlds (Mkhize, 2003; Mlambo, 2022). This ontological framework diverges from the atomistic individualism of Western psychiatry, viewing healing instead as the re-harmonisation of disrupted communal and spiritual relationships.

In *Mari Kushinga*, Afrocentric principles are dramatised through ritual, kinship, and collective mediation, mechanisms that restore balance among the self, the community, and the ancestral realm. Recent scholarship in African mental health studies supports this view, emphasising that indigenous healing systems, music, and performative arts form vital therapeutic modalities (Mupfumira & Chavhunduka, 2020; Akpan & Ojong, 2024). Afrocentricity, therefore, enables this study to theorise Mari Kushinga as an epistemic artefact that embodies a distinctly African consciousness of mental illness and rehabilitation.

In synthesis, these three frameworks, Postmodern Psychiatry Theory, Postcolonial Theory, and Afrocentricity, converge to form a decolonial hermeneutic for interpreting psychiatric representation in Zimbabwean cultural texts. Postmodernism destabilises biomedical orthodoxy and foregrounds narrative plurality; Postcolonial Theory restores epistemic agency to the marginalised; and Afrocentricity re-centres African cultural logics within psychiatric discourse.

This theoretical integration positions *Mari Kushinga* as more than a dramatic artefact: it is an epistemic and therapeutic space where art, medicine, and

spirituality intersect. Through the interplay of these frameworks, the drama becomes a form of cultural psychiatry, a performative negotiation of meaning that bridges indigenous and global discourses on mental health. In this way, Zimbabwean short drama contributes to the broader decolonisation of knowledge by asserting the legitimacy of African worldviews in theorising the psyche and its recovery (Muzvidziwa, 2021; Chigidi, 2023; Kaseke, 2025).

Research Methodology

This paper employed a qualitative research method based on Denzin and Lincoln's (2005, p. 13) initiation, which states that "qualitative research seeks to develop a comprehensive understanding of human behaviours and the resources that influence them." This clearly indicates that qualitative researchers study cases to make sense of or interpret events in terms of the significance people assign to them in their natural settings. Furthermore, the choice of the research paradigm is guided by Creswell (2003, p. 35), who argues that a qualitative study is "an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting," which contrasts with quantitative research. This study utilised a critical textual analysis of the short Zimbabwean drama *Mari Kushinga*, a 2004 production by ZIYA, to explore the causes, manifestations, and healing strategies related to psychiatric conditions. The selection of the play was motivated by its thematic relevance and its timing within the current socio-economic context. A critical textual analysis will be carried out to identify the causes, manifestations, and healing processes of psychiatric conditions depicted in the text.

Results

The play, *Mari Kushinga*

Mari Kushinga belongs to the Zimbabwean Short Drama genre, produced by ZIYA Cultural Arts Trust. In public discourse, this short drama is known as Vharazipi. It tells the story of Manyatera, a young graduate who, struggling to survive under the economic policies of the so-called 'second republic,' decides to visit a *n'anga* (traditional healer). He hopes that obtaining a luck charm through a process called Kuromba/Ukuthwala will solve his financial troubles. However, the vow (*Mhiko)* he makes drives him to madness for a year as he dreams of acquiring one million United States Dollars.

Unaware of his Aunty's efforts to address Manyatera's psychiatric issues, she takes him to an African White Garment Church known as Madzibaba for healing. Madzibaba performs spiritual evocations that act as an antidote to the *kuromba/ukuthwala* spirit. The spiritual healer, Rabahoma, is the one who casts out the negative spell affecting Manyatera using the healing powers of water from a small river, which the prophet describes as the Red Sea originating from the River Jordan.

Causes of psychiatric conditions in *Mari Kushinga*

In *Mari Kushinga,* psychiatric conditions are caused by the evil act of *kuromba/ukuthwala.* Manyatera visits a *n'anga* and takes the vow (*Mhiko/Isifungo*) to this evil act of *kuromba/ukuthwala,* and after 'three' days, he loses his mind. Considering the above, Mabvurira and Makhubele (2018) frame the concept of *kuromba/ukuthwala* as a phenomenon they term "possession of some familiars". They state that *possession of familiars* is closely related to witchcraft. However, people may possess them to get rich. These familiars may, in turn, affect the owner, their children, or relatives as a condition of the services they offer the owner, by causing illness.

Chavunduka (2001), cited in Mabvurira and Makhubele (2018, p. 88), argues that "people may possess these familiars to get rich, but in the long run, they may haunt other family members by causing illness." Some of the responses in this regard, which Mabvurira & Makhubele (2018, p. 88) found in their research, were:

> ***A** tokolosh **may need a wife, and if it's not given, it causes various troubles. In our extended family, we have people who possess** familiars, **so illness of this nature [psychiatric conditions] is not a surprise.***

Maua and Egunjobi (2023) opine that, according to faith healers, mental illness is the result of demon possession and evil spirits. Muchinako et al (2013) shed more light on the fact that *kuromba/ukuthwala* for financial gain is a causal factor in psychiatric conditions. They state that to enhance personal security, power, and success in business and wealth accumulation. Some Shona people engage in *'kuromba',* which is the process of acquiring magic and charms that are believed to enhance one's prosperity. They further posit that these magic charms come with instructions for use (*muko)* that must be strictly adhered to for them to work as intended. Thus, failure or laxity in adhering to the strict operational instructions may result in dire consequences, such as mental illness in the non-adhering person. Manyatera appeared to have 'failed' or become lax

in adhering to the strict operational instructions of the *muko*, hence he became mentally ill. Thus, according to *Mari Kushinga*, *kuromba/ukuthwala* causes psychiatric conditions.

Dube and Mzambara (2016, p. 199) approach the concept of *ukuthwala/kuromba* in the context of *chikwambo (zvikwambo pl.)*. They posit that:

> *Chikwambo is a lucky charm acquired from traditional artists/specialists. It is a secret art as opposed to the public arts in the form of usvikiro (family or territorial spirit mediumship). Chikwambo is that secret art capable of fulfilling the desire for quick money, being lucky at work, improved crop yield, improved church congregation, peer influence, improved popularity and power.*

Manyatera acquired a secret art, which led him to fall into a psychiatric condition with the hope of getting rich. However, "such acquisition is a secret art whose purposes are prosperity at the expense of/through the secret use of others" (Dube & Mazambara, 2016, p. 199). *Maplankomuti* (the traditional healer or *n'anga* in *Mari Kushinga*) addresses his higher spiritual god, *Okwe,* who asks Manyatera if he has a good attitude towards the *mhiko.* In the process, *Maplankomuti* testifies that there is a queue outside, full of people from different parts of Zimbabwe, including government ministers, church leaders, and the rich, who, according to him, come to seek these lucky charms in the form of *Zvikwambo.* With the sprouting of several churches in Zimbabwe, a relatively democratised open space for political participation, and the vibe of becoming rich (*mbinga*), it is no wonder that there is now the prevalence of psychiatric conditions in Zimbabwe, given that many people are now fully committing to the acts of *kuromba/ukuthwala.*

Healing strategies for psychiatric conditions in Mari Kushinga

Managing and treating psychiatric conditions has long been neglected. The most interesting part is the perception of Zimbabweans in the post-colonial modern Zimbabwe Chitando (2015, p. 80) opines that:

> *Zimbabwe is characterised by medical pluralism. There are traditional medicines tied to ancestral beliefs and conditions, called chivanhu (indigenous), and Western biomedicine. The latter is sometimes wrongly called 'scientific.' The third option comes from African churches, where prophets provide another therapeutic system.*

As a testament to the insightful academic input by Chitando (2015), in Mari Kushinga, Manyatera's Aunty chooses the African white garment churches, where Prophet Rabahoma offers a healing system to Manyatera, now a psychiatric patient. A simple spiritual act of being taken to a natural place, claimed by Prophet Rabahoma to be the Red Sea, which connects to the River

Jordan, along with spiritual elicitation, heals Manyatera from the Kuromba/ Ukuthwala spell. In the short Zimbabwean drama, recovery from psychiatric conditions is portrayed through natural waters, prophetic interventions, and prayer. Although biomedical treatment was available for Manyatera, who had suffered for over eleven months, these methods proved ineffective, prompting the family to turn to white-garment (Apostolic) churches. The narrative highlights the importance of recognising Afrocentric approaches to mental health, which blend spirituality, communal belief systems, and indigenous healing practices. Before resorting to conventional clinical treatments such as psychiatric drugs, injections, or institutional care, families might consider culturally rooted alternatives like those depicted in Mari Kushinga, reflecting local conceptions of wellness and holistic recovery.

In this context, Maua and Egunjobi (2023) argue that therapists should adopt a cultural and spiritual lens to understand and support clients' holistic healing effectively. One of Zimbabwe's popular music artists, Jah Prayzer, in his song *'Gonamombe'* hints at the healing balminess of natural waters. Part of the lyrics of the song say:

Torai Gonamombe

Mirai kumahombekombe

Vedzinza Mubaye Mombe

Ridzai mhere musvitse zvichemo (Dziva Rinamambo).

(Take the ox, Gonamombe,
Stand by the riverbank,
Kinsmen, bring the cow,
Raise your cries and deliver your petitions (to the Sacred Pool of the Spirit King).

Since the river has a king who can 'accept' the requests/calls of those suffering from psychiatric conditions, we posit the thinking that natural waters may be used as a healing mechanism for psychiatric conditions, as seen in the case of Manyatera in *Mari Kushinga.)* The prophet, therefore, evoked the healing power of natural waters from the 'Red Sea', and it worked wonders.

According to Parsons et al. (2020), effective management of psychiatric conditions requires responses that are meaningful and appropriate at multiple levels: national, community, family, and individual. People should draw on their own cultural traditions and indigenous knowledge systems when determining recovery pathways. Chitando (2015) extends this view, noting that while many Zimbabweans aspire to modernity and embrace new spiritual frameworks,

traditional beliefs about health and well-being continue to exert substantial influence. Consequently, individuals experiencing conditions such as epilepsy or mental illness are often referred to traditional healers for cleansing and healing rituals. Within this worldview, such disorders are typically understood as spiritual rather than purely medical, and hence spiritual interventions are sought and applied as part of the healing process.

The portrayal of psychiatric conditions, mainly through Manyatera in Mari Kushinga, reflects a negotiation between modern psychiatry and indigenous healing epistemologies, aligning with Lewis's (2000) Postmodern Psychiatry Theory, which challenges psychiatry's monopoly over mental health knowledge. The drama highlights community-based and spiritual responses, such as prayers, cleansing rituals, and the use of sacred waters, as legitimate alternatives to biomedical treatment. This narrative decentralises the authority of psychiatry by emphasising 'lived experiences' and 'cultural meanings' of illness. As Lewis (2000) asserts, psychiatry must be open to alternative discourse communities, including the arts, which shed light on psychosocial realities that science alone cannot capture. The depiction of Manyatera, whose prolonged illness resists clinical intervention but responds to Afro-spiritual healing, exemplifies how postmodern psychiatry democratises mental health discourse by recognising plural, experiential forms of healing (Shiringu, 2016; Chitando, 2015). This aligns with emerging African scholarship advocating for integrative approaches that bridge traditional and biomedical paradigms (Ndlovu-Gatsheni, 2020; Mkhize, 2003).

From a Postcolonial Theory perspective (Young, 2009; Ashcroft et al., 2007), Mari Kushinga can be seen as a decolonial text that reclaims indigenous agency in defining and managing psychiatric distress. The drama challenges the colonial remnants embedded in Western psychiatric frameworks that classify spiritual conditions as "superstition" rather than valid health epistemologies. By depicting white-garment prophets and ancestral spirits as credible mediators of healing, Mari Kushinga reasserts a postcolonial epistemic sovereignty where African spiritual systems coexist with, and sometimes surpass, imported biomedical models. This dramatisation aligns with Young's (2009 p.12) argument that postcolonial critique "speaks for those whose knowledge has been silenced." Through symbolic acts of prayer and communal lamentation, the drama depicts the subaltern's reclamation of voice within the politics of health and belief. Such scenes illustrate what Bhabha (1994) calls cultural hybridity, a

space where colonial and indigenous healing discourses intersect, producing new, contextually relevant therapeutic practices (Mapara, 2022; Nyoni, 2023).

Finally, viewed through Afrocentricity, *Mari Kushinga* repositions African worldviews at the centre of psychiatric discourse. The drama's reliance on spiritual cleansing, ancestral consultation, and communal empathy reflects the *Ubuntu* ethic of collective healing, in which mental wellness is inseparable from harmony with others and the environment (Asante, 2007; Magosvongwe, 2013; Mkhize, 2003). The Afrocentric framework asserts that healing is not confined to the clinic but is enacted through social relationships, ritual performance, and moral balance. The communal gathering at the sacred pool in the drama symbolises the restoration of social and spiritual equilibrium, affirming that healing extends beyond the individual to the community and ancestral realm. In this sense, *Mari Kushinga* functions as a cultural text that performs psychiatry through African idioms of faith and solidarity. This interpretation aligns with recent scholarship emphasising the epistemic importance of *African indigenous knowledge systems* in modern mental health discourse (Chimhenga, 2021; Ndlovu-Gatsheni, 2020). Collectively, the integration of postmodern, postcolonial, and Afrocentric theories validates the drama's representation of psychiatric healing as a plural, socially embedded, and decolonial process, reflecting Zimbabwe's ongoing negotiation between science, faith, and tradition.

Conclusion

This paper sought to present the fact that there is now a renewed need for a modernistic society in present-day Zimbabwe to have a renewed sense of psychiatry. This is because there are seemingly more psychiatric cases that are witnessed by society, which in the end have an adverse effect if they are not addressed. The paper also suggested that the now seemingly popular act of *kuromba /ukuthwala* is one of the causes of psychiatric conditions. It leads those involved in its matrix to experience real psychiatric manifestations. However, in cases where a misdiagnosis has been made, the victims of psychiatric conditions may be taken to psychiatric annexes for healing. However, according to *Mari Kushinga,* it is important that as Zimbabweans, we do self-introspect in our own backyard and see if African-centred psychiatric healing methods can work wonders. Manyatera's Aunty opts for the African White Garment Church Madzibaba and seeks the services of the prophet Rabahoma, who, through spiritual evocations, heals Manyatera`s psychiatric condition.

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