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Gwyneth Davies

Doctor of Philosophy

**The Medical Culture of the Ovambo of
Southern Angola and Northern Namibia**

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ABSTRACT

This thesis focusses on the medical culture of the Ovambo peoples of southern Angola and northern Namibia, a group who have been little-researched anthropologically. Because health and affliction are such poignant human concerns, the study of a society's medical culture can tell us much about their social and cultural organisation in general. It is for this reason that Ovambo medical culture has been examined in relation to the wider socio-cultural background, rather than in isolation; especially since Ovambo evidence has shown that concern about health and affliction is not confined to the physical and spiritual wellbeing of individuals, but extends to include harmonious social relations, environmental and economic prosperity, and political stability.

A holistic analytical approach has been adopted, whereby all aspects of the medical culture are considered (insofar as the data allow), as opposed to only certain aspects. Ovambo beliefs and practises relating to health and health maintenance are therefore discussed, as well as external (i.e. European) medical influences. Particular attention has been paid to Ovambo use of plants as medicines, as well as to their prophylactic and propitiatory measures, since these are areas of ethnomedical research that are identified as being under-researched. Focussing upon these areas has also highlighted the significance of material culture in the Ovambo medical domain, and the value of museum collections of ethnography in this regard.

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Mark Peach.

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Last, but not least, a very special thank you to my husband Simon for his patience and moral support throughout, and for planning welcome Cornish and Scottish breaks when the going got tough.

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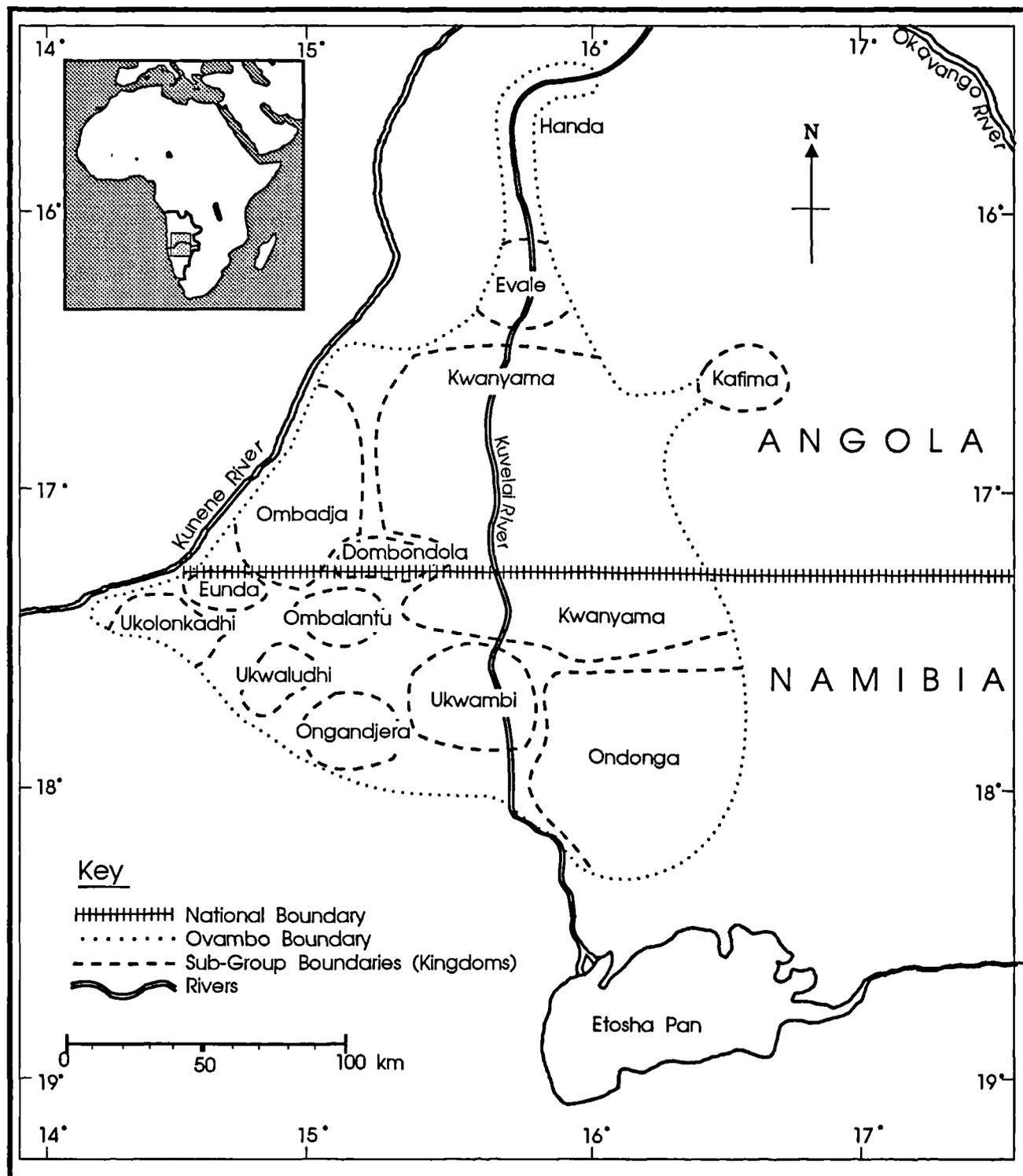
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**Powell-Cotton Angola specimen catalogue number.

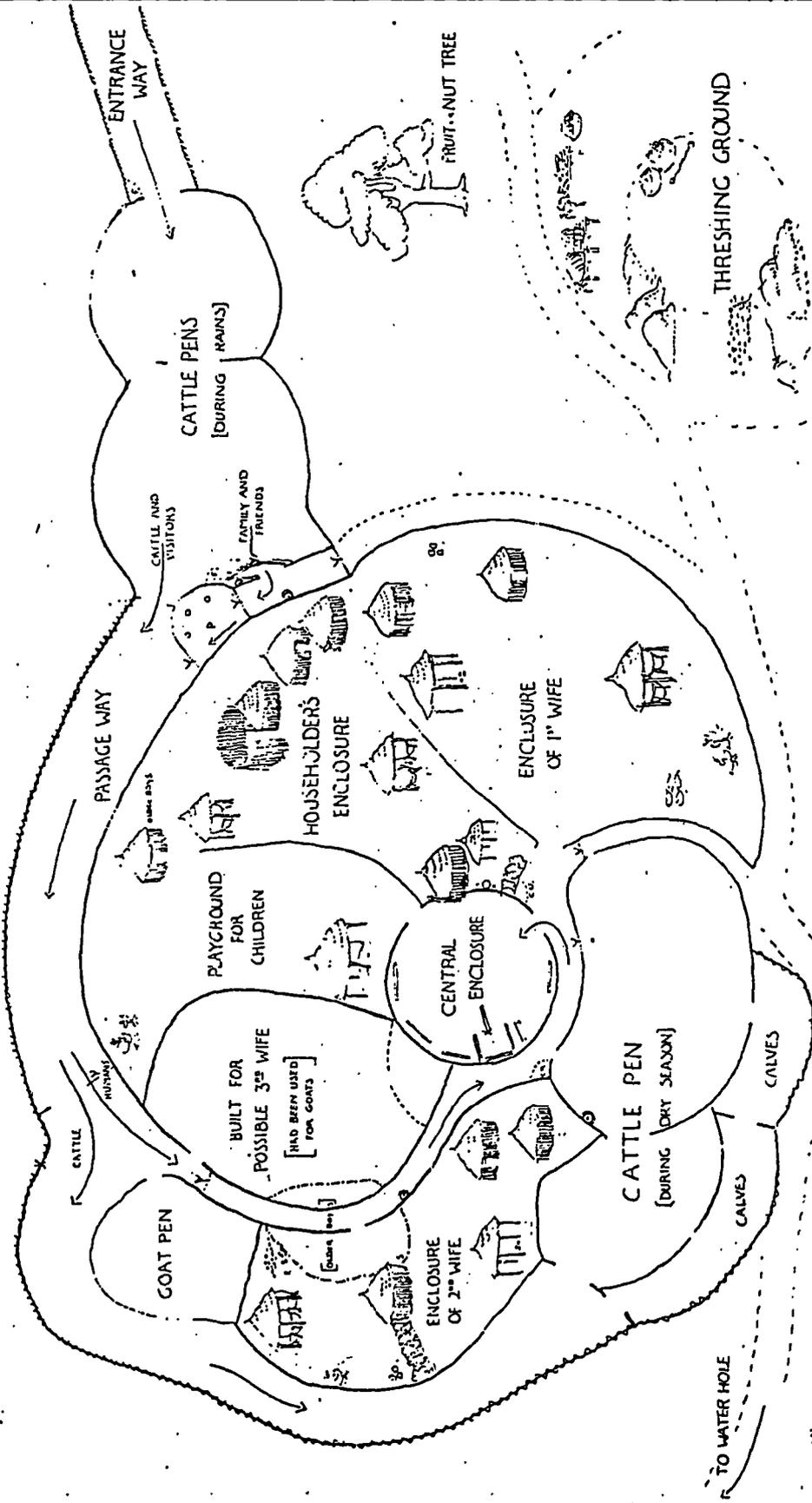
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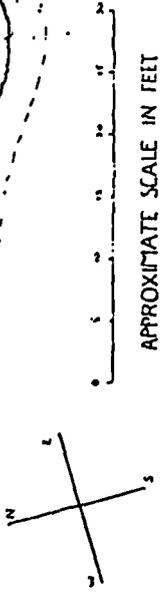
(Sources : Siiskonen 1987; Delachaux 1933)

KWANYAMA Household

GRAINFIELDS



GRAINFIELDS



D. POWELL-COTTON (1936)

INTRODUCTION

Theoretical Framework

This thesis is an analysis of the folk medical culture of the Ovambo peoples of southern Angola and northern Namibia. The Introduction begins by setting out the theoretical framework which I have chosen to adopt and the sources used and the research objectives. Chapter one provides some general background information, in particular concerning colonial history and forms of European medical influence. Chapter two addresses illness and health in Ovamboland as an objective phenomenon. It considers Ovambo nosology and symptomatology, including some aetiological explanation, together with biomedical definitions and aetiologies of tropical diseases prevalent in the Ovambo region. A fuller examination of Ovambo aetiology is attempted in Chapter three, which deals with the many and varied causal agents of affliction. Chapter four is concerned with the different kinds of healer, covering their initiation and training, the importance of spirit possession, and the significance of gender. In Chapter five I explore the character of Ovambo therapeutics, paying particular attention to herbal medicines. This is followed in Chapter six by a detailed examination of prophylaxis and propitiation as aspects of healing. In the Conclusion I attempt to define the essence of Ovambo medical culture, and assess whether or not the various aspects constitute a 'system' of medicine.

Following the definitions of Press (1980:45) and Yoder (1982:10), I examine Ovambo knowledge, beliefs and practices related to health, disease and illness within a wider socio-cultural context. Although such a characterisation must suffice, the medical domain of any given society is not always easy to define. This has given rise to much theoretical and methodological discussion amongst medical anthropologists, one particular problem being the ways in which we might establish the limits of a medical 'system'. Yoder (1982:2) attributes this lack of consensus to the absence of an appropriate paradigm, though in most discus-

sions it is assumed that there is some kind of 'system' out there which might be subject to analysis. Fabrega (1982:238) freely admits that there is such an assumption, but does not question its soundness. He accepts it as being analytically valid and so further contributes to its perpetuation, by stating that when researchers concentrate on beliefs and practices related to health, illness and therapeutics, they are learning about a *system* of medicine. Moreover, he claims that *all* societies have *at least* one system of medicine, whilst some have several, and that the main aim of medical anthropology is to study a system or set of systems in order to understand how a society's system of medicine functions, to delineate different types of system, and ultimately to derive theories that explain how different systems of medicine operate and change (ibid. 1982:240-1). Bibeau (1982:44) shares Fabrega's view, advocating that "...the ultimate goal of medical anthropology is to understand the conceptual organisation of a people in a medical domain that must include a systematic analysis of the medical system's functioning".

Starting from the assumption that all societies have a medical system, Fabrega (1982:242) states that it is well known that most African societies have pluralistic medical systems - that is, the co-existence of two or more different systems of medicine. He claims it is relatively easy for analysts to locate the co-existence of a 'traditional' system and a biomedical one, however it is much more difficult to determine the existence within a society of more than one 'traditional' system, given the range of variation of African peoples, languages, cultures and history of Africa. Thus, he concludes, defining the 'system' is harder if pluralistic, but defining the complexity is even more problematic (ibid. 1982:249).

The problems connected with defining (plural) medical systems may arise from attempting to define something which may be illusory (Last 1981:388). Last argues that too much emphasis has so far been placed on explaining a *system* of medicine, when in fact the recognition and consideration of negative evidence might reveal the presence of a "non-system" in some societies. By 'negative evidence' Last means examples of people "not-knowing" about medical knowledge, and furthermore "not-caring-to-know". He claims that in certain circumstances these negative attitudes can be institutionalised as part of a society's medical culture. Using his own data from the Malumfashi area of a Hausa town in Nigeria, he shows that the various 'systems' that define Malumfashi medical culture as 'pluralistic' are not alternative systems of equal status but rather ranked systems in a hierarchy of organisation and access to government funds. The

extent to which they are systematised and recognised as a system by doctors and patients varies widely. Last suggests that the medical system at the bottom of the hierarchy can become de-systematised - a state of affairs which is evidenced by widespread attitudes among patients (and some doctors) of "don't-know/don't-care-to-know". Thus traditional Hausa medicine, found at the bottom of the Malumfashi hierarchy, may not be recognised as a medical system, even though it enjoys a thriving existence (since de-systematisation does not necessarily mean increased ill-health and poorer treatment). De-systematisation can happen over any length of time, in response to influences from other co-existing medical systems (i.e. Islamic medicine or biomedicine), resulting in an altered, un-systematised method of medical practice, if not a non-system *per se* (Last 1981:387, 390, 391).

In order to assess how far a method of medical practice is systematised - or viewed by doctors and patients as a system - Last (1981:389) offers three criteria:

- (a) There exists a group of healers - all of whom adhere to a common consistent body of theory and base their practice on a logic deriving from that theory.
- (b) Patients recognise the existence of such a group of practitioners and such a consistent body of theory, and while they may not be able to give an account of the theory, accept its logic as valid.
- (c) The theory is held to explain and treat most illnesses that people experience.

Also, because of the possibility of non-systems occurring, Last (1981:388) proposes the use of the term 'medical culture' instead of 'medical system'. This is a much more embracing term than 'system', since it covers "...all things medical which go on within a particular geographic area". The term 'medical culture' will be used here when referring to Ovambo medical beliefs and practices.

In rejecting 'medical system' in favour of 'medical culture', I identify with the holistic perspective in medical anthropology. Most medical anthropologists would nowadays agree on the importance of adopting an holistic approach. Earlier ethnomedical studies have been criticised for being too fragmentary, based as they are on data that are partial and limited in character. Relevant data have not often been acquired by medical anthropologists themselves, but obtained from other specialists (e.g. botanists, psychologists). Such studies are accepted as scientifically valid, but have been criticised by some medical anthropologists (Yoder 1982:2; Bibeau 1982:45-6) for dividing phenomena that should in fact be viewed together. Bibeau

(1982:45-46) argues that movement away from partial examination of medical 'systems' towards a holistic analysis is crucial if researchers are to understand seriously the various aspects that comprise a society's medical culture. It is important to recognise that one area of the medical 'system' cannot be sufficiently understood without reference to the other parts, because a "fundamental homology" exists between them. This includes the examination of external (e.g. Western) medical influences, in addition to the 'traditional' indigenous aspects. Failure to acknowledge the presence of outside influence is to regard a society's medical culture as "closed" and "static", as opposed to "open" and "dynamic" (Janzen 1981:189). Indeed, use of the term 'traditional' to describe aspects of indigenous medical culture could be seen as rather misleading, since it adds weight to the notion of indigenous medical 'systems' being resistant to change and development, when in fact both negative and positive changes may occur frequently. (For example, the use of plants as medicines can be a very experimental affair, with often unpredictable results leading to change. In view of this I refer to 'traditional' within inverted commas, indicating my non-literal usage of the term.

As a result of the previous tendency in anthropology to analyse partially as opposed to holistically, many areas of medical culture have been under-researched or else ignored altogether. For example, British anthropologists have tended to concentrate on beliefs and rituals associated with the medical domain, while excluding nosology, prophylaxis and patients' choice of healers and treatment, and interest in the idea of medical 'systems' *per se* has been minimal (Yoder 1982:4). There have also been few systematic presentations of anatomico-physiological knowledge of African peoples and there is relatively little known about the efficacy of 'traditional' treatments (Bibeau 1982:45). In the pages that follow I intend to try and redress the balance somewhat, and it is fortuitous that the types of data available to me contain information relating to certain perceived gaps in African ethnomedical knowledge.

Research Aims

With regard to the study of African medical 'systems', Fabrega (1982:238) has argued that:

"Central premises about social life are forged through individual and group adaptation, which partly involves coping with illness and disease. In the medicine of a people, then, social scientists have a very rich domain for the discovery of basic aspects of social structure and process, and the study of them can contribute richly to social theory."

Similarly, Gilbert Lewis (1975:1) believes that the study of illness and aetiology in relation to other cultural themes is important, because: "...it gives us an illuminating perspective on the society's view of its world".

It is for these reasons that I have chosen to focus on Ovambo medical culture. I wish to assemble and critically evaluate the partial and fragmentary information relating to it, which exists in disparate form in the documentary sources and ethnographic museum collections on Ovamboland, seeking to place such information in its wider cultural context. Also, the difficulty in conducting anthropological fieldwork in Ovamboland due to the recent and current political situation in both Angola and Namibia, has meant that researchers have had to rely heavily on existing source material for their investigations. Thus, there has been some necessity to glean as many insights as possible, from as many different perspectives as possible.

Most of the interpretations contained in existing sources have been historical rather than anthropological, so hopefully this analysis will go some way towards redressing the balance, as well as providing an alternative anthropological perspective to those already offered (e.g. Salokoski's work). With the real possibility of being able to conduct extended fieldwork in Ovamboland in the near future - at least in northern Namibia - I offer this analysis as a pilot study which identifies key areas warranting further empirical investigation.

Because illness and health are such personal and pertinent human concerns, they extend well beyond the limits of the medical domain (as defined in its narrowest sense), into virtually all aspects of everyday and ritual life. Favouring an ethnomedical perspective thus not only enables us to evaluate a society's medical culture, it also allows us to explore issues which may initially appear irrelevant or inappropriate, but which might actually shed new light on other areas of anthropological investigation - for example, gender constructs and relations, or political organisation - as well as further informing us about social organisation in general.

Although an attempt will be made to adopt a holistic approach, the character of the material used here makes inevitable the exploration of particular themes to the detriment of others. Nevertheless, as I mentioned above, these themes fortunately go some way towards addressing certain areas of ethnomedicine recognised to date as being under-researched. For example, the annotated ethnobotanical collections from the Angola-Namibia border region, which contain many specimens used by Ovambo as medicines, allowed

me to more fully determine the character of Ovambo pharmacology, and assess the degree of importance of herbal medicines in the overall context of Ovambo therapeutics. Linked to this is the somewhat controversial issue of efficacy, and indigenous expectations and responses regarding this. Loudon (1976:39), for instance, emphatically states that "...there is no place in serious ethnomedical research for insistence on the indigenous wisdom distilled in pre-scientific herbal remedies, or encapsulated in primitive healing techniques".

Whilst I agree with Loudon that "naive advocacy" of herbal medicine or healers' skills may be unwarranted, I would nonetheless argue that the distinction between *desired* result and *actual* result ought to be made clear at the analytical level if at all possible. This would help avoid misinterpretation, since some herbal medicines may produce negative results (e.g. poisoning), yet are regarded positively - as efficacious - by those who use them, so long as such results were those intended or desired. The Finnish missionary doctors failed to recognise the distinction between actual and desired result, and consequently mis-classified many Ovambo medicines as inefficacious, because they burned or poisoned rather than soothed.

At the same time, it is also important to discover that a plant contains certain active chemical constituents which contribute towards producing desired effects, as it shows that particular plants can be specially chosen to help relieve a particular illness or symptom(s). Memory Elvin-Lewis (1983), for example, has analysed the antibiotic and healing potential of plants used for teeth cleaning in Africa. She wanted to see whether plants used by indigenous peoples had any actual dental benefit, and thus looked for haemostatic, analgesic and astringent characteristics. Her conclusion was that many plants chosen for teeth cleaning contained antibiotic and healing compounds. In similar vein, Lazlo and Henshaw (1954) conducted a cross-cultural analysis of the use of plants to affect fertility (encouragement and suppression of it).

On a more general level, there are some good existing studies which concentrate on the chemical composition and indigenous uses of African plants, including pharmacological usage. Two of the best known are perhaps Watt and Breyer-Brandwijk's (1962) *Medicinal and Poisonous Plants of Southern and Eastern Africa*, and Dalziel's (1937) *Useful Plants of West Tropical Africa*. More recent studies include Ayensu's (1978) *Medicinal Plants of West Africa*, Sofowora's (1982) *Medicinal Plants and Traditional*

Medicine of Africa, and Oliver-Bever's (1986) *Medicinal Plants of West Tropical Africa*. Studies of this sort are near comprehensive from a botanical point of view, and provide information about each species' active constituents and probable beneficial/toxic effects, alongside known uses by various African peoples. Pharmacological and dietary uses are listed, though obviously corresponding contextual socio-cultural information is not extensive. Many of the particular species used by the Ovambo were not listed. Other works worthy of mention include Drummond's (1981) *Common Trees of the Central Watershed Woodlands of Zimbabwe*, which offers some information on the uses of timber generally, as well as a complete list of Zimbabwe's trees, and Palgrave's (1977) *Trees of Southern Africa*, which is a good regional handbook offering botanical and common names. Much more informative from the point of view of plant pharmacology is Gelfand et al's (1985) *The Traditional Medical Practitioner in Zimbabwe* - a splendid publication on traditional healers and their use of the region's plants as medicines. This is an extremely detailed and well-research study (some 500 plants are mentioned), which in addition offers a comparison of plant remedies used in Zimbabwe and other African countries (Tables XVIII, p91, and XIX, p241).

Botanical collections obtained from Angola and Namibia usually lack ethnobotanical or ethnopharmacological references. In 1927 a botanical expedition to Angola was organised by the Botanical Institute of the University of Coimbra, under F.A. Mendonça and Luiz Wittrich Carrisso. Collections were also made by Welwitch and Gossweiler, and by Arthur Exell of the Natural History Museum, London (working in conjunction with the Portuguese botanists from Coimbra). The Swiss Scientific expedition to Angola in 1932-3 included a botanist. It is only the Powell-Cotton Angola botanical collection (containing some 103 plants used as medicines by Ovambo), that appears to provide ethnobotanical information for the Ovambo region in southern Angola. The Powell-Cotton specimens were identified by botanists at Kew Gardens, the Natural History Museum and the Science Museum of London. The specimens are not perfect for botanical identification, but they are valuable in that they are accompanied by ethnobotanical and ethnopharmacological information.

In Namibia, Professor A.V. Schinz conducted botanical investigations in the Ovambo region during 1865-66 on behalf of Zurich University, and inspired Finnish missionary Martti Rautanen to undertake botanical studies in Ovamboland near his Mission Station. In 1947, as part of the University of California

African Expedition, Edwin Loeb collected ethnobotanical data in the Oshikango region of Ovamboland, assisted by his wife Ella Marie Kochs and the expedition's botanist Robert Rodin. Loeb's specimens were identified at the herbarium of the University of South Africa's Department of Agriculture, and then were forwarded to the herbarium at the University of California, Berkeley. The collection is now held at the Missouri Botanical Gardens. In 1973, Rodin returned to the area in order to obtain additional specimens which would complete the region's botanical picture. Ethnobotanical information has been included in his resulting publication (1985).

All the botanical studies, with the exception of Loeb's, assume the format of a botanical dictionary. Loeb arranges his information according to plant-usage (e.g. medicines, cosmetics, diet), which is useful, although there is little contextual discussion or cross-referencing. Therefore, I have used the Powell-Cotton ethnobotanical data to build on that provided by Loeb *et al* and Rodin, by placing their ethnobotanical information in the context of Ovambo medical culture and general social organisation. The analysis of Ovambo plant-use also provides insight into Ovambo principles of plant classification and nomenclature.

Indigenous prophylaxis is another aspect of medical culture which receives recognition in this study. In this connection museum collections of Ovambo material have proved useful, containing many objects known generally as 'charms' or 'amulets' which are designed to have preventive rather than curative effect (although some fulfil the latter function as well). The use of material objects is by no means the only way by which prophylaxis is achieved, but it is certainly the main method used by Ovambo. It is an aspect of Ovambo medical culture which is too large and too significant to evade anthropological attention.

There is no reason why material objects should not be regarded as valid evidence for ethnographic research, especially if they are well annotated (Kavanagh 1989:135; Reynolds 1989:117). Indeed, Fürst (1989:97) argues that material culture research is important for anthropology, since it provides evidence independent of the written record. Ethnographies based on fieldwork alone, he maintains, "...have a tendency to reflect a conscious formulation of the ideal by the interviewee". Material culture can provide additional evidence that is not, or cannot, be expressed verbally or in writing. By this Fürst does not mean that objects are a more objective source of information, but rather that "to study material culture and its actual use can qualify interpretive conclusions". He adds that dated objects can provide a diachronic record of a

culture in transition, something which is difficult to achieve during a typical fieldwork period of one to two years (Fürst 1989:98). Ovambo medical culture is well documented in material terms: healers' equipment, ritual objects associated with healing or the initiation of healers, prophylactic objects, and of course herbal medicines. The Powell-Cotton collection is well annotated, and most objects contained in the Finnish museum collections of material culture have corresponding catalogue information at least.

Source Material

I have used two kinds of source material: (a) documents and (b) museum collections of material culture and ethnobotany. The documentary sources fall into two broad categories: published data and archival data, and these can be further divided in terms of their authorship: missionary reports and ethnographies, colonial government surveys, records and ethnographies, travellers' accounts, and independent amateur and professional academic research. The ethnographic collections of material culture and botany have been obtained mostly by missionaries, and to a lesser extent by amateur ethnographers and by academic institutions in the course of their general scientific expeditions to Angola or Namibia.

My primary source material is an unpublished ethnographic collection of Angola, obtained by the Powell-Cotton sisters (Diana and Antoinette) during two trips in 1936 and 1937, while they were in their twenties. This is now housed in the Powell-Cotton Museum in Birchington, Kent. The collection comprises some 2000 material objects, annotated botanical specimens, films, a large and systematic photographic record, comprehensive field notes and field diaries kept by both sisters. Each material object is accompanied by detailed catalogue information: English name, vernacular name, provenance, society, object description and relevant information, and some cross-referencing within the collection.

Inspired by their father, explorer and naturalist Major Powell-Cotton, the Powell-Cotton sisters were not trained anthropologists, but were nonetheless keenly interested in the subject and conducted their research according to guidelines issued them by the British Museum. They were also well-read in terms of Angolan and general African anthropology. They were fortunate to be able to discuss their research with professional anthropologists, in particular Audrey Richards, who was at that time researching Bemba land use and diet in neighbouring Zambia, and who was interested in comparing the Powell-Cottons' Ovambo data with her own. Though there are obvious gaps in the information they provide, they did make an honest

attempt to be as systematic as possible in terms of gathering evidence. Their work, however, contains little explicit ethnographic interpretation, and where explanations are given they are usually those offered by the protagonists themselves, and are not further discussed or evaluated.

The Powell-Cottons used a Portuguese-speaking interpreter from the Ovimbundu region, although some effort was made to collect vernacular vocabularies: object names, kinship terms and so forth. Many of the material objects are in less than perfect condition (i.e. worn, damaged, or containing food residues), but this is because they preferred to collect used items, as opposed to new and perhaps specially made items, in order to present a more realistic view of people and their culture. All objects obtained were either bought for cash, or exchanged for sought-after commodities like salt, safety pins, and European cloth (commodities and prices paid are listed in the field catalogues, alongside the material objects). Happily Antoinette Powell-Cotton is still living, and I have been able to discuss various aspects of her and Diana's field-work with her, and clarify certain points of information.

The Powell-Cotton collection relates to the whole of Angola, though I am concerned only with material pertaining to the Ovambo peoples of southern Angola and northern South West Africa (now Namibia). A brief excursion was made into South West Africa to obtain information about the southern Ovambo societies there. The Portuguese authorities allowed the Powell-Cottons to cross the border, but refused them re-admission to Angola. Thus, the sisters had to sneak there and back unobserved. As a result, their information for this area is not extensive. The Ovambo data in total form the largest portion of the Angola collection. The material culture and documentary information are more systematic and comprehensive, covering a wide range of aspects of Ovambo social organisation. The preponderance of Ovambo material reflects the fact that the Powell-Cottons spent most of their time in southern Angola, mainly because they found the Ovambo to be least affected by colonial and missionary influence - leading what they perceived to be a more 'traditional' lifestyle (A. Powell-Cotton 1988)¹.

The primary source material is supplemented with information from existing secondary sources, some of which are contemporary (or roughly so) with the Powell-Cotton data. These consist of various documentary sources and collections of material culture outlined above and described in more detail below,

¹ Personal interview, Quex House, 1988.

and provide an opportunity for a fuller analysis of Ovambo culture than would be possible if the Powell-Cotton data were used in isolation. In particular, the secondary sources dealing with Namibian Ovambo have proved invaluable and necessary complementary sources to those concentrating on Angolan Ovambo.

After collecting as much relevant published textual material as possible from institutions in the UK², I undertook three research visits abroad - to Finland, Portugal and France - in order to access archival and museum collections containing relevant information, as well as any published sources which were unobtainable in the UK. Limited research time and language barriers prevented me from researching *all* available Ovambo collections, hence the lack of reference to German colonial archives on Namibia. The fact that all German records pre-date 1915 was a deciding factor in this regard, although translated extracts from the ethnographic-oriented missionary texts of Carl Sckär (early 1900s) and Herman Tönjes (1910 and 1911) are used here, because of the relevant information they contain. The published works of Brincker (1900), Warneck (1910), and Lebzelter (1934) are also referred to briefly for the same reason. Because of the strong desire on the part of Finnish historians and anthropologists to make Finnish African source material available to the wider academic community, some of the documentary material relating to Ovambo has been translated into English, and most recent and current research is published in both languages. Additional translation of material relating directly to the medical domain was provided by anthropologist Märta Salokoski³, and Vappu Kivela⁴. I interpreted the Portuguese and French material myself, and three Ovambo-English dictionaries⁵ proved useful additional sources of information. Certain centres of information, for example the Musée de Ethnographie de Neuchatel in Switzerland and the Ethnographic Museum in Berlin, were contacted but not visited, since their collections of Ovambo material did not contain specimens relating to Ovambo medical culture. Background information relating to the study of ethnobotany, ethnopharmacology, ethnomedicine and tropical diseases was obtained from the London School of Hygiene and Tropical Medicine Library, the Science Library, and the Banks Library of the Royal Botanical Gardens, Kew.

² The School of Oriental and African Studies Library, University of Kent Library, Powell-Cotton Museum Library and Richard Moorsom's (independent researcher on Namibia's history) private library on Namibia.

³ Institute of Development Studies, University of Helsinki.

⁴ Finnish Evangelical Lutheran Mission Museum.

⁵ Tobias G.W.R. & Turvey B.H.C. (1954) *English-Kwanyama Dictionary*; Turvey B.H.C. (1977) *Kwanyama-English Dictionary*; Timonen Toivo E. (1986) *Ndonga-English Dictionary*.

Angola

The source material concerning Angolan Ovambo is predominantly of Portuguese and French origin. Portuguese documentary sources exist in both published and archival form, and are located in three Lisbon-based institutions: the Sociedade de Geografia, the Biblioteca Nacional, and the Arquivo Historico Ultramarino (Overseas Historical Archives). Small collections of Ovambo material culture are held at the Museo de Etnografia in Lisbon, and at the ethnographic museum of the Institute do Antropologia at the University of Coimbra, but unfortunately these do not contain any specimens relating to Ovambo medical culture. The documentary sources consist mainly of Roman Catholic Missionary reports and 'ethnographic' observations, and Portuguese colonial government records. All contain information that is of direct historical interest. However, finding ethnographic details other than the most basic is more difficult. This situation is not helped by the fact that most government sources relate to the indigenous peoples of northern and central Angola, as Portuguese settlement was concentrated in these areas. Government information which does concern Ovambo tends to be militaristic in character, and is itself a reflection of the relatively poor state of Portuguese-Ovambo relations which persisted throughout the colonial period.

Most of the articles by both colonial officers and missionaries are published in two main journals: *Portugal em Africa* and *Boletim geral das Colonias*, which contain references to Angola, including the Ovambo, spanning the period of Portuguese occupation. In addition, there are two published works dealing expressly with Ovambo - Lima's ethnographic monograph (1977) and da Costa's colonial review (1906). The colonial Administration sometimes published reviews and updates about the various Portuguese colonies, for example *Generalidades Sobre Angola* (1935), containing general information including snippets about government medical assistance. Administrative reports sent from regional capitals to Luanda and to Lisbon also contain limited information about medical proposals. Health district officials were commissioned to relay monthly reports about the state of health in their particular area of Angola, detailing any measures taken to improve the situation. Only those reports for 1912, however, were available for inspection at the Arquivo Historico Ultramarino when I visited in 1989.

All in all, Portuguese information relating to Ovambo medical culture in particular, and social organisation in general, is very partial and fragmentary. Indeed, this description applies to ethnographic informa-

tion for Angola as a whole, although the Ovambo are perhaps among the most weakly represented. Even Lima (1977:154) only briefly alludes to Kwanyama medical practices, stating that plants are used as medicines and that many *endudu* (healers) are available to deal with nursing, clinical matters, gripes and fevers. She makes no mention of illnesses or medicines by name, and does not sufficiently contextualise her information. Those colonial documentary sources that do contain ethnographic references (e.g. Diniz (1917)) are generally designed to advise government officials of indigenous practices, so that the necessary steps could be taken to erase certain traditions by replacing them with Portuguese-approved measures. This is certainly the case regarding indigenous medical beliefs and practices, which were seen as pagan (and therefore religiously unacceptable) and to have a powerful hold on people, and therefore a threat to the success of Portuguese colonisation. Thus, if Portuguese data are at all useful in this particular study, it is because as they allow some insight into the attitudes of both colonials and missionaries regarding indigenous medical practices.

The situation is not very different with respect to French documentary sources on Angola. These sources are principally those of the Roman Catholic Spiritan missionaries, held at the Archives General du Congregation du Saint-Esprit at the Mission Headquarters in Chevilly, Paris. Their accounts comprise mainly letters and reports from the field, which are contained in the *Bulletin Général de la Congregation du Saint-Esprit*, and provide a detailed, chronological record of Spiritan missionary activity throughout the world. Angola, including the Ovambo region, is fairly well documented, although the information presented relates more to missionary successes: schooling, conversions, baptisms and so forth, than to the indigenous societies themselves. The *Bulletin* also contains news of Spiritans at home and abroad, as well as of other Missionary societies (i.e. Protestant groups). Local events are often well documented, especially if they involve the missionaries in some way, for example the Kwanyama uprisings that sometimes included attacks on mission stations or particular missionaries. The rather uneasy relations between the Spiritans and the Portuguese authorities also receive comment.

In addition to *Bulletin Général*, the *Aperçu Historique Chronique des Missions* is a chronological account of Spiritan missionary activity, and contains basic demographic and hospital statistics for some areas, including Ovamboland. The journal *Annales Apostoliques* also contains missionary reports, but many

ethnographic-oriented features as well. For example, Father Fuchs' essay on the importance of cattle for Ovambo (1937), and Father Tastevin's discussion of birds recognised as sacred by the Ovakwanyama (1950). Many of Estermann's ethnographic articles about the Ovakwanyama are published here (and reprinted in the Portuguese journals listed above). Other missionaries who have written about the Ovambo include Charles Duparquet, Ernest Lecomte, Alfred Keiling, and Charles Mittleberger. Estermann, Fuchs and Mittleberger were working in Ovamboland at the time of the Powell-Cottons' visit, and they had occasion to meet and discuss their 'ethnographic' work.

However, most of the Spiritans' evidence relating to Ovambo is, like the Portuguese source material, characterised by military events. Evangelising the Ovakwanyama, for instance, proved a difficult task - especially the conversion of the *omalenga* (the king's district headmen) who often led attacks on mission stations. This situation was unacceptable to the Portuguese, who regarded conversion to Christianity as part of their colonising strategy, and therefore the military was often used to subdue resistance of this kind. With regard to the Ovambo medical domain, some aspects are referred to in the course of descriptions of Ovambo religion. The Spiritans were very much concerned with Ovambo notions of 'God' (e.g. Fuchs 1947:10-13), which involves considering at some point ancestral spirit worship, spirit possession, witchcraft and sorcery. Information relating to aetiology thus occasionally appears in missionary writings, but is not located in the context of a discussion of Ovambo medical culture. Illness in general rarely receives mention in missionary texts, and the same can be said of reportage concerning missionary medical assistance. Epidemics, however, are always noted, as are famines, drought and pestilence. Also receiving regular mention is malaria, since this greatly affected the European population in Angola.

Finally, the Swiss Scientific Expedition to Angola in 1932-33 published its results in French. In connection with this, Theodore Delachaux collected ethnographic information relating to the Ombadja, Ovakwanyama and Dombondola Ovambo peoples, whilst travelling through the Omupanda and Mupa regions of southern Angola. His research is published in diary format, with ethnographic information inserted incidentally as situations presented themselves from day to day. No attempt is made to discuss aspects of Ovambo culture relative to each other, and he offers no analysis of his material. Nevertheless, his descriptions are useful. Delachaux was able to photograph a session of divination in Kwanyama country,

and describes the system of ranking that characterises the hierarchy of healers.

Namibia

Comparatively speaking, the documentary sources concerning Namibian Ovamboland are more comprehensive than those dealing with Angola. The sources fall into different categories: travellers' accounts, missionary evidence, early ethnography, and colonial government records, and exist in published and archival form. Much of the German material is located at archives in Wuppertal, Germany, and in Windhoek, Namibia. Both archival and published Finnish sources are held at the Finnish Evangelical Lutheran Mission Library and Museum, and at the University of Helsinki Library (the Emil Liljeblad Collection). South African Government records are held in Namibia and in South Africa itself, although the FELM Library in Helsinki contains a copy of the Odendaal Commission Report for 1962-3. The earliest reports of Ovamboland are provided by the first travellers to the area - C.J. Andersson and Francis Galton, who started from Walvis Bay in 1850. Their published accounts (1856; 1853, 1890) contain stories about Ovambo obtained from their Herero and Damara guides, the Ovambo and these peoples having good trading relations.

Finnish and German missionaries describe the Ondonga mostly, since they were better received here than among the other Ovambo populations in Namibia. Brincker (1899) provides the first German missionary-ethnographic account of the Ovambo, followed by Warneck (1910), Tönjes (1910, 1911), Sckär (1916) Lebzelter (1934), and Vedder (1938). The Finnish missionary Pettinen acted as a guide to Brincker and Tönjes. Other prominent Finns include Martti Rautanen (in Ovamboland from 1868 - 1926) and Albin Savola (who began work in 1893). They were followed by Hopeasalmi and Närhi. As Aarni (1982:12) points out, they were all very keen to learn about Ovambo culture and understand the language, but this was primarily because they wished to explain the Christian message in the right way.

Another important body of ethnographic data is the large Emil Liljeblad Collection (1932)⁶, which consists of oral historical accounts given by people belonging to the different Ovambo populations. The

⁶ "Afrikan Amboheimojen Kansatietoutta" (Folklore of the Ovambo Tribes in Africa) [Collection 334, University of Helsinki Library], and "Kansatieteellinen Kokoelma" (Ethnographic Collection) [at the Finnish Academy of Science and Letters, Archives, Helsinki].

collection is not the product of systematic, ethnohistorical research, but rather constitutes a random gathering of accounts of 'traditional' aspects of Ovambo culture obtained from converts and students of the Seminary. Current historians accept the Liljeblad material as a reliable and informative source of evidence. However, the fact that the information was obtained by a missionary from recent converts needs to be borne in mind as this no doubt influences the tone of what is presented. For example, Williams (1988:4) has pointed to distortions in accounts which are the result of external contact with missionaries, travellers and colonisers. She argues that the missionaries played a major role in this by converting most of the traditional narrators (in Ukwanyama drawn from the *ovakwanahungi* clan, and appointed by the king) to Christianity first, and only then - when they had adopted Christian values - making ethnographic enquiries. Conversion to Christianity meant that many informants interpreted their stories from a Christian point of view, with the result that traditions were referred to as "pagan", and accounts often edited in order to hide 'shameful' information and so please their missionary teacher. Relevant extracts from the Liljeblad Collection are used here, though not extensively given the Finnish language barrier⁷.

Useful for building a picture of missionary medical assistance in Ovamboland are the accounts of the Finnish missionary doctors. These provide an historical overview of Finnish assistance to the area, as well as information about indigenous medical beliefs and practices - albeit in fragmentary form. The fact that they are qualified medical doctors means that their work usually contains an assessment of the load of disease - a feature which is largely absent from the source material relating to Ovambo in Angola. Their missionary connection, however, tended to predispose them towards regarding indigenous medical culture as 'pagan' and therefore unacceptable. Ovambo aetiologies, founded as they were in beliefs in ancestral spirits, witches and sorcerers, were thus rejected by missionary doctors and strongly discouraged by them. Similarly, treatment based on herbal medicines received a very negative response at the mission clinics - a situation which was not helped by the fact that many Ovambo only visited clinics as a last resort, when herbal medicines were seen to have failed and there was an emergency (e.g. over-dosing).

Medical information can also be found in some of the colonial government sources on Ovamboland.

⁷ Finnish-English translations appear in some published sources (e.g. Hiltunen 1986), and Märta Salokoski kindly translated a number of entries directly relevant to the subject of my thesis.

For example, an extensive report on the state of health and hygiene in Ovamboland has been compiled by Loots, Chief Medical Officer for the region in 1930. He includes some information about indigenous medical practices, but is largely dismissive of them. The Odendaal Commission Report, issued by the South African Administration, contains details of government assistance and proposals regarding health and development in the Northern Sector of Namibia, which includes Ovamboland. This report also reviews the types of missionary assistance and private aid from mining companies available.

Medical evidence of a more anthropological nature is provided by the works of Hahn, Loeb, and Rodin. Carl Hahn was appointed Native Commissioner of Ovamboland by the South African government during the 1920s. His ethnographic description of the Ovambo (published 1928) contains some useful information about rituals that are part of this people's medical culture, but he offers no real interpretation. Similarly, his unpublished report about Ovambo methods of performing abortion is, whilst informative, largely descriptive. From the point of view of this thesis, Loeb's work represents about the best source for the Namibian Ovambo.

Loeb was an independent anthropologist from the University of California, who conducted ethnographic fieldwork in Ovamboland during the 1940s. Although not an official colonial government anthropologist, he worked closely with the South African government, providing information for them. His published works comprise a number of articles and an ethnographic monograph about the Ovambo - in particular the Ovakwanyama people. What is most useful about his work is that he pays attention to the Ovambo medical domain, describing aspects of it in some detail. However, Loeb tends to compartmentalise his data for ease of explanation (e.g. one paper dedicated to witchcraft, one to healers and one to herbal medicines), without sufficiently contextualising it. He does not, for instance, discuss the various compartments in relation to each other, and fails to locate medical beliefs and practices within the wider context of Ovambo culture. As a source of ethnographic knowledge about the Ovambo it is, however, both relevant and important to this analysis - particularly the data concerning herbal medicines and prophylaxis.

In 1947 Loeb collected botanical specimens used by Ovambo, assisted by Robert Rodin, botanist for the University of California African Expedition. Each specimen has received scientific identification, but Loeb has included the Ovambo name as well, in addition to information regarding its various uses as a

medicine or cosmetic and so forth. His assistant Rodin returned to the Oshikango area in 1973 for four months during the rainy season, in order to obtain specimens which were unavailable when he and Loeb had last researched during the dry season. In the course of his research Rodin consulted a number of colonial officials, including Dr. Van Warmelo, Chief Ethnologist of the Bantu Administration in Pretoria. Dr. Guildenhuys, Chief Medical Officer for Ovamboland, was also interested in Rodin's project - mainly because he wanted information about the use of plants in the diet, and as medicines. Guildenhuys wished to know more about the poisonous effects of Ovambo remedies, especially the enema medicines which appeared to cause deaths in children. The results of Rodin's work are published in the form of a botanical dictionary, however there is an ethnographic introduction, as well as a useful appendix in tabulated form, organised in terms of Ovambo plant-use.

In addition to the ethnobotanical collections of Loeb and Rodin, I have also found the collections of Ovambo material culture held at the National Museum of Finland (NMF) and the Finnish Evangelical Lutheran Mission Museum (FELMM), both in Helsinki⁸, extremely useful because of the *materia medica* and related ritual objects they contain. Fortunately the majority of specimens at both institutions are annotated. Basic information about the object's use is provided, together with its Ovambo name and that of the particular Ovambo population to which it belongs. Information relating to specific provenance is rarely given, and the population's identity is sometimes omitted. Much of the material is of Ondonga origin, since the Finns were based mainly in this region. The NMF collection was obtained by missionary Martti Rautanen in the 1870s; all the specimens are unused objects and do not represent a systematic reflection of Ondonga material culture. There is, however, a preponderance of objects associated with what were deemed to be Ovambo 'pagan' beliefs and which are in fact charms, medical equipment, rainmaking equipment and the like. The content of the FELMM collection is similar, although the brief annotated information tends to be less specific. Some of the specimens were donated by Rautanen, however the collector and collection date for most objects is not recorded, other than the fact that it is all missionary material. It is both interesting and instructive to compare the Finnish and Powell-Cotton material.

⁸ I also visited the NMF's stores and research centre at Orimattila, north of Helsinki, since much of the Rautanen material is held there.

Finally, I have found it useful to draw on recent and current historical analyses of Ovambo, which critically evaluate the existing documentary source material. The authors have been determined to move away from the colonially-biased historical interpretations that have dogged existing accounts, replacing them with a better understanding of Ovambo. Some of the scholars are themselves Ovambo (e.g. Williams (1988) and Katjavivi (1988) and Hishikushitja). Although these recent studies contain little in the way of ethnographic information, they are important to this analysis in that they provide a reliable, historical framework, in the context of which my ethnographic interpretations of the sources can be viewed.

Secondary Sources: the Problems

The use of a wide variety of sources is not without its problems. It is important, for instance, to establish the context in which source material was produced: the identity of collectors is significant, as are collection dates and circumstances. These all determine what information is collected, as well as how and why. Because of this there are obvious limitations. We can, for example, only work with whatever knowledge is presented us, meaning that many lines of enquiry are doomed to remain non-starters or are at best partially fulfilled. Another point worth considering, is that notions of relevance have changed over the years, so that ethnographic data from the 1930s cannot always answer anthropological questions of the 1990s.

The reliability of secondary sources seems to be the most pertinent issue of concern for many scholars who make use of them. This is because most of the sources and material culture collections relating to the Ovambo are of missionary or colonial government origin. To a lesser extent information is provided by amateur anthropologists, travellers and explorers. Only a small proportion of the available data are attributable to qualified academics - and these are not all anthropologists. Even the independent anthropologists and historians have been criticised by present-day researchers, since most were involved in some way with the colonial governments of either Angola or Namibia. For example, I have already described Loeb's and Rodin's cooperation with the South African Administration, reporting back information which the government would find useful. Recent historical analyses of Ovambo-related secondary sources, some supported by fresh field research (e.g. the work of Clarence-Smith, Moorsom, Eirola, and Siiskonen), are considered reliable by Ovambo scholars (e.g. Williams 1988:10).

A major difficulty arising from a reliance upon a range of secondary sources, is that in the absence of fieldwork there is no means of assessing the data by checking in the field. It is perhaps best, therefore, to adopt a cautious approach to the use of the secondary sources and not expect from the 'the truth'. In other words, the secondary sources used here represent *others' perceptions* of Ovambo medical culture, rather than a true picture of Ovambo medical culture *per se*. There is also the problem of translation when sources are written in languages other than the researcher's own. In this situation translations may be available, otherwise the researcher must complete the task him/herself. Either way, there is always the possibility (however small) that something may be lost in the process - certainly the researcher has no control if using ready-translated material. Other factors, such as religious or political bias, must also be taken into account when using secondary sources.

Much of the source material on Ovambo does consist of 'personal observations', rather than pure fact; but then it is possible that ethnographies based on field-research might also contain such personal observations. What is important here, is that in making use of secondary sources in the absence of fieldwork, I must refrain from treating these personal observations as pure 'fact', since I have no means of establishing them as such.

My heavy reliance upon evidence collected by missionaries and amateur ethnographers is by default rather than by design. Quite simply, these sources contain more ethnographic detail than do the other available sources (i.e. colonial government material). It is generally agreed among current researchers of Ovambo history and society, that missionary data are an acceptable source of information, so long as they are used critically. The basis of such acceptance is that the ethnographic facts are thought to be reliable, even though the interpretations may not be. It is necessary to regard missionary material critically because of the circumstances of its production. That is to say, their desire to unravel indigenous (religious) beliefs and practices in the hope that they would assist the missionaries in explaining Christianity and achieving conversions, means that a rather skewed ethnographic picture of the Ovambo is presented us, and naturally many gaps in our ethnographic knowledge of them exist as a result. Finally, the fact that many missionary societies were keen to assist European colonising efforts, or else were unable to do otherwise if they wished to operate in the colony (e.g. the Spiritans relationship with the Portuguese government), contributes to the

need for critical evaluation of their documentary evidence.

Because of these negative aspects of missionary source material, it is necessary to justify the use of it here. Professional anthropologists have been particularly keen to dismiss missionary ethnographic work, seriously doubting the latter's intentions in the field. MacGaffey (1981:265), for instance, has stated that work by missionaries, priests and amateur ethnographers dealing with African beliefs and rites should not necessarily be regarded as anthropological; and using it scholars must recognise that it is of poor quality. Evans-Pritchard (1980:7) shares a similar view: missionary anthropology is 'bad' and unreliable because it does not obey the rules of anthropological authority - it is not "scientific". He thus dismisses missionary knowledge, arguing that "speaking a language fluently is different from understanding it", with the implication that anthropologists do however manage to achieve the latter.

But as Mudimbe (1988:65) and Van der Geest (1990:588, 595) both argue, the missionaries' knowledge of indigenous people is often far greater than the anthropologists', since they usually spend a great part of their lives and not just ten months to two years in the field. Anthropologists, because of their comparatively short stays, are far less likely to be fluent and more likely to use interpreters, with the result that their self-styled superiority over missionaries regarding "understanding" seems questionable. Mudimbe (1988:66-67) suggests that it is because missionaries are concerned with 'converting' rather than with 'understanding' indigenous people, that anthropologists have tended to reject missionaries interpretations as approximation. But, he adds, since anthropologists are not perfectly bilingual their own interpretations may well be just a "questionable invention".

The point to be recognised here is that it is not so much *knowledge* - be it missionary or anthropological - that is questionable and possibly unreliable, but the *interpretation* of such knowledge. On the basis of this, I therefore feel thoroughly justified in making use of missionary ethnography, because although I may question their motives and interpretations, I can still nevertheless appreciate their knowledge as valid source material. After all, as Van der Geest (1990:592-3) has pointed out, we usually accept anthropological knowledge without always accepting the interpretation offered. If the knowledge of missionaries and amateur anthropologists is 'bad', it is insofar as it is often partial and unsystematic in character, thus preventing researchers from building a complete picture of the society in question. However, the latter is in

any case an analytical ideal, and one which even professional anthropologists cannot realistically or honestly hope to perfectly achieve.

Chapter One

THE OVAMBO IN CONTEXT: THE PEOPLE, THEIR LAND AND EUROPEAN COLONISATION

The Ovambo People

The Ovambo are part of the larger Southwestern Bantu group (Murdock 1959), and consist of 12 culturally related peoples - originally kingdoms - which occupy the international border regions of southern Angola and northern Namibia. In northern Namibia reside the Ovakwanyama, Ondonga, Ukwambi, Ongandjera, Ombalantu, Ukwaludhi, Uukolonkahdi and Eunda (Hahn 1928:1; Tuupainen 1970:12). The Ovakwanyama, Evale, Dombondola, Kafima and Ombadja¹ (a divided kingdom under two different ruling clans), inhabit the southern Angolan region (Estermann 1976:51, 117) (see Map 1).

Of the 12 peoples, the Ovakwanyama and the Ondonga (occupying eastern Ovamboland) are larger and more prosperous than the smaller Ovambo groups to the west. They are also better documented in the source literature (Loeb 1962:18). Demographic information for the Ovambo does exist, although it tends to be extremely scanty and fragmentary in character, and of somewhat questionable accuracy. For example, a population census was carried out by the South African Administration in the early 1920's, and on the basis of the results Hahn (1928:2) estimates a total Ovambo population of 150,000 in northern Namibia, comprising 65,000 Ondonga, 55,000 Ovakwanyama, 8,000 Ukwambi, 6,100 Ukwaludhi, 5,100 Ombalantu and 600 Eunda. Some 50 years earlier, the Finnish missionary Peltola (quoted in Hiltunen 1986) numbered the population at around 100,000, but Hiltunen does not mention his sources for this figure. According to

¹ The Ombadja are often referred to by other Ovambo and by Europeans as Kwamatwi (Cuamatui), but Ombadja is the name they use for themselves.

Bruwer (1966), the Kwanyama population in 1960 was apparently 87,511 for the Namibian region, while in southern Angola they numbered around 200,000 (Rodin 1985:7). The population figures really do little more than offer the reader a very rough idea of the size of the populations concerned, which it appears expanded in numbers over time.²

Linguistically, the Ovambo can be divided broadly into two groups. The first includes the Ovakwanyama and all the southern Angolan peoples, whose dialect is known as Oshikwanyama and distinguished, for example, by the plural prefix *ova* for 'people' - as in *ovakulunhu* (elders). The second includes the Ondonga and all the remaining Ovambo peoples, the dialect known as Oshindonga with a plural prefix *aa* for 'people', e.g. Aandonga (Loeb 1962:6). It is maintained in the source literature that the Ovambo owe their name to their neighbours the Herero. Tuupainen (1970:12) states that the term 'Ovambo' is derived from the Herero *ovajamba*, meaning 'wealthy-people', whilst Loeb (1962:9) claims that in Herero dialect 'ovambo' means 'people-with-the-cattle-posts', because the Ovambo had to graze their cattle north and east of the living area. Although the two interpretations of the term differ, what is important is that they both contain a reference to Ovambo economic prosperity and relative political power based on ivory trading (*jamba*: elephant) and pastoralism/cattle raiding.

The Nyaneka-Nkhumbi peoples on the western bank of the Kunene river are closely related to the Ovambo and have good trading relations with them. The Ovambo also trade with the Damara further south (in Namibia). The Herero and the Ovambo share common ancestral mythology. Both peoples cherish an *omborombonga* tree in eastern Ovamboland, which they consider marks the place where their founding ancestors (two brothers) parted company to form the now distinct cultural groups. Both peoples migrated from the Zambesi river region, and upon reaching what is now the Ovambo region one brother and his followers decided to remain and settle the area, while the other together with his followers (the Herero) continued westwards in search of better pasture-land (Hahn 1928:1; Williams 1988:90). It has been assumed on

² I was unable to obtain any information regarding population density, however I am aware that Ovamboland is well populated for Namibia. A major cause of this is the large scale migration which occurred within Ovamboland as a result of the five adjustments made during the establishment of the international border line between Angola and Namibia. In 1926, for example, around 40,000 Ovakwanyama wishing to avoid Portuguese rule, moved south to join the 20,000 Ovakwanyama already in Namibia - leaving 20,000 still in Angola. This meant that three-quarters of the Ovakwanyama population now lived in the smaller of the Kwanyama regions. Moreover, grazing was poorer in Namibia and visits to grazing out-posts in Angola were prohibited by the Portuguese (Loeb 1962:43). Both the Germans and South Africans regarded the large Ovambo population as a valuable source of migrant labour for their mines and farms further south.

the basis of royal genealogies that the above migration took place sometime during the sixteenth century. Aarni (1982:23) and Williams (1988) have attempted to establish the migration routes on the basis of available archaeological, oral historical, linguistic and onomastic data. The Okavango peoples of eastern southern Angola are also culturally related to the Ovambo, and once formed one kingdom ruled by the Hyena clan, sharing common ancestry with the same clan in Ovambo (Williams 1988:23, 89-91). The Ovambo even claim a distant association with neighbouring hunter-gatherer communities, which may in part account for their good relations with them. A number of Ovambo proverbs refer to the time when Ovambo were Twa (i.e. hunter-gatherers) (Kuusi 1970; Estermann 1976:55-57).

The Ovambo Region

Ovamboland is located on an alluvial floodplain about 1,200m above sea level, which slopes gently from the north (Duparquet 1935:125; Loeb 1948:16). In Namibia the Ovambo area covers 56,000 sq km (Aarni 1982:22), between Latitudes 17.30 S and 18.30 S, and Longitudes 14.00 E and 17.30 E (Tuupainen 1970:12). The area near the border with Angola is characterised by thick belts of sub-tropical vegetation, while large, open grass plains are found further to the south as the environment assumes a more semi-desert appearance, due to the increased salinity of the soil (Loeb 1948:17). The eastern area is also thickly wooded, unlike the western area which is primarily open savanna fringed with bush. The Ovambo area in Namibia extends as far north as the international boundary with Angola, and almost as far south as the Eto-sha Pan (Hahn 1928:1; Loeb 1948:17). In Angola, Ovambo territory is situated between the Kunene and Okavango rivers (west and east respectively), and extends roughly 200 km northwards from the Angola-Namibia border, principally along the banks of the Kuvelai river (running through Handa, Evale and Kwanyama country) (Delachaux and Thiebaud 1933:8-9).

Generally speaking, the Ovambo peoples in the north (i.e. southern Angola) enjoy better living conditions as a result of the sub-tropical arboreal environment, which is directly attributable to the greater abundance of water due to the proximity of the permanent Kunene and Okavango rivers and seasonal river Kuvelai. The Ovambo country as a whole is served by a network of broad, shallow water courses and pools known as *ooshana*, which are tributaries that fan out from the Kuvelai river originating just outside Handa territory. During the wet season, rain and flood waters from the two permanent rivers in the region enable

the *oshana* network to supply the Ovambo with 6-7 months of water during the dry season in a good year. Years of abundant rainfall are known as *efundja* and are much celebrated since they occur infrequently (Tuupainen 1970:16). Hahn (1928:1) states that following a good wet season up to three-fifths of the land may become submerged for quite some time.

As the *oshana* network progresses southwards, through northern Namibia, its intersecting character increases in complexity. Wider water channels and pools are replaced by narrower, more numerous streams, which dwindle further before petering out into the Etosha Pan (Estermann 1976:53). The Ovambo are heavily dependent on rain for the provision of good grazing areas, and the success of their millet and sorghum crops. However, rainfall is often poor - even absent - some years, leading to severe water shortage and frequent drought. Two wet seasons are recognised by Ovambo: a short rainy season from October to November (when grain fields are prepared in advance of rain proper), followed by a longer one from December to March. Rain rarely falls during all of these months, the overall amount averaging about 400mm. Water conservation, therefore, becomes a major priority and is largely achieved by the construction and maintenance of wells and reservoirs throughout the region, together with careful regulation of water use. They are built to supplement the *ooshana*, when the latter begin to dry up. Because the water table is quite close to the surface, the Ovambo rarely have to dig deeper than 3-7 metres to reach water for domestic use. Such wells are normally unlined, and are conical in design due to sandiness of the soil which disturbs easily (Loeb 1948:17; Hahn 1928:1; Aarni 1982:22; Rodin 1985:40).

Despite the irregular character of the region's water supply, the *oshana* system nevertheless ensured the abundance of various types of flora that were widely used by the Ovambo as food, medicines, manufacturing materials and fuel. Estermann (1976:53-54) informs us that the best vegetation was found along the edges of the principle *ooshana*, in the central area of Ovamboland occupied by the Ovakwanyama, in southern Angola. Away from the water-courses the land assumed forest growth similar to that found west of the Kunene river. Estermann classifies the forest into two main types, distinguishable on the basis of the soil in which each grows. It would seem that he has followed the distinction made by Ovambo themselves, as he provides us with the Ovambo terms for the forest types. Thus we have the forest of the sandy plains, *omufitu*, in which *Burkeas*, *Pterocarpus* and *Endandrophragma* species predominate. Then there is that

thriving in more clayey soil, *omuhenye*, typical of the southern Angolan bush: *Excoecana africana* and *Colophospermum mopane*, with some *Terminalia* species. Occuring in all soil types are the gigantic *Adansonia digitata* (baobab) trees. A number of fruit trees flourish in the region which are regarded as a valuable food source and much respected by Ovambo. These include: *Schlerocarya birrea*, *Diospyros mespiliformis*, *Ficus sycomoros* and *Berchemia discolor*. Fan palms (*Hyphaene ventricosa*) grace the area, although most of the mature palms were destroyed during the great famine of 1915, when Ovambo were forced to use the trunks as a major source of food (Estermann 1976:54).

Ovambo Settlement and Economic Structure

Each Ovambo group (kingdom) occupies its' own area within the Ovambo region as a whole. Estermann (1976:51) writes that tracts of no-man's-land, several kilometres in depth, used to separate one kingdom from another. The establishment of homes was traditionally prohibited within these zones of forest or bush, which were quite discernable in the 1920s. By the 1950s (Estermann's time of writing), however, people were starting to occupy the buffer zones, leading to their virtual obscurity.

The area occupied by one group is known as *oshilongo* (country) falling traditionally under the jurisdiction of the king (*ohamba*) or paramount chief. However, in order to render it more manageable, the *oshilongo* is sub-divided into districts - *omikunda* (*omukunda* sing.) - which are governed by *omalenga*, district-heads and counsellors of the king. They are appointed by the king and are responsible to him. Women as well as men could be district-heads, for example the king's mother always had her own large district some distance from the king. About 15-20 households were established within an *omukunda*, with distances between them ranging from 500 m up to 3 km or more (Loeb 1962:42; Tuupainen 1970:16; Williams 1988:460).

The Ovambo household (*ehumbo*) is a self-contained economic unit, although cooperation between them during weeding and harvesting is common, as is the sharing of cattle herding between morning and evening milking (Williams 1988:48). It is a large, roughly circular, structure composed of several huts and living areas separated from one another by tall wooden or millet stalk palisades. Palisades also form intricate connecting passageways which allow access to the various areas. In the centre is a large meeting area (*olupale*), and around the outside are fenced areas for the cattle. The entire structure is enclosed within a

thick wooden palisade about 6-10 ft in height (Hahn 1928:10; Williams 1988:45). It is occupied by a polygamous family unit³ comprising usually a husband, 2-4 wives and all their children. It was not uncommon, however, for other kin members to reside there as well - particularly newly married couples with no *ehumbo* of their own. Each wife has her own cooking facilities and food storage area in her living quarters, and her children live with her until old enough to marry (girls) or move into the cattle pens with other adolescent boys. Ovambo marriage is preferentially based on clan exogamy and kingdom endogamy, although marriages between members of two different Ovambo kingdoms are not uncommon. The system of descent is matrilineal.

The domestic economy of the Ovambo is organised principally around agriculture and pastoralism: the former being the sphere of women, and the latter that of men. The basis of their diet is millet (*Pennisetum spicatum*) called *oilia*, which means 'the principle food'. It withstands drought longer than other cereals, thrives in poor soils and stores for 2-3 years. *Sorghum vulgare* (*oiliavala*) is also grown; it is less hardy and requires better growing conditions, but is more highly prized. Each married woman has her own grain fields and vegetable garden adjoining the *ehumbo*, and co-wives work together on the grain field of their husband. The husband must clear each of his wives' fields prior to planting in October or November each year. Every *ehumbo* is equipped with its' own communal threshing and pounding areas (Estermann 1976:132-4).

Because of the extensive flooding which can occur during the wet season, crop fields are established on specially prepared raised mounds and thus fed but not annihilated by the *ooshana* (Hahn 1928:34). Loeb (1948:16) argues that the use of these raised beds has prevented European introduction of the plough, and in turn handicapped the missionaries in introducing monogamy: agriculture requiring many wives to hoe a plot of ground and harvest the crops. In addition to grain, various cucurbits and peanuts: *osimbutufukwa* (*Arachis hypogaea*) and *osifukwa* (*Voandzeia subterranea*) are also grown.

The herding of cattle (*engobe*) is the responsibility of men. The king manages the largest herds and

³ The missionaries were extremely keen to persuade the Ovambo to accept a monogamous lifestyle, although it is difficult to assess how successful they were in achieving this. Interestingly, Rodin's (1985) work contains an aerial photograph of a monogamous Kwanyama *ehumbo*, which is of rectangular design and largely devoid of internal divisions and huts. It was taken during his second field visit in 1973.

those of other men vary in size depending on socio-economic status. Some men, *ovanahambo*, are without herds of their own and look after the herds of others. Such a man is entrusted with about 40-50 head of cattle which he takes to established grazing posts during the dry season; he is usually young and unmarried. All herdsmen know the grasses preferred by cattle - those that fatten them easily. A number of herbal remedies for cattle and for the herdsmen themselves are also known, and certain herdsmen specialise in castration (Estermann 1976:136-137). Cattle are an extremely prestigious commodity, reflecting the wealth of the lineage (Hahn 1928:35).

Other economic activities are similarly organised on the basis of gender. Males are responsible for building households and granaries (*omaanda*), clearing waterholes and fields, iron production, the manufacture of all wooden items and hide goods, salt procurement and hunting. Females are concerned with most child care, all food preparation, the production of baskets and pots, thatching of dwellings, the gathering of wild fruit and vegetables and the collection of water (Hahn 1928:25; Estermann 1976:143-5). Fishing is a joint enterprise, although the methods adopted by men and by women differ. Women actively fish with tall, conical baskets in the *oshana* pools, whereas men construct traps across the narrower water-courses, consisting of weirs (*olua*) with conical baskets (*omidiva*) in the apertures (Estermann 1976:142).

The Ovambo believed economic success to be closely bound up with the well-being of the king. He was usually referred to as *omwene wosilongo* (holder/guardian of the land), and was believed to guarantee fertility and prosperity to the nation because of his lineage connections with the powerful royal ancestral spirits, as well as his association with *Kalunga* the Creator (Loeb 1962:41). Major calamities, such as drought and pestilence, were usually attributed to the wrath of the royal ancestors who had been made angry by the unsociable behaviour of the living. The king and his royal elders (*ovakulunhu*) were responsible for communicating with the royal ancestors on the nation's behalf, and vice versa.

The importance of the king as guardian and benefactor of his country is reflected in the symbolism of the nation's sacred fire, *omilo guoshilongo*, built only of *omufyati* (*Colophospermum mopane*) wood and which permanently smouldered in the royal residence. It was believed that terrible misfortune would befall the whole country if this fire were allowed to die out during the king's lifetime, and so two specially appointed elders, *atonateli yomilo*, were charged with constantly tending it. The fire symbolised the life of

the king, which in turn symbolised the life of the nation; only when the king died was the fire allowed to extinguish naturally and a new one kindled for his successor. All royal subjects established their own domestic fires with embers taken from the sacred fire, the order in which they were received depending on status (e.g. the *omalenga* received theirs before other householders) (Hahn 1928:17-18).

The king and his *omalenga* aimed to ensure economic and social stability throughout the kingdom: settling disputes, for example. The king also managed the kingdom's economic year, by ritually inaugurating the agricultural and herding seasons, fruit picking and fishing seasons, the annual expeditions for salt or iron, and the national big game hunts. Dates for house-moving and for major ceremonies like the *efundula* female transition rites, are also given by the king (Loeb 1948:71-75; A. & D. Powell-Cotton 1937a). Not all kings, however, proved to be benefactors of their people, and there are reports of autocratic, despotic kings who ignored the advice of their elders and terrorised their subjects (e.g. see Hahn 1928:8). Such kings were often eventually displaced by rival candidates with popular support (Clarence-Smith 1979:79). Though, to claim, as many missionary and colonial administrative sources have, that *all* Ovambo kings were cruel despots, is both slanderous and misleading. The catholic missionary Estermann, for example, writes: "There is no doubt that the most perfect and absolute despotism prevailed almost everywhere" (1976:124), yet this opinion is based on the memoirs of South African soldiers like W.B. de Witt, who clearly had a vested interest in denouncing the indigenous system of government in order to justify imposition of colonial rule.

It is true that Ovambo kingdoms did not always peacefully co-exist and were not always internally stable, but the disputes over cattle, land and water rights, and refugees seeking assylum, were not the product of internal dynamics alone. Rather, as argued by Katjavivi (1988:3-4), such conflict can be seen as the product of wider socio-economic changes, whereby external stimuli (trade and contact with Europeans) have interacted with internal social dynamics. The result was intensification of social stratification during the late nineteenth century, which saw the strengthening of a dominant ruling elite (chiefly *omalenga*) who exacted tribute (cattle, grain) from the people, and who encouraged the development of ivory and slave trading. Tribute and slaves were traded with Europeans for prestigious commodities like horses and guns.

Eventually, the traditional Ovambo form of government was replaced by a colonial system of indirect rule, imposed by the Portuguese in southern Angola and by the South Africans in northern Namibia. Loeb

(1948:19) states that under the Mandate of South Africa the Ovambo in Namibia were governed by groups of headmen, or a single chief, who were advised and directed by Government officials. Only half of the kingdoms still had kings in 1948. In Ukwanyama kingship ended in 1917, when King Mandume was shot by Union forces; headmen and sub-headmen replaced the monarchy. Chieftainship was hereditary and continued to be based on matrilineal succession (as among the Ondonga, Ongandjera and Ukwaludhi, for example), whereas headmen were simply appointed by Government administrators (Tuupainen 1970:17).

Colonial History

The Ovambo were subject to colonial invasion from more than one European country at once. The Portuguese extended their colony in Angola as far south as northern Ovamboland, whilst the Germans, and later the South Africans, extended their influence over Namibia (formerly South West Africa) as far as southern Ovamboland. The borderline between the two colonies thus ran directly through the heart of the Ovambo region, disrupting the lives of the people there. Thus the Ovakwanyama were subject to different and often conflicting administrative policies and law. The problem was compounded by the fact that the precise location of the border could not initially be agreed by the European powers.

According to Estermann (1976:52), Portugal and Germany drew the southern Angola border in 1886, thus locating the Ovakwanyama, Ombadja, Dombondola, Kafima and Evale on the Portuguese side, and leaving other Ovambo in northern Namibia. In 1890, however, the international boundary was adjusted, the new line dividing the Kwanyama kingdom in two and leaving just one third of their number in northern Namibia. The border has seen a further three adjustments, each time involving major movement of refugees to and fro, fleeing one or other of the colonial administrations (Totemeyer 1978:6, 35, 100, cited in Aarni 1982:23).

Loeb (1962:37) informs us that in 1926 the status of the neutral zone between Angola and Ovamboland was submitted to arbitration and the zone awarded to Angola. The Assistant Native Commissioner's H.Q. for the South African government was moved from Namakunde to Oshikango (see Maps) just over the border. Loeb maintains that 40,000 Ovakwanyama, wishing to remain under Union rule, moved south to join the 20,000 already in Namibia, leaving 20,000 behind in Angola. Three quarters of the population were thus living in the smaller of the two Ovakwanyama regions, which moreover was characterised by poorer

grazing and forest areas. Border and colonial controls became increasingly restrictive, which further hampered the indigenous economy and culture - the Portuguese, for example, refusing to allow the Namibian Kwanyama over the border to visit their usual cattle grazing out-posts (Loeb 1962:43).

Traders, explorers and missionaries were the mainstay of early European penetration, with the Portuguese and the Dutch visiting as early as the 1400s and 1700s respectively. It was not until the 1880s, however, that colonial rule in Namibia was formally established under the Germans. At this time the Ovambo were little affected, being so far north; unlike the Nama and the Herero who waged a bitter war of resistance against the Germans from 1904-7, suffering devastating blows to their population and economy (Katjavivi 1988:5, 7-11).

The colonial situation changed dramatically during the First World War, when the British requested South African forces to invade Namibia and oust the Germans. This directly affected the Ovambo, as from 1915 the 'Northern Sector' (Ovamboland, the Kaokoveld, Okavango and Caprivi) became more firmly administered by the Union government than it ever had been under German rule. Germany lost Namibia in 1919 as a result of the Treaty of Versailles, and in 1921 the League of Nations entrusted Namibia as a Mandate to the Union of South Africa, to be administered as an integral part of it. The League of Nations was replaced by the United Nations in 1946, and there then began a long dispute between this organisation and the South African government over the Mandate for Namibia. South Africa refused to recognise UN authority and insisted that the Mandate had lapsed with the dissolution of the League of Nations, thus allowing them to proceed with a constitutional development of Namibia (Tuupainen 1970:11; Katjavivi 1988:13). All intervening efforts of the International Court of Justice, the UN, and the indigenous peoples (e.g. SWAPO⁴) of the country proved relatively unsuccessful until the recent events leading to Namibia's Independence in 1989.

North of the Namibian border, the Portuguese entered Kwanyama land around the end of the seventeenth century (Lima 1977:31), and from 1844 long distance trade networks based on exchange of ivory and slaves for firearms were established. The establishment of more formal colonial influence was achieved much more slowly. From 1859 the Portuguese occupied a fort in Humbe, their regional capital being

⁴ South West Africa Peoples' Organisation.

Mossamedes. They intended to occupy Ovamboland in order to protect southern Angola from German encroachment from the south, and British encroachment from the east, but due to financial crises in both the colony and in Lisbon it was a protracted affair (Hayes 1988:2-3).

During the 1890s and 1900s the Portuguese had military brushes with the Ovambo but were not particularly successful. The imminent military confrontation with Germany finally justified the Portuguese government in sending a largely European column to Ovamboland in 1915. They were defeated by the Germans in a border skirmish related to the outbreak of war in Europe, and retreated to the highlands. The Germans were unable to follow up this victory, however, as they were attacked and defeated by South African forces - an event which changed the whole nature of the Portuguese expedition, and the opportunity was used to finally subjugate the Ovakwanyama. King Mandume of Ukwanyama strongly resisted the colonising attempts of the Portuguese, and had tried to turn Portugal's preoccupation with Germany to his political advantage, only to be thwarted by the intervention of South African forces. They forced Mandume to cease hostilities and accept protection against the Portuguese, in return for provisions for his famine stricken nation - also paid for in the form of a migrant labour supply (Clarence-Smith & Moorsom 1977:108).

King Mandume had lost 5,000 people during battles with the Portuguese, and was forced to flee to Kwanyama country in northern Namibia - which is when South Africa stepped in. Katjavivi (1988:17-19) maintains that South African intervention sprang from their desire to control northern Namibia and fix the national boundary - hence their liaison with the Portuguese. Henceforth, Ovamboland was watched closely by the South African administration, because the Ukwambi as well as the Ovakwanyama resisted the authority of Native Commissioner Hahn⁵. By the 1930s the situation had developed in such a way that the South Africans began to feel undermined, so they bombed the Ukwambi area in order to suppress resistance. Chief Ipumbu was deposed by the Union in 1932 and banished, then the chieftaincy was abolished and replaced by a council of headmen appointed by the Government.

As pointed out by Clarence-Smith and Moorsom (1977:108), colonial strategy in Ovamboland was concerned above all with securing an abundant and reliable migrant labour force - especially for central and southern Namibia. The Germans had been very keen on the use of Ovambo as labourers on the extensive

⁵ The same Carl Hahn who produced a government requested ethnographic account of the Ovambo (1928).

White-owned farms, and in the new mines and other industries. The labour force was initially drawn from indigenous communities further south, but with the opening of Tsumeb copper mine in 1906 and the Luderitz diamond mine in 1908, more Ovambo and other northern peoples were recruited on fixed term contracts. By 1910 some 10,000 Ovambo contract workers had come south for the mines, fisheries and railways.

Things were no better under the South African government. White farmers were allocated the best land and Namibians were relocated by the Native Reserves Commission to the more northern semi-arid regions, which were unsuitable for sustaining a much increased indigenous population. Moving to the White areas as migrant labourers was thus presented as the only viable solution to the problem of population pressure and limited natural resources (land shortage and deforestation were an acute problem by the mid twentieth century) (Clarence-Smith & Moorsom 1977:108; Katjavivi 1988:12, 14-15).

The stagnation of the economy of southern Angola right up to the late 1960s meant the mines of Namibia became the chief centre of employment for the population over a wide area of southern Angola (Clarence-Smith & Moorsom 1977:108). Estermann (1976:130-131) attributes the southward flow of migrant labourers to the fact that young Ovambo men, unoccupied since the prohibition of warfare by the colonial Administrations after 1915, saw migrant labour as an alternative pursuit. It tended to be the smaller Ovambo kingdoms who first sent men south, but before long all contributed to the work force. Many who moved south had often begun as voluntary workers at the mission stations. Loeb (1962:38) writes that only men formed the migrant labour force, women and children being forced to remain in their home areas and the men ordered to return at least every two years.

The workers from Ovamboland were apparently among the most exploited, as compared with labourers recruited from areas of south Namibia. Ovambo were recruited by the Northern Labour Organisation agency (established 1925), and were destined mainly for Tsumeb copper mine and farm work. Recruits were given a rudimentary medical examination and then divided into three categories of fitness: (a) for underground work in the mines, (b) for surface work at the mines or heavy farm labour, and (c) for lighter farm work as sheep and cattle herdsman. Workers had no choice in the matter at all, and hours, payment and working conditions were never specified (Katjavivi 1988:15-16).

Missionary Activity

Missionary activity in Namibia was led by the London Missionary Society and the Wesleyans, who began operating in the south from 1802. The German Rheinisch missionaries followed from 1840 onwards, the principal Lutheran being Hugo Hahn (whose grandson later became Native Commissioner for Ovamboland) who first visited Ovamboland in 1857 (Katjavivi 1988:6). Thus, missionary work in Ovamboland began with the Germans, although they encountered many difficulties with the Ovambo, rendering their early efforts during the 1860s unsuccessful. The Germans asked the assistance of the Finnish Evangelical Lutherans, who began work among the Ondonga, having already been repudiated by the Ongandjera, Ukwaludhi and Ukwambi. During the 1890s the Germans made a second attempt among the Kwanyama (Aarni 1982:33), but after 1915 were obliged to sell their mission stations to the Finns (Loeb 1962:37).

With regard to missionary influence connected with colonisation of the Ovambo, Clarence-Smith and Moorsom (1977:108) suggest that the "cultural mutation" of the Ovambo was most advanced among the Ondonga by 1915. This is because they were affected most by all aspects of European intrusion from the earliest date. It is significant, they write, that the last independent king of Ondonga was the first Ovambo king to be converted to Christianity - and the colonial conquest of the whole area (1915-17) was followed by a general increase in conversions. Katjavivi (1988:6) argues that missionaries - particularly the German Lutherans - believed in their own 'civilising' mission, involving the promotion of European culture as well as the Bible. They clearly regarded their mission work as useful for trade or colonial annexation, which is why many missionaries sheltered under colonial rule once it was established, ignoring its' destructive policies.

In Angola, mission work was principally undertaken by the Roman Catholic Spiritans (Holy Ghost Fathers), who were initially of French and Alsatian origin, but later Portuguese as well. American Baptist, Methodist, and Seventh Day Adventist missions were also established in Angola during the late 1800s and early 1900s, along with English Baptists and even a South African General Mission (1914) as well (Brasio 1934:14). Lima (1977:36-37) records only the American Baptists as actually working in Ovamboland, and a map of southern Angola compiled by the Swiss Scientific Expedition (1932-33) depicts Swiss and American Protestant missions no further south than the Ovimbundu region, somewhat north of Ovamboland

(Delachaux and Thiebaud 1933).

According to Koren (1958:553-4), the sixteenth century diocese of Angola officially never ceased to exist, but it was so poorly manned that resumption of missionary activity seemed unlikely. Nevertheless, the ecclesiastical jurisdiction of this old diocese was still recognised by the Portuguese. Thus, serious conflict arose when the Spiritans began evangelizing the country, and a great deal of tact on their part was necessary in order for them to remain there. Eventually, through discreet negotiation, four new ecclesiastical circumscriptions were created - all entrusted to the Spiritans. These were: the Prefecture of the Congo (1873), the Prefecture of Cimbebasie (1879)[known as Cubango from 1921], the Mission of Cunene (1882), and the Mission of Lunda (1897). Up to 1892 the Prefecture of Cimbebasie held jurisdiction over a large part of southern Africa, extending as far inland as the Orange Free State⁶. Koren (1958:555) writes that the Portuguese were initially highly suspicious of the Spiritans, however, once they realised the missionaries did not represent French political interest in Angola, trust developed between them.

The Catholic missions in Ovamboland, southern Angola, were situated within the Huila District of the Prefecture of Cimbebasie/Cubango, and numbered 10 in all. The central mission station was St. Joseph's (1881) situated in Ombadja country, and satellite missions included those of Mupa (1923) and Omupanda (1926), both in Kwanyama country (da Cunha 1935:70-73). Omupanda Mission was the Spiritans' frontier post, according to Mittleberger (1936:271), who states that no missions were found further south in southern Angola, and that all those in northern Namibia were Protestant rather than Roman Catholic. However, although he claims that no Catholic missions were found further south, the Spiritans must have extended their activity beyond Angola into northern Namibia soon after he wrote, because the South African Odendaal Report for 1962-3 lists the existence of three Catholic Mission hospitals there.

The Ovambo proved a challenge for the missionaries, especially the Ovakwanyama who strongly resisted evangelisation. The conversion of kings, therefore, became their primary concern since it was believed that the rest of the populace would easily follow (Estermann 1935:309). But the king's counselors, the *omalenga*, frequently resisted conversion (Annales Apostoliques 1903:141-2), and the Ovakwanyama made numerous incursions against the missionaries and their stations (Lecomte, Annales

⁶ A map of Cimbebasie, dated 1878, is provided by Duparquet in Bulletin General, 1881-83.

Apostoliques 1905). Furthermore, the missionaries were often caught up in the struggle between the Ovambo and the Portuguese, which proved awkward if reasonably steady relations between missionaries and Ovambo had been achieved. For example, between 1915-17 the Portuguese demanded use of the mission station at Huila as a fort, but although King Mandume accepted the missionaries he refused to acknowledge the fort (Genie B.G. 342, 1917:500; B.G. 143, 1898; B.G. 252, 1908:454-5). The Spiritans' main problem was that their working agreement with the Portuguese meant that they had to promote Portuguese interests and also secure the support of the Ovambo kings - underlining their political as well as Christian motives. As a result most Ovambo distrusted the missionaries, despite the latter's acceptance by some kings. Indeed, attacks on missions were often mounted immediately after the death of pro-missionary kings (e.g. the attack on St. Michael's Mission following the death of King Nambadi of Ukwanyama in 1885 [B.G.194, 1886:1002]).

The Introduction of European Medical Culture and Institutions

The Portuguese and South African Governments

The Ovambo did not receive much direct medical assistance from the colonial administrations of Portugal and South Africa, mainly because of their geographical position in relation to the European capitals Luanda (Angola) and Windhoek (Namibia). In both cases the Ovambo inhabited the 'peripheral' areas of the colonies, as far as the Europeans were concerned, and so were often the last to receive social and economic assistance. This tended to be concentrated around the capital areas and diminished noticeably as distances from the latter increased. The gap left by the colonial governments was, however, filled to an extent by the missionaries, who in contrast with the former boasted a strong physical presence in the Ovambo region.

The South West Africa Administration (i.e. the Union) realised the value of the missionaries' medical work, and were therefore prepared to subsidise it (Loots 1930:23; Eirola 1985:77). There was an ulterior motive behind the granting of subsidies - Ovamboland being regarded as an important reserve of migrant labour. J.H. Loots (1930:23-4), Chief Medical Officer for Ovamboland, states that a small "native" hospital with an out-patient clinic was built at each mission station, manned by English and Finnish medical missionaries. In 1930 the Government subsidy consisted of 9d per head per day for every T.B. patient treated in

hospital, plus an allowance of £100 per annum for those missionary societies with an established T.B. treatment centre. Lymph for smallpox inoculation, sufficient for 100 doses each month, was distributed between two missionary treatment centres. In return for Government financial aid, the medical missionaries were obliged to compile quarterly reports on their medical activity (Eirola 1985:77).

Financial assistance was also received from the mines, albeit on an irregular basis. For example, the Chamber of Mines in Luderitzbucht, which recruited Ovambo migrant labourers, financially supported the running of Onandjokwe hospital (see Map 3) during the famine of 1911 (Eirola 1985:77). In addition, the Government appointed a District Surgeon to the territory, to examine all Ovambo recruited for labour in the south. He had access to a small dispensary at the Government station⁷ for out-patient treatment, with drugs supplied free of charge. Quinine was given to malaria victims, when they came in for observation, as well as anti-syphilitic treatment to a small number of people applying for treatment. Loots (1930:24) admits that the help offered made only a small impression, but argues that health care services for the indigenous population were vital - not simply for the well-being of the latter, but for the success of the colony. In other words, healthier indigenous people provide better labour.

While the Finnish missionaries were mainly responsible for health care in Ovamboland, the more southern areas of Namibia were served by nurses from the German Red Cross, at least during the early 1900s. A Government General Hospital was built at Windhoek in 1910, but did not serve the Ovambo population. Private hospitals attached to the Tsumeb Corporation and the Consolidated Diamond Mine, Oranjemund, offered treatment to Ovambo migrant labourers (Odendaal Commission Report 1962-3, paras 564-5:137 and para 674:163). In the later colonial period the South African Government became increasingly suspicious of missionary medical activity, since missionaries were quite often sympathetic to the political aspirations of Namibians - treating anyone in need, including PLAN⁸ soldiers. The result was restrictions on the number of foreign medical staff allowed into the country by South Africa, and attempts to intimidate foreign and local people working in the non-State health sector. The consequent shortage of medical staff, created by the Government, was then made up by South African military personnel - thus

⁷ Not named by Loots, but possibly the Native Commissioner's H.Q. at Oshikango (Map 3).

⁸ Peoples' Liberation Army of Namibia.

increasing South Africa's control (Lobstein 1984:14).

In southern Angola the situation was little better with regard to Government medical assistance. There appears to have been plenty of medical activity in the northern areas of Angola, as well as in strategically important urban centres in the south (e.g. Mossamedes). Unfortunately, it was not sufficiently extended to the Ovambo region, it being located on the very fringes of established Portuguese territory and thus less populated by the Portuguese themselves. Much of the concern over health in Angola was simply concern for the health of Portuguese expatriates, as reflected in the concentration of health and hygiene measures in the urban as opposed to rural areas.

For example, for administrative purposes Angola was divided into Health Districts, normally centred around urban centres such as Luanda, Mossamedes, Lubango and Cabinda - each with at least one main hospital. The Ovambo region is included in the District of Cuamato, where the hospital is based at the Portuguese fort of Cuamato rather than at the nearby towns of Humbe or Ngiva - this in itself underlining Portuguese ambivalence to civilian (local) health there. Each district was headed by a Capitão Medico (Chief Medical Officer), who was obliged to make detailed monthly reports to the administrative capital Luanda.⁹ Not surprisingly, by far the best information relates to Luanda itself. Hygiene and safety were priority issues, hence all shop owners were registered and issued with reconstruction and/or cleaning requirements. The city hospital housed the Laboratory of Bacteriology, where tests for and research into tropical diseases were carried out, using samples of blood, urine, saliva and so on. The results were published in monthly Analysis Bulletins. Luanda's monthly report also gives details of the movements of medical and pharmaceutical personnel throughout the Province.

Bulletins of all Districts were produced according to the same format as the Luanda bulletin, beginning with general observations about the District's geographical position and climate, demographic data for both European and indigenous populations obtained from the most recent census (1909 in the case of the

⁹ "Boletim Sanitario, Angola: Servicos de Saude". Unfortunately, the monthly bulletins for the year 1912 were the only ones available for inspection at the Arquivo Historico Ultramarino, Lisboa, at the time of my visit. The whereabouts of the reports for other years was unknown, since the AHU was just beginning to fully catalogue the Angola archives. The records for 1912 were still in their original paper wrappings, from when they were transported from Angola to Lisbon! It is known (Clarence-Smith and Moorsom, personal communication) that many Government archives remained in Luanda and in Lubango, after Angola was granted Independence and the Portuguese moved out, so it is possible that many medical reports are among them.

1912 reports), and any information regarding immigration and emigration. The general section was followed by more specific information regarding health issues: vaccination programmes, for example, as well as the particular health requirements of Portuguese military and maritime personnel. The various illnesses dealt with by the District hospital during the month are listed, together with the age, sex, race and profession of the patients treated, and the duration of treatment.

The hospital at Cuamato (in Ombadja country) was small, treating about 10-20 patients per month. Only military persons were treated - no women therefore - and the vast majority of these were Portuguese rather than Angolan. The Portuguese were treated mainly for malaria, and the Angolans for pneumonia, T.B. and bronchitis. The Angolans are simply listed as 'Blacks' so it is impossible to say whether or not they are Ovambo. Also, since they are categorised as 'without a profession', their role at the fort is unclear.

The situation in Ovamboland seems not to have changed by 1935. The Governor General (A. Lopes Mateus), in his report for that year, makes no mention of indigenous health care services in his assessment of the social and political situation regarding colonisation of the Huila Plateau (Ovambo country) (Mateus 1935:4). In another report of the Governor General (undated), a section entitled "Social Assistance and Indigenous Peoples" contains details of proposed Government help: (a) to finish the maternity unit at Luanda, (b) to begin construction of indigenous maternity units, (c) to finish the Indigenous hospital of Luanda, and major repairs to the hospitals of Cabinda, Landana, Mossamedes and Port Alexander, (d) to begin construction of two infirmaries at Lucira and Baia dos Tigres, (e) intensify efforts to combat Sleeping Sickness, T.B., hookworm, bilharzia, syphilis and malaria, and (f) educate indigenous personal assistants and nurses. Again, it is unclear how many of these proposed health reforms would actually reach Ovamboland and benefit the people there.

The Portuguese displayed a keen academic interest in the medical affairs of their colonies generally. Practical research into tropical diseases and medical assistance was conducted either in the colony itself, for example Dr. A. Gomes da Costa's¹⁰ (1935) work on Sleeping Sickness, the recommendations of F. Diniz¹¹ (1917) regarding conversion from indigenous to European medical practices, and the research of Drs.

¹⁰ Medical Chief for the State of Health in Angola.

¹¹ Secretary of Indigenous Negotiations and Trustee General of the Province of Angola.

Monard and da Silva into the problem of Bubonic Plague during the 1932 epidemic (Delachaux and Thiebaud 1933:111); or else at various institutions in Portugal, for example research into tropical diseases at the Escola de Medicina Tropical, and botanical studies conducted at the Universidade de Coimbra aimed at revealing the pharmacological value and the toxicity of medicinal plants used by indigenous peoples. Investigation into immunisation by vaccination against tropical diseases was regarded by some researchers as a top priority (Jose Ramos Bandeira 1941:18-20¹²), whilst others stressed the need for a better understanding of indigenous therapeutics (Luiz de Pina:12-13, 18¹³). Research findings were often made available to medical missionaries in Angola, since they were mainly responsible for providing colonial medical assistance.

Beneath a no doubt genuine interest in tropical diseases and the particular health problems of Portugal's colonies, there obviously lay an intense desire on the part of the Portuguese to promote their country's image both as a successful colonial power and as an important centre for scientific advances, in the eyes of other European nations (Bandeira 1941:20, 29). Inroads into the field of tropical medicine were more than likely aimed at securing the health of Portuguese expatriates, rather than that of the peoples they governed.

Medical Missions

In northern Namibia missionaries were largely responsible for introducing European medical culture to Ovamboland. The South African Government recognised early on the potential benefits in using established mission stations as indigenous health centres, thus saving them the task of developing this essentially non-White area of the colony that was nevertheless important from the point of view of migrant labour. The Government was thus content with financially subsidising the work of the medical missionaries, in order to remain in the more comfortable south. Indeed, Kyrönseppä (1970:39,41) states that it was not until the 1960s that the Administration began to develop its own medical services, and take measures to prevent diseases more efficiently and on a larger scale than previously. In 1966 the State assumed full financial responsibility, and in 1967 a new State hospital was built at Oshakati in Ukwambi country.

¹² Professor of Pharmacy at the Universidade de Coimbra, Portugal.

The main providers of missionary medical care were the Finnish Lutherans, each one capable of participating in simple nursing if required - some even acting as physicians by appointment to the chief of Ondonga (Eirola 1985:76). To begin with homoeopathic medicines were used, until the early twentieth century when more modern medicines were introduced as their medical work expanded. By the beginning of the nineteenth century treatment was available at six Ovamboland mission stations: Olukonda, Onkulumbala, Oniipa, Ontananga, Onayena, and Ondangwa (see Map 3). Between 1901-7 Ondangwa treated 20 patients daily. In 1908 the first qualified medical doctor arrived in the area - Dr. Selma Rainio - who treated up to 40 people daily without an assistant. She was later joined by the first nurses Karin Hirn and Ida Alander.

The need for a hospital soon became apparent, and by 1911 Onandjokwe hospital was completed near Oniipa in Ondonga country. It was expanded over the years and by 1938 could boast an operating room equipped with anaesthetic, air conditioning, electric lighting, sterilisers and an operating table. Almost all the Finnish hospitals and clinics were built in Ondonga country, however during the 1930s work was expanded into neighbouring Ovambo country. A hospital was built at Elim, in Ukwambi country, then in 1935 a new out-patient clinic was built at Eehana, Kwanyama country, which later became a hospital. A medical centre was established at Engela, also in Kwanyama country. In 1936, the construction of a new medical centre at Nakayale in Ombalantu country was begun (Kyrönseppä 1970:7,9,15,19,21,23). Much of this expansion of missionary medical services was made possible by financial aid from the State. Support was irregular during the early 1900s, and averaged about £300. Between 1927-30 the Luderitzbucht Diamond Mine matched the State sum annually. By the 1930s the State was providing £1000 per annum, and this had increased to £5000 per annum by the 1950s (Kyrönseppä 1970:39).

Although much of the medical work in Ovamboland was carried out by the Finns, there were other mission societies operating in the region who offered medical assistance. The Odendaal Commission Report for 1962-3 lists five groups of missionary hospitals and clinics in Namibia as a whole. Of these, the Finnish Missionary Society has the most clinics and beds available, and operate exclusively in Ovamboland. The Roman Catholic mission society has been erecting hospitals in the Okavango region since 1908, and subsequently in Ovamboland. Three hospitals were established in the region by 1962. These were at

Okatana, in Ukwambi country, at Oshikuku, in Kwanyama country, and at Anamulenge, in Ombalantu country. The Anglican mission society built two hospitals in Ovamboland, at Oshandi and Oshikango, both in Kwanyama country. The Nederduitse Gereformeerde Sending (The Dutch Reformed Mission) had clinics in the Kaokoveld, and the Rheinisch mission society had one hospital and clinics in the Southern Sector, but none in Ovamboland (Odendaal Commission Report, 1962-3, para 677). A clinic was established at St. Mary's Mission at Odibo in Kwanyama country by Father Tobias, the Mission's founder. He performed simple surgery and dentistry there in addition to general practice (Wolfe 1935:32-33).

Attracting qualified non-missionary medical staff to the area proved a problem. Most of the Finnish missionary doctors were women (e.g. Selma Rainio and Aini Soini). By the 1960s there were still only four qualified medical practitioners for the whole of Ovamboland, and the government report (1962-3:173 para 736) admits that the remoteness of the region did little to encourage young male doctors to the area. The report also states that the training of indigenous nurses and midwives was left to the Finns. However it was a contention of the latter that State indifference greatly hindered them in this regard. Kyrönseppä (1970:35-39) states that medical assistants were schooled in hygiene and anatomy, but formal nursing training did not begin until 1930. It then took thirty one years before the Onandjokwe school of auxiliary nurses was officially recognised by the South African Nursing Council. In 1970 they were still waiting for permission to begin complete nursing training, and there was only one Ovambo medical student - supported by the Finnish missionary society and the Ovambokavango Church - at this time.

For all their good intentions, the medical missionaries were not able to provide assistance to all those who might need it. For instance, although anyone was welcome at the clinics, it was mainly converts to Christianity who tended to go. In 1930, only about 8,000 out of 150,000 Ovambo were converts, which meant that only a fraction of the population were receiving missionary medical care (Loots 1930:23). Even the fact that treatment was offered free of charge as an incentive (Ovambo healers' fees could be very high), did not induce people to use the mission clinics (Kyrönseppä 1970:7; Wolfe 1935:66)¹⁴. Basically, missionary medical centres were regarded with a certain amount of fear and distrust, and although the staff

¹⁴ Wolfe states that treatment was free unless injury was caused by attack. Men, for example, were fined one chicken for beating their wives on the head with knob-kerries. A fine of one to two eggs was imposed for the unhygienic practice of spitting (Wolfe 1935:35,66).

were sometimes aware of this problem, they were unsure about ways of overcoming it. Even the introduction of indigenous medical staff was in a sense counter-productive, because patients were wary of being treated by fellow countrymen and women who were neither kin nor established traditional healers (*endudu/oonganga*). Similarly, indigenous medical staff encountered difficulties in caring for strangers (i.e. non kinspeople) (Kyrönseppä 1970:33).

Problems of communication between European medical staff and indigenous patients were certainly encountered at the mission clinics and hospitals. Wolfe (1935:61) attributes poor doctor-patient relations to the following: (a) missionaries being strangers, (b) missionaries *asking* the patient what is wrong, when the patient expects the doctor to know, (c) patients refusing to give personal names, or else changing their name at every visit, so that clinic records become disrupted,¹⁵ (d) people coming to the clinic on behalf of sick people, when it is the latter who should come. These problems clearly reflect the missionaries' ignorance of indigenous cultural beliefs - or worse, a rather inflexible attitude regarding implementation of their own medical culture: the people must alter their beliefs in order to conform to the system, as opposed to the system being tailored to coincide more easily with peoples' beliefs. No doubt some flexibility on behalf of the medical missionaries would have had to occur in order to encourage patients, however the preferred situation was undeniably one in which the Ovambo discarded their own aetiological explanations and expectations of therapy (viewed by the missionaries as "superstition"), in favour of scientific medicine and ultimately Christianity (Loots 1930:24; Kyrönseppä 1970:33; Wolfe 1935:62).

The bottom line is that the Ovambo placed more faith in their own healers, even though many recognised the tremendous healing effects of European medicine - which moreover was available free of charge. This is because the healers understood that to the Ovambo illness was more than symptomatic disorder of the physical body, and healing more than the prescription of appropriate drugs. Even when Ovambo used the mission clinics regularly, they would always turn to an *ondudulonganga* in cases of 'mental' illness (Shivuta 1981:12). Indeed, Wolfe (1935:63) admits that traditional healers who become converted make excellent missionary medical staff, since their former training gives them an "uncanny knowledge of

¹⁵ The Ovambo believe that personal names may be used by sorcerers, in the way that bodily products are, to mystically attack someone. Therefore they guard them, especially from strangers.

motives and psychology". In fact, the healers (even non-converts) were very keen observers of missionary medical work. Wolfe (1935:62) describes one man in particular who initially visited the clinic to have a hand wound dressed. Thereafter he returned regularly to inspect a new colleague, and to watch patients being attended to.

Apart from distrusting missionary medical services, many Ovambo were just too far away from medical centres to be able to benefit from them. This in part accounts for the prevalence of converts at the clinics, as they were obviously living at or near to the missions concerned. Loots (1930:23) certainly regarded the widely dispersed settlement system of the Ovambo as a stumbling block in the achievement of successful missionary assistance, despite attempts by the Finns at least to reach beyond the immediate vicinity of the mission stations (Eirola 1985:76). An effect of the logistical problem of indigenous access to European medical facilities, aside from the obvious one of possible needs being unmet by available services, was that the colonial government was unable to correctly establish the load of disease in Ovamboland, because of the unrealistic character of health statistics issued by the institutions concerned (Odendaal Commission Report 1962-3:137, para 557). This undoubtedly had some bearing upon the extent of State subsidy to the missionary medical centres, to the detriment of the latter.

As was the case in northern Namibia, the provision of European medical assistance to indigenous peoples in southern Angola was largely left to the missionaries there, notably the Roman Catholic Spiritans. There is no evidence to suggest that they received any financial support from the Portuguese for this. Whilst they endeavoured to provide basic medical treatment and advice concerning hygiene and disease, they were at a disadvantage compared with the Finnish Lutherans further south, in that there were no qualified medical staff among them in the field and they could not boast as many properly established hospitals and clinics.

They were clearly aware of their inferiority in this regard, yet declared an unwillingness to compete with the medical successes of Protestant missions in general, by claiming to be content with running dispensaries only (Correia 1945:283). Some missionaries, for example Estermann (1953:2568), even saw it as more important to combat traditional healing practices with religious instruction, rather than provide assistance based on medical science.

Nonetheless, practical assistance based on medical science was offered, although the picture of operational health care centres and the load of disease in southern Angola is a fragmentary one (AHCM, 1933-6:139¹⁶). In 1923, Mupa Mission had a dispensary, and by 1928 Omupanda Mission had one as well. In the Prefecture of Cubango (including Ovamboland), fourteen dispensaries coped with 62,000 cases between 1930 and 1936 (Keiling, AHCM, 1930-36:281). Between 1929-30 there were no hospitals established at any of the Cunene missions, but between them they had nine dispensaries which dealt with 41,985 cases during that year (Statistics, AHCM, 1930-36). By 1934, the number of mission hospitals and dispensaries had risen to forty two, but unfortunately da Cunha does not mention the names and regional locations of these (M. Alves da Cunha 1935:28).

Treatment of the sick in the process of evangelising the people was regarded as being a necessary part of Spiritan missionary activity, and missionaries were expected to provide such assistance outside the confines of the mission station, in the rural areas beyond (da Cunha 1935:77). In order to assist them in this task, the mission Brothers (and Fathers) received rudimentary medical teaching at the mission seminaries, and the Sisters in particular were instructed in the rudimentary aspects of nursing. A medical missionary course was offered by Father Sacleux at the Spiritans' Mission Headquarters in Chevilly, Paris, which included advice from qualified medical doctors. Topics included physiology, diagnostic techniques and appropriate remedies (Correia 1945:279).

The advice imparted by Parisienne doctors chiefly concerned the problem of malaria: the dangers of it, and its' cause and treatment (Laveran, BG 175, 1901:211¹⁷). Herichard describes malaria as "an important obstacle to colonisation" (BG 170, 1901:39-41), and certainly it would not be misleading to say that missionary concern with health care was as much for European colonial benefit, as for that of the indigenous population. Professional medical advice was usually passed to the missionaries in the form of instructive articles, for the latter's use in the field. Dr. le Dautec, for example, describes the pathology of malaria, and recommends a 20-25 centigrammes dosage of Quinine as a preventive measure (BG 180, 1902:374-5). Sometimes the articles describe a particularly useful medicine, such as Dr. Arnaud Gautier's

¹⁶ *Aperçu Historique Chronique des Missions, 1930-1936.*

¹⁷ *Bulletin General de la Congregation du Saint Esprit.*

(Professor of Chemical Medicine, Paris) work advocating the use of arrhenal - a multi-proprieted medicine known to act well against TB, malaria and asthma (BG 183, 1902:465-466).

That missionary medical assistance also bolstered colonisation of the Province of Angola, is further evidenced by the fact that the Spiritans were encouraged by the Portuguese colonial administration to suppress indigenous healing practices. The latter were clearly regarded as a hindrance to the "civilisation" of Angolans by the Portuguese. The missionaries, usually based in remoter areas of the colony where the Portuguese officials were not, were obvious candidates for the task of converting the indigenous people from 'traditional' healing methods to European medical practice. It appears that such conversion was expected to be undertaken in a rather gradual and surreptitious manner, as Diniz (1917) writes that the missionaries had to discourage 'traditional' practice, yet at the same time glean information about herbal medicines. This was because the European medical staff designed to replace the indigenous healers would require such information to inspire the people's confidence, and thus ease the transition.

So keen were the Portuguese to undermine the influence of indigenous healers, that they also considered the introduction of State legislation banning indigenous healing practices - even though it was admitted that such a measure would be hugely disruptive (Diniz 1917:720-721). "The Repression of the Practices of Indigenous Healers", for instance, constituted the third item in Article 6 of *Portaria Provincial* (provincial Guidelines) No. 406, March 1914, issued by the Governor Generals of Angola, although it is doubtful whether these guidelines were observed to any great extent, when Diniz writes that a legal ban was still being considered in 1917.

Chapter Two

HEALTH AND ILLNESS IN OVAMBOLAND

This chapter seeks to establish the state of health and illness in Ovamboland, together with some of the beliefs and practices pertaining to each. The health perspective is included here (following Janzen, 1981), in order to contextualise the discussion of illness and affliction, as well as to present a positive as well as negative perception of Ovambo therapeutics. To merely focus upon affliction is to offer a rather skewed interpretation of any given medical culture. Nevertheless, it ultimately receives more attention, since it is with illness and other forms of affliction that much of Ovambo therapy is after all concerned.

I present both Ovambo classifications of symptoms and recognised conditions, and the biomedical definitions of diseases known to be prevalent in the southern Angola/northern Namibia region, although it must be stressed that these discussions are essentially separate. The intention is not to make rigid comparisons between Ovambo and biomedical definitions of ill-health, nor will I attempt to consciously mould Ovambo symptomatologies into biological classifications, or evaluate them judgementally. The aim is simply to provide as much information relating to the incidence and prevalence of ill-health, and the forms it takes, as possible: the idea being that Ovambo and biomedical definitions together allow for a fuller representation of the medical situation. Where comparisons have been made, they are based on those offered mainly by qualified medical doctors (both government and missionary), and are best regarded as possible rather than probable corresponding definitions.

The advantages of portraying both perspectives have been highlighted by a number of medical anthropologists, including Loudon (1976), Lewis (1976) and Bibeau (1982). Loudon (1976:39) pinpoints other areas of social anthropology where external categories, which are more or less universal categories, are available and which, if used with reasonable caution, make possible comparative analysis over time and

space. He cites ethnobotany and ethnozoology as two obvious examples, arguing that if social anthropologists are willing to accept these, then why not biological disease classifications?

I agree in the main with Loudon's train of thought, however there are a couple of problematic aspects. Mainly, these revolve around the fact that it is in a sense easier to align and compare scientific and 'folk' classifications of plants and animals, since both genres are essentially fixed and tangible phenomena outside of the human domain. Illness and disease, on the other hand, form a much more complex category. Except for those somatic symptoms that present themselves, either on the skin or in the form of bodily substances (e.g. vomit, blood, excreta), much affliction is invisible: it is more acutely experienced than it is observed, directly affecting both body and mind. The same cannot be said with regard to plants and animals. And this is why Ovambo and biomedical definitions are here discussed separately.

Finally a note regarding the terms 'illness' and 'disease'. Some medical anthropologists (Loudon 1976, Yoder 1982, Fabrega 1982) have found it helpful to highlight the distinction between 'illness' and 'disease' made by biomedicine, when analysing a society's medical culture. Within the biomedical paradigm, *disease* refers to bodily dysfunction and/or to the underlying cause of this dysfunction (a cause normally seen as physical). *Illness* refers to the individual's experience of disease. Thus in the biomedical system physicians diagnose and treat diseases, while their patients suffer illness (Eisenberg, 1977, in Yoder 1982:10).

I find the 'disease'/'illness' distinction very problematic, because it tends to carry loaded (biomedical) assumptions which are largely inappropriate to the study of other medical cultures. For example, if 'illness' refers to the individual's experience of 'disease' (as biomedically defined), then it implies that the disease has to be *really there*, otherwise 'illness' is illegitimate and gets reduced to neurosis/hypochondria - a totally unsatisfactory situation. Much more useful is the general term 'affliction', regarded by Jervis (1990)¹ as being important because of the crucial case of 'mental illness' which, he argues, can genuinely be viewed as suffering *whether or not* there is an underlying disease that causes it ('disease' in biomedical terms). In other words, if one wants a universal disease/illness distinction, it must permit disease and illness to vary independently of each other.

¹ Personal communication with author.

In relation to the Ovambo, the term 'disease' will only be employed when discussing information from medical surveys of the region compiled by biomedics, or by those working within a biomedical framework (e.g. the missionaries). 'Illness' is here used independently of the term 'disease' (therefore does not automatically imply experience of a physical 'disease'), and is employed mainly with reference to Ovambo definitions of symptoms and conditions, because the Ovambo conceive of ill-health in terms of an imbalance of body, soul and spirit, rather than as simply physiological disorder. 'Affliction' is used when referring to the state of ill-health: a person becomes afflicted by ancestral spirits, or suffers affliction in the form of an illness or some other kind of misfortune. 'Affliction' incorporates the terms 'illness', 'sickness' and 'disease', whilst leaving open the relationship between them. That it is a more encompassing term is useful, if one wishes to consider the wider aspects of a society's medical culture (e.g. the propitiation of the royal ancestors, in order to prevent large-scale affliction in the form of drought and famine).

This chapter begins with an initial focus on health, as opposed to illness, following Janzen (1981:186). Janzen has contested the virtual exclusive focus upon disease taxonomies, causes and therapies, arguing that:

"This 'negative' pathology oriented perspective misses, or under-plays, important though often unlabelled practices or ideas of hygiene, adaptation to the environment, normative health and the conscious maintainance of health ideals" (Janzen 1981:185).

Drawing on a fairly recent study of !Ko health practices (Heinz 1975), Janzen suggests an alternative approach, namely that of looking at African therapeutics from the standpoint of health concepts and practices, from which sickness is a departure and treatment an attempted return. Including the health perspective in an analytical framework allows for a much broader and satisfying analysis, although Janzen does admit that 'health' *per se* "...is not readily or so succinctly definable as is 'disease'". Nonetheless, his approach is arguably both liberating and more realistic in its intention.

Part 1: Some Beliefs and Practises Concerning Health and Hygiene

The Ovambo peoples conceive of a state of health or well-being, *oulinua*, and there are a number of practices relating specifically to health promotion and health maintainance. These practices merit attention as a

separate category since they are not concerned with healing in the strict sense of the word - that is, they are not instrumental in the removal of illness but in its prevention. At the broadest level of enquiry, of course, health maintenance and healing are not completely disassociated, since the ultimate goal of both is the achievement of good health.

Health practices are an obvious indication that a people value their health and are concerned with issues such as personal and environmental hygiene. Notions of health and hygiene are very often culturally-specific, and as such the South African medical officer J. H. Loots (1930:6) was quite incorrect in stating that the Ovambo had no hygienic standards whatsoever. Loots simply measured Ovambo hygienic behaviour against that of his own culture, with the result that a whole variety of beliefs and practices have been ignored and the situation thus misinterpreted.

Ovambo health and hygiene will be discussed in five parts as follows, based on the areas pinpointed by Heinz (1975):

- [a] Living conditions: environmental constraints and benefits; organisation of the household (spatial organisation); food storage and preparation; diet.
- [b] Personal hygiene: the body; oral hygiene; sanitation.
- [c] Pregnancy and birth: normal procedures.
- [d] Disposal of the Dead.
- [e] Ritual observance: propitiation and prophylaxis.

[a] Living Conditions

Much of the Ovambo region is semi-desert, dependent on the 'annual' rainfall which, if scanty or non-existent, means that drought and famine are common features. Ironically, when the much needed rains do arrive they bring conditions in which malaria thrives. Loots states that the glare from the sun on sand was detrimental to eyesight generally, and added that the abundance of flies during the dry season contributed greatly to the spread of infection (1930:7).

During the 1930's (when the Powell-Cottons conducted their fieldwork) Ovambo settlements consisted of a number of areas surrounded by a main enclosure of wooden stakes. Each household contained a

polygamous family (husband, wives and all children, with some other dependents) and was economically independent. Substantial gardens of millet and sorghum, together with various kinds of fruit and vegetables, lay just outside the household confines. Households are also normally located near fruit trees and, wherever possible, water holes.

Actual living areas are spacious and well organised, with properly demarcated areas for eating, sleeping, socialising, working, food storage and domestic livestock. Areas for animals and humans are (with the exception of domesticated dogs and chickens) separate, the cattle pens being located normally around the outside of the house. Floors inside the house are sandy, although fine white sand is used on some occasions (brought specially from the river areas). The sand is swept often with twig brooms.

Grain is stored in huge baskets, lined with clay and raised slightly from the ground. The amount needed for each day is taken and pounded to flour in the special pounding area. This area is kept free from dirt and small stones etc as much as possible in order to keep the flour clean; it is separated from the rest of the house by a tall enclosure. Large animals are not an everyday aspect of Ovambo diet, smaller wild game and chickens being more usual. However, when cattle are slaughtered, for occasions such as wedding feasts, then the meat is stored on huge, high wooden platforms. Whilst these adequately keep the meat free from sand and dogs etc, they do not really protect it from the sun. The meat fly (*omadi*) [Diptera sp] is recognised as a hazard, and raw meat is rubbed with salt to prevent the fly from laying its eggs (Loeb et al 1956:173).

The various utensils used in cooking are cleaned by being rubbed either with sand or with grass bundles. Sometimes dogs may be given bowls to lick clean, however this encourages transmission of intestinal worms. Food is prepared when required, using fresh ingredients (dried meat and 'cabbage patties' and dried frogs being used during the months of famine). Any food which is cooked is rarely kept for longer than one day (A.Powell-Cotton, personal interview, 1988, Quex).

It is considered very offensive to eat using the left hand, since the latter is unclean as far as the Ovambo are concerned. Three fingers of the right hand only are used in eating. Meals are normally communal affairs, with family members sharing two to three large dishes. Beer is passed round in large wooden goblets or mugs, and while such sharing reinforces social bonds it unfortunately aids the transmission of

droplet-infectious diseases like pulmonary tuberculosis.

The diet has been commended by many experts for its nutritional value, with a balance of protein and carbohydrate foods. Any nutritional deficiency in Ovamboland, therefore, is likely to be under-nutrition (not enough of the 'right' food) rather than malnutrition (too much of the 'wrong' food).

Under-nutrition was once thought to be the result of protein deficiency in the diet, however it is now known to be primarily due to "a general food and energy deficiency" (Hunt and Loewenson 1984: 73). Staple foods, argue Hunt and Loewenson (1984:73), may be nutritionally sound, but if bulky then children especially may be unable to eat enough to satisfy their energy (calorie) needs. This problem is of course made much worse during periods of drought and/or war when famine is a real threat. Sanders (1984: 26-27, 29) regards under-nutrition as a crucial factor in determining a people's poor health. Under-nourished children are particularly at risk, since they become very vulnerable to the important infectious diseases - measles, TB, diarrhoea - which can cause death. Also a problem is maternal under-nutrition, which contributes to a difficult labour and to low birth weight babies with impaired chances of survival.

Kwashiorkor is caused by insufficiency of protein in the diet, and tends to be suffered by those people with maize (*Zeamays*) as their staple food. Maize lacks two amino acids - lysine and tryptophane - required for protein development in the human body. If enough meat, beans or milk are consumed, then the deficiency caused by maize is overcome. The Ovambo staples are millet (*Pennisetum typhoides*) and sorghum (*Sorghum cafforum*) which contain all the essential amino acids required, and are therefore a much more nutritious option than maize (Rodin 1985: 84, 86). Rodin (1985:86) states that a few government employees tended to rely on maize exclusively, and that some members of their families subsequently developed kwashiorkor, according to Dr. Gildenhuys, Medical Director of Oshikati hospital. The first two cases of kwashiorkor were identified in Ovamboland in 1973 and may be linked to the fact that corn meal (mealie meal) became readily available in stores throughout Ovamboland.

[b] Personal Hygiene

Personal cleanliness is regarded as important and is maintained on a daily basis. Upon rising, writes Sckär (1916:1), the face and hands are washed with water. This procedure not only cleanses and refreshes, it also

symbolically removes any lingering negative effects of the night as well. As a person washes, for instance, he or she asks the ancestors to bestow fortune and let all misfortune remain in the used washing water (Sckär 1916). The element of transference is strongly apparent here.

In addition to water, the body may be cleaned using exfoliants, especially during the dry season when water is scarce. Sand is rubbed into the skin to remove old *lukula* body grease, accumulated dust and the like (A. Powell-Cotton, personal interview, 1988, Quex). Alternatively a 'body-scrub' (*oyeleki*) may be used, consisting of millet meal mixed with a little water. This is massaged into the skin in the early morning and rinsed off with water using small gourd dippers. According to Loeb, women apparently wash from the head down, whilst men wash from the feet up (Loeb et al 1956:155). Rodin provides slightly more detail about the millet exfoliant, saying it is chiefly the coarse siftings of bran, known as *onghundu*, from millet (*Pennisetum typhoides*) that are used. In addition to this the seeds of the *ombudjembudje* plant (*Sesbania microphylla*) are crushed and used to produce a sudsy soap for cleansing the skin (Rodin 1985:38).

The cosmetic oil removed with the above exfoliants itself contributes to personal hygiene. The mixture consists of butter, animal fat or grease from the seeds of the following plants: *omunghete* (*Ricinodendron rautanenii*), *omuongo* (*Schlerocarya caffra*), *enuua* (*Citrullus ecirrhosus*), *domaliua* (*Citrullus lanatus*) and others (Rodin 1985:38). Red powder (either scarlet or crimson) from the pounded heartwood of the *omuuva* tree (*Pterocarpus angolensis*) is added for decorative purposes. This red oily mixture is known as *lukula* and is used on the skin, hair, articles of clothing (especially hide garments), jewellery and other objects (i.e. baskets) (Powell-Cotton catalogue notes: A36/2685b).

Leaves of *embodi lomomadi* (*Ocimum simile*) may be pounded and added to the grease to give it a pleasant 'minty' fragrance (Rodin 1985:38). Indeed, the use of scented body oils is reputed to be an efficient repellent of insects that are potential disease bearing organisms (A. Powell-Cotton, interview, Quex, 1989; Janzen 1981:186; Rodin 1985:38), and insects generally, in addition to protecting the skin from the harsh effects of the sun (Rodin 1985:38).

There are certain plants which are used to make deodorants and perfumes. The herb *injolutope* (mother-of-a-plant-name) (*Sphaeranthus* spp.), is dried, pounded and used as an underarm scented cosmetic by women (Loeb et al 1956:156). Similarly, the dried and pounded young twigs and leaves of

oshive (*Hemizygia bractosa*), or the flowers of *obango* (*Croton gratissimus*) are used as deodorising powders (Rodin 1985:38). The Powell-Cottons state (P-C.A36/2527) that women used such powders after working in their grain fields, as well as when wishing to allure men.

Daily personal hygiene is not directed at the exterior of the body only; there is also emphasis on keeping the interior 'clean' as well. In the main such emphasis is directed at the bowels: the Ovambo preferring to empty them as frequently as possible, and certainly once daily at least. In the event of illness this daily enema requirement is likely to go up if enemas constitute part of the prescribed therapy. Young babies and children were often taken to the mission clinics and hospitals if they had failed to empty their bowels for half a day; enemas were almost always requested².

The use of enemas is an extremely popular means of cleansing the body internally, especially since constipation is such a common complaint. The enemas used as part of daily hygiene are therefore almost certainly evacuative rather than retentive, emphasis being on the purgative qualities of the enematic liquids introduced. Ironically, extensive enema-use may lead to, or compound further, problems of constipation. This is because the principle function of the colon is the absorption of water and salt from the faeces before they are expelled. The protracted use of enemas results in over-absorption, leading to impacted faeces and virtual non-existent peristalsis due to lack of roughage. A great many plant-based medicines are also introduced to the body using enema appliances.

Sanitation

Loots (1930:6) remarks that much contamination was caused by the amount of human waste which littered the living areas of Ovambo households in Namibia. Yet the Powell-Cottons maintain that great care was taken to keep the living areas free from dirt, including excrement and the like (A. Powell-Cotton, interview, Quex 1989). Within each house is a properly designated area serving as a common urinal: a small place set back from one of the internal passageways. The place was probably frequented most during the night, when it was considered unsafe to venture outside. Normally, however, people would use the surrounding bush-land a reasonable distance away (see (Powell-Cotton) Kwanyama household plan). Indeed, *ombato*, the

² Dr. Tarek Meguid of Onandjokwe hospital, Namibia, informed me that at present babies are still brought for enemas, and much concern is shown for those who do not empty their bowels often (personal interview 1989).

Oshikwanyama for constipation means literally 'I cannot go to the bushes' (Turvey 1977).

Babies and young toddlers are perhaps the exception to the rule, since they do empty their bowels regardless of where they are until they reach an age when they can control them. Mothers are equipped to deal with such occasions accordingly. They carry a small basket (*eiai*) containing a tiny enema reed (*olumbungulokhupila okana*), a piece of very soft animal skin (*oipa lokukombe okana*) for cleaning the child, some fine powder made from crushed fungus (*onhgu*) for dusting the skin to prevent chaffing, and a small brush (*olukatero kokukomba*) for sweeping up faeces (Powell-Cotton Angola collection specimens A37/551 & A37/55).

Bowel contents are normally buried in the sand. Indeed, the covering, hiding or disposing of bodily emissions is taken seriously because of the general fear that people may use them for nefarious purposes. Hiltunen (1986:135), for example, has revealed that sorcerers commonly make use of soil containing traces of urine or faeces of the intended victim.

Perhaps the problems Loots has pointed to stem from the concentration of cattle dung in the neighbouring pens. This dung is used as a fertiliser on the surrounding grain fields and gardens, and whilst benefiting the condition of the soil would attract germ carrying flies. Similarly the excreta of domestic dogs and chickens may prove hazardous.

Menstrual hygiene

Ovambo women practice vaginal douching during menstruation. A douche is known as *komeva* in oshikwanyama, meaning 'something in water' (Loeb 1962:259). Loeb et al identify the plant used to make douche liquid as *Solanum panduaeforme*, although other *Solanum* species may be used. In Kwanyama dialect species of *Solanum* are known as *onululu* or *okatululu*, meaning 'bitter'. The root of *okatululu* is dried, pounded and mixed with water, then used as a douche. Apparently a decoction of the leaves of *Solanum nodiforum* is both diuretic and depurative (i.e. cleansing) and this, claims Pobeguin (in Dalziel 1937:435), would tend to shorten the menses. Unfortunately Loeb does not elaborate further on how douching was performed, or with what.

Menstruation itself is regarded as a depurative rather than polluting process for a woman. In the case

of new widows, for example, the first flow of blood since the husband's death is believed to cleanse the vagina of any semen left by him; thus no purification ritual is considered necessary. Childbirth is considered to be similarly cleansing; a woman who is pregnant when her husband dies, or has given birth so recently that her menses have not yet resumed, does not have to be purified. The arrival of the baby, or the onset of the menses are considered cleansing enough (Loeb 1962:260).

Oral Hygiene

The oral health of the Ovambo peoples is maintained with a combination of suitable diet (e.g. fresh meat and fish, dairy produce, grains, nuts, and fresh fruit and vegetables as opposed to soft, sugary food) and cleaning. A variety of plant parts are used by the Ovakwanyama as dentifrices and mouth washes. The process of cleaning the teeth, using a frayed stick, is known as *lukusha* (Turvey 1977).

Green stems of millet (*Pennisetum typhoides*), *Sorghum cafforum*, sugar cane, grasses and palm leaves were seen being used as dentifrices by Loeb et al (1956). Small twigs of the *omunhanghuti* tree (*Acacia marlothi*) are used for teeth cleaning, the ends being frayed for use (Loeb et al 1956:154; Rodin 1985:92). The roots of many plants aid oral hygiene, for instance that of the *osimumu* bush (*Royena cuneifolia*) is used as a mouth wash and dentifrice. The Ovakwanyama chew the root of *Diospyros lycoides* (wild persimmon), also known as *osimumu*, which gives off a red sap and colours the tongue. The chewing is continued until the root is reduced to a bundle of fibres. The teeth are rigorously rubbed with these, and the bundle may be re-used many times. *Indigofera daleoides* and *Tephrosia lupinifolia* both have the same Ovambo name: *okanakafukua* (little-of-peanuts). *Tephrosia lupinifolia* yields an aromatic oil. Both are chewed in teeth cleaning in order to attract the opposite sex. *Albizia anthelmintica*, *Entandrophragma spicatum* and *Euclea divinorum* are also used in teeth cleaning (Rodin 1985:73).

Loose or bad teeth may be pulled using iron tongs also used by men for plucking their beards (P-C.A36/363). Toothache is often cured by attempting to kill the offending nerve with a heated porcupine quill, or glowing wood coal (Loeb 1955a:38). Alternatively, the latex of *omupindinanguali* (*Euphorbia montieri*) is placed on the infected tooth (Rodin 1985:75).

[c] Pregnancy and birth: Normal Procedures

Midwives attend women in labour, making sure that the new mother, *omuali*, is fed regularly throughout the day. During her stay in the birthing hut the *omuali* receives constant attention. The midwives make a hole in the ground near the hut which is filled with warm water and herbs. As the pregnant woman lies in the water, the midwives massage her abdomen to make the uterus (*ositungu*) contract (if the process is slow). In the 1950s the umbilical cord was severed with an iron blade (*osimbi*) close to the navel, however Loeb states that formerly the cord was just left to drop off. The afterbirth, once expelled, is taken away and buried quickly, so that sorcerers cannot obtain it (Loeb 1962:225-226).

[d] Disposal of the Dead

Preparations are made for burial immediately following a death, unless it occurs at night, in which case work will begin the following day. The body is stripped naked, save for a single string of beads around the neck, and the skin rubbed with *lukula* grease. Graves are 4-5 feet deep, and the location of them varies depending on the age, sex and class of a person, although all lie within or near to the household area. The Ovambo do not have cemeteries.³ The body is placed in a crouching, or foetal position, with the head facing towards the East (Loeb 1962:261, Aarni 1982:42).

There are occasions when corpses may not be buried, being instead mutilated or thrown into the bush. The reasons for this kind of treatment are various and relate to beliefs concerning the existence of spirits after death that can influence the lives of living. For example, the corpses of suspected sorcerers and witches would be treated in this manner, as would those of people who had died by drowning, suicide, murder etc. Through mutilation or non-burial, the spirits are less likely to be able to contact the living and cause them harm (Loeb 1962:259-262).

[d] Propitiation and Prophylactic Measures

The Ovambo actively seek to promote and maintain health by adhering to social norms and values, since deviation is believed to result in affliction - sent by offended ancestral spirits, Kalunga or witches and

³ Except those that are Christianised, of course.

sorcerers. In addition to law abidance and propitiation of living kin and ancestors, prophylactic herbal medicines may be taken. These preventive medicines may be taken alone or in conjunction with the wearing of protective charms, in order to prevent illness, or the recurrence of illness and other misfortune. This aspect of health maintainance is given full attention in Chapter 6.

Part 2: Biomedical Overview

The most common diseases and causes of death in under-developed countries generally are nutritional and communicable diseases (Sanders 1984:26). These two groups interact and aggravate each other. For example, the under-nutrition of people - especially of children - is a crucial factor, as it makes the individual vulnerable to the most important infectious diseases causing death: diarrhoea, measles and tuberculosis to name just a few. Poor nutrition of pregnant women causes problems for both mother and baby (Sanders 1984:26-27). Most diseases occurring in under-developed countries, including Namibia, are listed in Appendix 1, Table 1.1.

Sanders defines *airborne* disease as being spread by breathing airborne, respiratory secretions from an infected person. *Water-borne* diseases are spread when the pathogen is in the water and drunk by people who may then become infected. *Water-washed* illness is spread by the hands, cooking utensils etc. In *water-based* diseases the pathogen spends part of its lifecycle in an aquatic animal (e.g. a snail) (Sanders 1984:27). All the diseases listed in Table 1.1 are found in Namibia with the exception of Guinea worm, smallpox, sleeping sickness, river blindness and louse-borne typhus. The documentary sources indicate that a great many more diseases afflict the population besides.

Disease in Ovamboland

All the diseases present in Ovamboland have been prevalent since the 1920s at least, although varying in intensity throughout this time. Prior to the 1920s the picture is not so clear, except that some of the most destructive diseases (e.g. venereal diseases and tuberculosis) were apparently not widespread. For example, Finnish medical staff writing in the 1920s remark on the fact that fifty years earlier (i.e. around the time of the advent of Europeans), venereal disease and tuberculosis were virtually non-existent. By 1922, however, cases of these diseases, as well as alcoholism, were increasing steadily at Onandjokwe hos-

pital (Rainio 1922:5-6).

In 1921, 50 percent of the hospital patients at Onandjokwe had syphilis, and one third of those Ovambo passing the entrance exam for the seminary (missionary education designed to produce teachers and preachers) had syphilis. Leprosy was first diagnosed in 1924, and Malta fever, Influenza, Measles and Tuberculosis were all evident by 1927 (Inkeri Taube 1948:42,232-234). The most common diseases observed at Onandjokwe during the 1920s were malaria, dysentery, hookworm, under-nutrition, purpura, tuberculosis and venereal diseases. At this time there was apparently no bubonic plague, apparently no smallpox, no rickets and no sleeping sickness (Rainio 1922:39-40).⁴

In 1930 J.H. Loots, Medical Officer for Ovamboland, conducted a survey of health conditions in the area. He found a high percentage of eye disorders (mainly conjunctivitis and gonorrhoeal infections), hookworm, malaria, a few cases of typhoid fever, brucellosis (undulant fever), venereal diseases (both sexually transmitted and congenital cases), anthrax, rabies, tuberculosis and leprosy (Loots 1930:7-13). Almost a decade later, the South African Government Report of 1939 classified 5919 cases of illness treated that year in the Anglican Missions of Kwanyamaland (see Appendix 1, Table 1.2) (Loeb 1955a:36).

The English Evangelical Mission of Saint Mary, in Kwanyama territory, Namibia, treated mainly malaria and syphilis, which were regarded as the main causes of general ill-health and scarcity of babies in Ovamboland. Other health problems included burns and inflicted wounds, resulting from fights during beer sessions and cattle raids. Malnutrition, suffered especially during the months of drought and severe food shortage, caused serious health problems and exacerbated other forms of illness (Wolfe 1935:65-67).

During the 1950s, Onandjokwe hospital treated people suffering from measles, bubonic plague and hernias, in addition to those illnesses listed in Table 1.2 (Soini 1953:26, 73, 78). Some years later, during the early 1960s, the Odendaal Report was compiled by the South African government. The following

⁴ Loots' thesis of 1930 (pp 23-24) states that monthly batches of lymph, sufficient for 100 doses, were distributed between two missionary centres by the South African Government during this year. He makes no mention of a smallpox epidemic at this time, however the disease has obviously become more prevalent since Rainio's time of writing almost a decade previous. Vaughan (1991:45) states that in Southern Africa, during the period between the Wars, "Smallpox, like plague, reach epidemic proportions through changes in the political economy of this period". Similarly, in Kenya, smallpox epidemics were more frequent during the colonial period and were often preceded by famine or rinderpest outbreaks (Ranger 1992:245). Poverty and lack of funds, says Vaughan, rendered medicine largely ineffective. In Nyasaland there were major epidemics of smallpox in 1919, 1929, 1936, and the late 1940s. In 1929, only 10% of vaccinations given had been successful, and as Nyasaland was a tsetse area it was not possible to cultivate lymph in cows (Vaughan 1991:43-5).

diseases were found to be prevalent, the result of "...personal random sampling of various hospitals in Ovamboland": pneumonia, gastroenteritis, dysentery, tuberculosis, malaria, typhoid fever, liver diseases, intestinal worms, *onyalai* (?), heart and hypertension, nephritis, parametritis, sterility, purpural conditions, meningococcal meningitis, bubonic plague and leprosy. Tuberculin infections show an increasing and alarming trend (Odendaal Report, 1962-3:133, 135, paragraphs 524 & 529).

Recent health surveys (mid 1980s) show that despite the South African government's promises of health care and reforms, gastro-enteritis remains the most common illness among children, and tuberculosis the most common among adults. There is also a high rate of cancer, heart conditions and hypertension, as well as a prevalence of measles, osteo-arthritis, bronchitis, pneumonia, whooping cough and impetigo. Venereal disease is still extremely common, as is malaria. Bubonic plague is still endemic, but became epidemic during 1983 and 1984. Other diseases include hepatitis, diphtheria, parasitic diseases and rabies (Brian Hackland 1984:11; Susana Smith 1986:54-55). The mental health of indigenous peoples has deteriorated considerably under colonial rule, damaged especially by the harsh effects of war, refugee camp existence, urban poverty, and detrimental work conditions (Suopettomaki 1973:10; Hackland 1984:17; Smith 1986:55-56; Shishana and Celentano 1985).

For example, since the early 1900s the Ovambo were forcibly recruited by Europeans as a source of cheap and exploitable labour. Many men became migrant labourers in the diamond and copper mines south of Ovamboland, whilst others were required at the farms of white South Africans in the fertile areas of southern Namibia. Despite the claims in the Odendaal Commission Report of 1962-3 (p137), the workers at the Consolidated Diamond Mine at Oranjemund cannot have been receiving "...excellent housing, food and medical attention", since a great many serious diseases are mentioned in the mine's annual returns - especially the alarming increase of TB and other lung infections. Poor living and working conditions, together with a general state of ill-health, would undoubtedly have repercussions on the mental health of a person.

Indeed, the system of migrant labour in general can be seen to have had adverse effects on the workers, with long-distance travel, separation from family and friends, and exploitation all contributing to chronic stress. Smith (1986:57) has commented on the problems of rural-urban migration in terms of phy-

sical and mental health. The cramped township of Katutura, on the outskirts of Windhoek, lacks proper services (fresh water, sanitation, electricity) and is divided by the South African government into 'tribal' districts so that unity is prevented and competition and distrust encouraged. In such conditions, states Smith, the incidence of alcohol abuse is high.

In more recent years, the wars in Angola and Namibia have had a dreadful impact on the mental health of Ovambo, the full extent of which is probably still to be realised. On the one hand, the physical hardships of war in terms of bodily injury will have left emotional as well as physical scars. On the other hand, those removed from the fighting zones, either to refugee camps or to exile elsewhere, have been found to suffer considerably from depressive symptoms. Shishana and Celentano (1985:1252, 1256) have shown that Namibian adolescent refugees suffer from chronic stress as a result of being forced into exile, with the most common symptoms being fatigue, hypochondriasis and sadness, as well as feelings of worthlessness, guilt and self-reproach (suicidal thoughts and self-dislike, however, were found to be rare). In SWAPO refugee camps (where the majority of the 100,000 refugees are women) there is much emphasis on counselling, in order to safeguard against the development of mental illness triggered by traumatic experience (Konig 1984:22-23).

The important link between mental illness and traumatic experience has been highlighted in relation to other African countries - by Fanon (1967: 200-236), for example, in his study of the Algerian Revolution. He argues quite plainly that oppression leads to mental collapse, as does war against colonialism. The kind of disturbances shown by Algerians are classified by clinical psychiatry as 'Reactionary Psychoses', whereby prominence is given to the event giving rise to the disorder. Generally speaking the 'event' is oppression and/or war, and the psychoses may manifest themselves as impotence, accusatory, homicidal impulses, psycho-somatic disorders, heart trouble and muscle stiffness - depending on the particular event (torture, rape, murder witnessing, refugee existence etc) that has provoked the reaction.

Torrey (1980) contributes to the long-standing argument that mental illness has generally increased and worsened with 'civilisation', but unfortunately provides no conclusive evidence. Similarly, Mannoni (1956) argues that colonialism engendered a 'dependency complex', but provides only anecdotal evidence. Carothers (1970: 133) believes that "...there do seem to be grounds for thinking that psychiatric incidence

in Africans is related to deculturation". This view of the situation is, however, challenged by Vaughan (1991:112), on the grounds that it is typical of 1930s- 50s colonial psychiatry with its 'guilt complex'. Relative lack of good supporting evidence is again the main problem here. Nonetheless, despite the problem of concrete evidence in the case of some studies, it can be argued (on the basis of reliable studies e.g. Leighton et al 1963) that psychiatric disorders in Africa are as real and as burdensome as they are in the West (Ben-Tovim 1987:14-19).

Certainly, in the case of the Ovambo, the effects of colonialism on the mental health of people began to be noticed relatively early on in the colonial period. Rainio (1922:5), for example, noted a dramatic decline in the health of Ovambo as a result of the rapidly changing lifestyle brought about by colonialism. She cites alcoholism as being one of the main health problems introduced to Ovamboland by Europeans, which suggests that those suffering from the condition may have been under stress. Some fifty years later, Suopeltomaki (1973:10) cites the trauma of migrant labour as the main cause of psychiatric disturbances observed at Onandjokwe Hospital.

Some Common Diseases:Biological Definitions

Malaria

Malaria is endemic in northern Namibia, but can frequently become epidemic (Loeb 1955:36; Hackland 1984:11). It is actually more prevalent in the region of the Okavango River (swamp-land), than in Ovamboland (Odendaal Report 1962-3:135, para. 536). The disease is at its worst at the wettest end of the rainy season - March to May in Ovamboland - according to Tönjes (1910). Because Ovamboland is only 3300 feet above sea level, and is located in the sub-tropics, the anopheles mosquito thrives at this time. Loeb writes that the land has no natural drainage system and a rather high water table, thus the rain stays in the ponds (oshanas), which is crucial for agriculture and grazing, but ironically causes malarial problems (Loeb 1955:36; 1962:142). Symptoms of malaria include high fever, fainting, mild epileptic fits and stomach disorders.

Tuberculosis (TB)

The most common organism prevalent in humans is *Mycobacterium tuberculosis* (Wilcocks & Manson-Bahr 1972). Pulmonary TB has been largely introduced to Ovamboland by Europeans. Indeed, during the early days of colonialism the disease was rarely encountered among local people, according to Lebzelter (1934:233, cited in Loeb 1955). However, the scene soon changed rapidly so that by the 1920s the urban-rural transmission of TB was very apparent to the Mission clinics in the area (Rainio 1922:6). According to Packard (1989:298-299), TB steadily spread throughout Southern Africa from the late nineteenth century, due initially to mining and migrant labour, and later to poverty and labour concentration. In South Africa itself, TB continued to spread until 1950-65, then declined. Control measures involved "exclusionary policies" to keep it out of the white areas.

Loots states that the problem stems from the poor, damp working conditions of the mines. The miners contract the illness here, then pass it on to people in the rural north when they go home on leave (Loots 1930:15). The Tuberculin Survey carried out by Fine (1954) in six large towns in Namibia, shows a "...fairly strong to strong exposure to TB contacts" (Od. Report 1962-3:135, para.541). Furthermore, the Chief M.O.'s report on the Government hospitals indicates an increase from 359 cases in 1957 to 804 in 1961 (ibid. 135:para. 550). Data from the latter's report for the Finnish Missions in Ovamboland show similar alarming increases (see Appendix 1, Table 1.3). Because of this sharp increase the Roman Catholic hospital was obliged to build special new TB wards in order to cope with the problem.

The enforced system of migrant labour seems to be the main reason for rapid spread from the more southern areas of Namibia into Ovamboland in the north. The South African government Odendaal Report frequently stresses that all miners receive "excellent housing and working conditions". However, more recent studies have shown that poor living conditions, together with substandard (and usually dangerous) work conditions, have been major contributory factors in the spread of infectious disease (cf. Hackland 1984:7-8). Even Loots, the South African M.O. for Ovamboland who also acted as medical recruitment officer for the mines, admitted that the damp, dusty conditions in the mines caused TB, and that the disease spread when infected miners went home to Ovamboland to convalesce (Loots 1930:12-13).

Bronchitis

This respiratory disease is usually associated with older age groups, together with those people who are exposed to damp, foggy climates, irritant gases and dust. The condition is also exaggerated by smoking. The symptoms are violent coughing-up of phlegm and spittle, with wheezing. It is a chronic disease, lasting many years until eventually the right side of the heart begins to fail. This causes odema of the legs and ankles, and the chest may become barrel shaped with time (Pears 1976:77). Ovamboland has a very dry climate, but the disease could result from mining work and from heavy smoking.

Bubonic Plague

This is initially caused by a bite from a rodent flea, but once people become infected the disease may spread by droplet infection. After 2-10 days incubation a severe fever develops, followed by swelling of the glands in the groin and perhaps elsewhere. Most common is the glandular type of plague proving 80% fatal (Pears 1976:17). A report compiled by Rose Innes (1950) for the South African government, shows plague to be most virulent in the south of Namibia, with a less virulent strain being found in Ovamboland. The plague reservoir in the latter region occurs mainly in gerbils (*Tatera* sp.), which occur in large numbers and are widespread (Odendaal Report 1962-3, para 539:135). The disease is known by the Ovambo as *uuva uom-buku*, the disease of mice (Soini 1953:73).

Venereal Diseases: Syphilis and Gonorrhoea

Syphilis is a serious sexually transmitted venereal disease, and babies can be born with congenital symptoms. When sexually transmitted the symptoms begin with a sore (hard chancre) at the point where the spirochaete of syphilis entered (i.e. the lips, genitals etc). After a short time the chancre disappears. This primary stage is followed by the secondary stage: sore throat, headache, body rash and enlargement of glands. If left alone this stage also disappears, to be followed by the tertiary stage in which a chronic infection develops in some part of the body: for example, chronic syphilis of the skin, the bones, the heart, the liver or the nervous system.

In congenital syphilis the disease is transmitted by the mother to the foetus. The child is often born prematurely or still-born, and is tiny and wizened in appearance. Those children that do survive are afflicted

with eye disorders, 'snuffles', and a characteristic flattened nose.

Gonorrhoea is usually sexually transmitted, however babies may get an infection of the eyes - ophthalmia - from their mother if she is infected. Also gonorrhoea in young children can result from handling infected clothing and such. The disease in adults is evident by a thick discharge from the sexual organs, and often pain during urination (King and Nicol, 1969).

Both venereal diseases were initially introduced to the area by Europeans, and are now widespread. According to Loeb gonorrhoea has been prevalent in Ovamboland since the men began travelling to south Namibia to work for Europeans (1955a:37). Loots (1930:17) claims that 60% of the population in Ovamboland was syphilitic, with gonorrhoea hardly less prevalent. He blames the Portuguese for infecting southern Angolans, who in turn infected the Namibians. The typical cases observed by Loots involved: gonorrhoeal eye infections and syphilis resulting in miscarriages, sterility and disability (mental and physical). No cases of nerve syphilis (where the nervous system becomes poisoned by syphilis) were diagnosed.

The clinic at St. Mary's Mission, Ovamboland, dealt with many still-births which the staff believed to be caused by venereal disease. There were also some congenital cases (people with squashed noses and cleft palates) and cases of crippling joints (Wolfe 1935:22,33 & 67).

Yaws is a non-venereal spirochete caused disease which. The disease is characterised by raspberry-like growths on the body, including the face. Younger children especially are affected, and the symptoms normally disappear of their own accord after some time (Pears 1976:16). Yaws occurs in Ovamboland, the Ovakwanyama chewing certain plants in order to diagnose it (Loeb et al 1956:154). Tuupainen argues that it is difficult to distinguish from yaws from syphilis in the field, and as a result there may have been mistaken diagnoses (i.e. yaws wrongly diagnosed as syphilis) on the part of some Finnish missionary hospital staff. This, the picture of VD in Ovamboland may well be a rather skewed and exaggerated presentation:⁵

⁵ Vaughan (1991:137), writes that the Uganda VD campaign in the 1920s failed, partly because of "...the increasing recognition of the difficulties of diagnosing syphilis, and, in particular, of distinguishing it from yaws, a disease primarily of childhood and poverty. In addition, she points out in a later paper (1992:299) that there is "...a strong element of social construction inherent in the colonial concern with syphilis in Africa". Colonial medics arrived in Uganda with their own preconceptions about syphilis and ideas about the moral nature of African societies. Such preconceptions are bound to have influenced diagnostic procedures, so that it is not difficult to see how the Finnish medical staff in Ovamboland might classify yaws as syphilis, rather than vice versa.

"Opinions on the prevalence of V.D. in Ovamboland vary greatly and information received is contradictory. The diagnoses in the Finnish Mission hospitals are in most cases made by nurses on the grounds of the descriptions of the patients. As adequate diagnostic facilities are lacking, many non-specific and other genito-urinary diseases may be wrongly classified as venereal disease. Even the VDRL test (Venereal Disease Research Laboratory) is not reliable since it may become positive for malaria, tuberculosis, infection in the breathing system, leprosy and non-venereal spirochete diseases etc. Up until the 1970's Windhoek was the nearest place for doing these tests on Ovambos. These reservations must be kept in mind when viewing the VD rate in Ovamboland between 1915-1965" (Tuupainen 1970:130-1311).

Nevertheless, despite her justified scepticism of venereal data Tuupainen does offer a few statistics. I agree with her opinion that the figures cannot be taken as truly representative of the situation, though they are indicative:

Ondonga: Onandjokwe hospital: the rate has varied between 0.5-16.3% of all patients attending the hospital. Ondangwe clinic: From Oct. 1965 to Feb. 1966: 193 Syphilis cases and 316 Gonorrhoea cases = 16.6% (509) of the total 3069 patients. The proximity of the SWANLA trading firm has had an effect on these numbers.

Ukwanyama: Engela: Here the numbers are smaller: 1.8-13.8%. From 17.12.65 to 15.4.66 blood specimens for the VDRL test were taken from 256 pregnant women attending Engela hospital. 15% were positive, 5% destroyed or lost, and 80% were negative. The western Ovambo groups have lower rates of VD infection than do the two main eastern groups (i.e. Ondonga and Ovakwanyama).

The above statistics are for those attending hospital only. Tuupainen quotes the Government Report of 1927 as stating VD is 80% prevalent among "... all married natives" (1927:15). Also a Finnish medical doctor who spent many years working in Ovamboland claimed that gonorrhoea affected 80% of people (Tuupainen 1970:130-131).

Brucellosis

This is an animal disease that is transmittable to humans. The most common infections are *Melitensis* in

goats and *Abortus* in cattle. Miscarriage is indeed common among cattle, yet goats show few signs of illness. The disease may be shed in the animals' milk for a lengthy period. Humans catch it, thus, from milk, the handling and eating of infected meat, contact with dung and so on. Ovambo men rather than women are especially prone because of their almost constant contact with cattle and their by-products. The disease affects the liver, spleen, bone-marrow and lymph glands. Symptoms are weakness and fatigue, chills and sweating, anorexia, headaches and abdominal pains. Joint pains are also a prominent feature, especially of the hips and long bones. In addition there may be nervousness and mental depression. Brucellosis is a self-limiting disease, whereupon 50% of people tend to recover in about one year. The death rate is low (2%) (Wilcocks & Manson-Bahr 1972:486ff).

Anthrax

The bacillus of anthrax (like tuberculosis) can exist outside the body, and like tetanus then take the form of spores or seed-like bodies. Anthrax is spread by horses and cattle, who get the disease from eating infected grass. In humans the disease shows in relation to where the germ alights:

- [a] Skin infection (from hide/hair) causing a "malignant pustule" or large sore.
- [b] Inhaling dust from infected hides/wool causes a form of bronchitis with blood stained sputum.
- [c] Consumption of infected meat causes internal anthrax.

In all cases the prognosis is serious. Death is extremely common, preceded by high temperatures, the skin symptoms, lung symptoms or food poisoning symptoms (Pears 1976:115).

Bilharzia

There are two types of *Bilharzia*: that of the bladder, *Schistosomum haematobium*, and that of the rectum, *Schistosomum mansoni*. The main symptoms are blood in the urine or in the stools and a raised temperature. There is also diarrhoea. *Bilharzia* is caused by parasites which affect people bathing in or drinking infected water. Small swimming forms (*cercariae*) pierce and enter the skin, mature in the portal vein below the liver, and eventually the females lay eggs in the pelvis. These eggs penetrate the bladder or the rectum, depending on the type of fluke, and pass out in the faeces or urine. Should these eggs enter water they hatch out into small moving forms which seek a water snail, develop further in its body, then emerge

as cercariae ready to find a new human victim (Pears 1976:18).

Ankylostomiasis (Hookworm)

Hookworms enter the body initially through the soles of the feet, get into the bloodstream and lodge finally in the duodenum. The symptoms are anaemia and stomach disorders. Miners and others working on damp ground frequently contract hookworm (Pears 1976:19). Fatigue and digestive problems are common (Rainio 1922:41), and small children suffer perhaps most of all (Loeb 1955a:37). Loots blames poor sanitation of the living areas for the prevalence of worms (1930:8).

Leprosy:

Leprosy seems to be more common in southern Angola than in northern Namibia. Loeb claims to have seen no cases of leprosy in Namibia, but did among the Ovakwanyama of southern Angola. He cites Lebzelter, who claims that in Namibia the disease does in fact exist but is concealed from Europeans (no explanation given) (Loeb 1955a:37). The incidence of leprosy in southern Angola is mentioned by Loots as being high in 1930, together with some 20 plus cases being diagnosed in Ovamboland, Namibia. Elders at this time claimed that the disease was a new one, its arrival being linked to the Europeans (Loots 1930:18).

Epilepsy

Epilepsy is not a disease as such, but a symptomatic disorder of the nervous system. Epilepsy for example may result following a severe head injury, or illness such as meningitis. It can occur at all ages, but is most frequently experienced by young children. Attacks can be minor (instantaneous and brief loss of consciousness and change of position, then an equally instantaneous recovery) or major (the victim falls down rigid and unconscious, then limbs contract rhythmically until they become limp again and consciousness is regained).

Extremely common in young children are febrile convulsions (known often as 'teething fits'). This condition is not always associated with epilepsy, since the attacks rarely continue into later years and are not regarded as serious (i.e. in relation to major epileptic fits) (Pears 1976:48).

Disorders of the Joints

A good deal of arthritis can be directly caused by diseases like gonorrhoea, tuberculosis, septic joints, syphilis, brucellosis, typhoid fever and dysentery. Rheumatism is the inflammation and/or degeneration of the muscular-skeletal system. Rheumatoid-arthritis is the inflammation of connective tissues throughout the body - a condition which can strike at any age. Osteo-arthritis is normally associated with the normal process of ageing, and affects the large weight-bearing joints of spine, hips and knees. Hard wear and tear in younger days may set it off in later life (Pears 1976:54-55).

Rheumatic Fever

Acute rheumatic fever is not to be confused with other forms of rheumatism. Many tissues of the body - particularly the heart - are attacked, as well as the joints, and the trouble is due to a sensitivity which has developed to certain bacteria (**haemolytic Streptococci**) which have probably caused a sore throat about 3 weeks before the onset of the disease. The acute phase of the illness usually occurs before 15 years of age, whereupon inflammatory damage occurs to the valves, the heart muscle and the pericardium. There may be acute heart failure at this stage if the heart is severely affected. Otherwise, the valves scar during ensuing years: they become thickened and deformed, losing elasticity and stretch. As a result the heart has to work much harder than normal, with the end result usually being some variety of heart failure. Rheumatic fever is the commonest cause of valvular heart disease, although in rarer cases it can be caused by syphilis (Pears 1976:28).

Nephritis (including odema)

Nephritis is a disease of the urinary system. Acute nephritis often occurs as the result of an allergic reaction to the toxins of **Streptococcus** (i.e. a streptococcal infection of the throat). Symptoms begin with a sore throat which is followed by a headache, vomiting, pain in the loins, a slight rise in temperature. Especially typical is dropsy, or odema, beginning in the face and ankles then spreading to the rest of the body. Blood and albumen might also be found in the urine. The prognosis is good if the kidneys are given a rest by reducing the amount of protein intake, salt and water. The acute phase can become chronic if the disease is not treated.

Another type of nephritis not associated with streptococcal infection is nephrosis. It develops early in adult life, the first visible symptoms being odema of the face and legs (Pears 1976:45).

Ascites

Ascites is a complication of portal hypertension/cirrhosis of the liver, in which large amounts of lymph-like fluid accumulate in the abdominal cavity. The fluid contains a great deal of precious protein and salt which is lost to the body economy. Ascites also sometimes accompanies cancerous deposits in the abdomen (Pears 1976:38).

Impetigo

This is an infectious skin disease, usually occurring on the face. It takes the form of blisters filled with pus on a red base. When the blisters burst their place is taken by yellow crusts. It is highly infectious and spread by fingers, infected cloths and so forth (Pears 1976:53).

Purpura (Bleeding tendency)

Purpura is an haemorrhagic disease - a disease of the blood conserving mechanism which can lead to abdominal bleeding, either beneath the skin causing bruising and small leaks, or leading to greater loss of blood (particularly following a wound). In some kinds of purpura the blood vessels themselves are the cause of the trouble, having become fragile and leaky for a number of reasons. It can occur, for example, in old age (senile purpura), in scurvy or vitamin C deficiency, as an occasional accompaniment to infective diseases, or as an immunological effect on the lining of the blood vessels when the patient becomes sensitised to certain substances (Schonlein Henoch or anaphylactoid purpura). The latter often follows a streptococcal sore throat, just as rheumatic fever and nephritis do; and indeed joint pains and nephritis may accompany purpura (Pears 1976:77:26).

Purpura is commonly found in Ovamboland. The symptoms are reddish-black blisters on the inside of the cheeks and palate, along with bleeding lips and gums. The blisters break out very quickly with the appearance of wounds. Urine and saliva may also contain blood (Soini 1953:33). Rainio noted bleeding from the nose, mouth and skin. The tongue and skin were usually pale and swollen, and the patient was in a

state of extreme exhaustion (Rainio 1922:28).

Pre-Eclampsic Toxaemia (PET)

This is a condition which affects pregnant women. The causes are unknown, but it has been associated with malnutrition. Symptoms include severe swelling of the limbs, headache, high blood-pressure, visual disturbances, and fits in the later stages. High blood-pressure poses risks for the fetus. Also the possibility of premature delivery, because of placental insufficiency, reduces the baby's chances of survival (Stoppard 1991:162).

Nutritional Disorders

Malnutrition occurs when food is available but is not of the right sort; that is too much carbohydrate, or too little protein. An imbalanced diet can lead to either obesity or emaciation. Under-nutrition occurs when not enough food is available for the body's requirements, even if the diet is balanced. Both nutritional disorders are highly significant in determining the health of a population. If diet suffers then the whole body does and illness is much more likely. In children especially inadequate diet is problematic since the effects can leave life-long scars: in the form of stunted growth, and weak bones (Sanders 1984:26-28; Smith 1986:53-54).

Part 3: Ovambo Concepts and Definitions of Illness

Illness Terminology

The Ovambo categories for illness (*vela*) and other forms of misfortune (*oshiponga*: accident, misadventure, distress, danger, calamity; *oixuna*: troubles, ordeals; *omupya*: bad luck, misfortune), appear to be quite closely interrelated. Victor Turner states that the Ndembu of Zambia consider illness or disease to be a species of misfortune (1967:300). Likewise, Evans-Pritchard offers a similar conclusion for the beliefs of the Azande of Sudan (1937). It is certainly the case that for the Ovambo both illness and misfortune appear to be characterised by elements common to both (e.g. they share the same causal agents and often the same or similar remedies). This is illustrated by Shivuta's remark that ancestral spirits and witches may cause "illness *and* unhappiness in people" (1981:2).

Nevertheless, despite such links there is a wide vocabulary pertaining specifically, if not exclusively, to illness. However, one might expect a greater percentage of vocabulary devoted to illness than to non-medical misfortune, since illness is an essentially personal experience - it affects the body and mind directly, whereas other kinds of misfortune do not share this degree of peripheral or symptomatic precision (Lewis 1976:55). In the final analysis, it is impossible to differentiate between illness and misfortune completely, since taken at the broadest level there are perhaps few (if indeed any) societies who would not consider illness to be related in some way to 'bad luck' - particularly when one considers lay medical perspectives.

For the Ovambo, disease and illness signify a departure - mild or drastic - from the state of *oulinau\kalonawa*: health. That it is perceived in terms of 'departure' is indicated by the Oshikwanyama term *eveluko*, which means 'health regained following sickness'. Similarly the verb *velula* (or *veluka*) means both to recover one's health as well as to restore to health or to heal (Tobias and Turvey 1954). Thus it is possible to assume with some confidence that health equals the norm and illness an abnormal state of affairs.

A rich vocabulary exists for the ways in which illness and disease are conceptualised and experienced.⁶ By comparison, vocabulary relating to health is much more limited. With regard to illness, various levels of gravity are distinguished, as well as a number of pathological definitions. The nouns *oudu*, *vela* and *oshidu* can be translated as illness or disease. *Oudu wa handuka* refers to grave illness, whilst fatal (i.e. incurable) illness is described by the phrase *ouvela va xuninua*, meaning literally 'last illness'. To die of an incurable illness is known as *fia koudo*, and is thus distinguished from other forms of death such as *lifila* (natural death) or *fia kondjola* (death from starvation) and so on. Serious large-scale illness, such as an epidemic (e.g. bubonic plague), is known as *omukifi*. Periodic illness is described by the phrase *oudu ou na apa hau uja*, in oshikwanyama. The noun *olutapo* refers both to an infection and to contagion; the verb

⁶ It must be said that this vocabulary is not wholly comprised of 'original' Ovambo concepts. Certain 'new' terms have been adapted from European medical terms (though whether by Europeans wishing to explain, or by Ovambo themselves, is difficult to say). For example: *okiina*: Quinine (from German/Afrikaans), *onashalesha*: hospital (German, Lazarett). Notwithstanding, this expansion of the Ovambo vocabulary has most probably taken place in the European (missionary) clinics and hospitals, which were keen to succeed the 'traditional' healers and thus began to train Ovambo assistants (the Finns embarked on such a programme at least). It is not an easy task to distinguish the new from the original, but it is nevertheless important to recognise that such outside influences in the vocabulary exist.

kakeka means 'to contaminate'. Certain health problems are recognised as being congenital, being described the verb *dalua na*, meaning literally 'to be born with'. The name for an individual who is ill is either *omunaudu* (a 'patient'), or *omudu*, and the particular illness he or she suffers from is normally adjectively attached. Hence someone with leprosy (*etakaia*) is a 'leprosy patient' or leper: *omunaudu uetakaia*. A chronic invalid is known as an *omudunu*.

An illness (*oudu*) is distinguished from an injury (*ejahamo/hepeko*). It appears that on the whole, injury is recognised as being more painful than illness, since the general term for agony is *ejahamo linene*. Pain due specifically to an injury is known as *oujahame*. *Elulumo* refers to acute pain, and is used especially when describing the smarting, burning or stinging sensation of wounds. Colic pains, gripes and Labour pains are known as *fetwa*, whilst *-teka olute* describes the feeling of acute nausea (Tobias & Turvey 1954, Turvey 1977).

Ovambo refer to particular areas of the body where illness is seen to be located in different ways. Either the body part (or general area) may be directly referred to: thus *oudu medimo* (stomach illness), or else the illness may itself be given a name - perhaps without bearing any relation whatsoever to the body part it so affects: *onondo* (indigestion), *ombato* (constipation), and so forth. Names of specific illnesses, bear relation to the *effects* of the illness (i.e. not being able to empty the bowels: constipation), or to the *cause* (bird illness: *oudu odila*), or to the cure.

Ovambo Illnesses

Oudu Odila

This illness affects babies and very young children. No mention is ever made of adults being affected. The Powell-Cottons obtained information from Kaweda, a Kwanyama man from the Kalondo mukunda (district) near Onjiva (southern Angola), who stated that *oudu odila* was a quite common illness and much feared by the women. The illness is contracted mainly by young children not yet weaned, and the symptoms are such that: "....the child clenches its hands, digging its nails into its flesh; it twitches violently and has a high fever. It may fall, giving a curious little cry as it does so. Often it remains in a state of coma. If not treated immediately it will probably die" (D. & A. Powell-Cotton 1936/7a:6-7). The situation is the same

among the neighbouring Dombondola: young children are the victims and it is particularly common among child cattle herders in the bush (D. Powell-Cotton 1936c:5).

Oudu odila is believed to be caused by the *onghombe* bird as it flies overhead (D. Powell-Cotton 1936c:5). Indeed, *odila* is the general Kwanyama term for 'bird' (*edila*: large bird; *okadila*: small bird) (Turvey 1977). The *onghombe* is described as a large black bird, with bright red markings (D. Powell-Cotton 1936c:5). A somewhat fuller description is provided by Loeb et al (1956) who identify the *onghombe* as *Bateleur berghaan*, "....a carrion feeding eagle with remarkable wing performance, including terrific speed and the ability to turn somersaults in flight (1956:170). Moreover, the bird "...rocks from side to side as it steers, sometimes with wings held up at quite an acute angle" (McLachlan and Liversidge 1970:102-3). Certainly the flight antics of the *onghombe* bear a striking resemblance to the convulsive symptoms of *oudu odila*, hence, no doubt, the association of these two in Ovambo aetiology - a suggestion that has been forwarded by Orley (1970:145) in the case of other African peoples such as the Bemba and Ganda.

There is, nonetheless, evidence to suggest that the *onghombe* bird is not regarded exclusively as the cause of *oudu odila*. Kaweda, for instance, maintained that the bird could fly over without actually causing harm to children, whilst on other occasions children might become ill when the bird was absent, in which case the wind was blamed. A male *ondudu* interviewed by Diana Powell-Cotton was in fact quite sceptical about the *onghombe* causing *oudu odila*, although the Powell-Cotton manuscript contains no alternative explanation offered by him (D. Powell-Cotton, 1937b:80). It is plausible to suggest, on the basis of the above, that lay and professional causal explanations for illness might be operative, however much more conclusive evidence is needed before any such claim could be regarded as more than tentative.

Loeb et al (1956:163) have stated that *oudu odila* is actually epilepsy, whereas according to the Ndonga-English dictionary (Tirronen 1986) *ondhila* ('bird') can refer to children's malaria (convulsions). Erastus Shamena of Ukwanyama suggested malaria, or piles of grit in the stomach causing fever and fits (1989, personal interview, FELM, Helsinki).

Elsewhere in Africa there are examples of febrile convulsions being attributed to large (and often predatory) birds. John Orley (1970), for example, has described *eyabwe* ('bird illness'): child epilepsy or fits,

among the Ganda of East Africa, who believe the illness to be caused by an eagle. Orley also cites the Bemba of Zambia as holding very similar beliefs. It is also interesting to note that epileptics are often treated with bird claws (Orley 1970:145). Antoinette Powell-Cotton records the existence of a childhood illness said to be caused by a river bird, *onjudi/ondurudi*,⁷ whereupon the afflicted child is scratched with the claws of this bird during healing (A. Powell-Cotton, 1936b:5). Unfortunately, no further information is given and this 'river bird illness' is not mentioned in any of the other source materials examined. Somali children wear charms and bells in order to protect them from the *gummess* bird as it passes overhead (D. Powell-Cotton, Somali field notes, 1935).

Certainly, convulsions are common among babies who are teething. In the particular case of the Ovambo, malaria could be the main reason for convulsions in children, especially among those out in the bush such as the Dombondola herdboys mentioned earlier. If simply febrile convulsions, then children will outgrow these in time, unless of course epilepsy proper develops (Dr. Tarek Meguid 1989, pers. communication).

Akwamungu: Spirit Possession

Akwamungu appears to be two things;

- [a] *Akwamungu* is an illness said to be caused only by the spirit of a dead relative, who in his/her lifetime was also thus afflicted. The spirit of the dead is said to enter the living (Dombondola, Ovakwanyama and Ombadja peoples) (D. Powell-Cotton 1936c:1).⁸
- [b] *Akwamungu* "is an almost mythical personage" - cause of all personal misfortune. Thus if a house falls down, or if earthenware pots crack, or if other bad things befall one single person, then that person is possessed by *akwamungu* (Dombondola mainly hold this view).

So, although *akwamungu* can be seen to be a very specific illness ('a'), it may manifest itself as some other form of misfortune not actually connected with *illness* at all ('b'). This vividly illustrates the

⁷ Possibly, onjundu: pelican.

⁸ Diana Powell-Cotton states that the spirit *enters* the body of the living during possession. Loeb (1955b:156) describes spirit possession as the voice of the dead coming from within the afflicted. Both descriptions suggest spirit *intrusion* in the event of possession, however I have no further information regarding the precise location of a spirit during possession (i.e. in a vital organ? in the head? on the victim's shoulder?).

artificiality of endless discussions about terminological boundaries in the medical anthropological literature. Usually though, an attack on the victim's body occurs at some point in the affliction process, so it is with the illness aspect of *akwamungu* that I am primarily concerned with in this section⁹.

Affliction in the form of illness seems to be of two main kinds: physical and mental. For example, a female potter obtaining clay for the first time during the potting season will be afflicted with blindness, earache and deafness, and "ills of the hands, legs and feet", if she does not burn the necessary plants required by *ovakwamungu* (the ancestral spirits). Moreover, if the potter also happens to be an *ondudu* who has drunk the blood of a cow (i.e. passed the highest stage in a healers initiation), then *akwamungu* will cause her much sickness if she does not also break fresh cow dung (from the bush, not the cattle kraal) on the ritual fire (D. Powell-Cotton 1936e:1-2).

D. Powell-Cotton (1936c:1) records that *akwamungu* normally affects only women among the Ombadja, Dombelantu and Dombondola; however among the Ovakwanyama it may affect men as well. She offers no explanation for this, but if by 'men' she means the *omasenge* 'not-men', then her description makes more sense, since they are more 'female' than 'male'.

The symptoms of spirit possession are a general feeling of sickness and wasting away. Any part of the body can be attacked (e.g. the joints), but in general the person becomes thin and can eat little. There is delirium in the later stages, bordering on madness. The afflicted person often escapes from their household and careers through the bush - not noticing thorns or fences. Finally, the protagonist collapses - as if dead - in someone's household. It is at this point that an *ondudu* will be consulted (D. Powell-Cotton, 1936c:2). This form of spirit possession is the kind normally regarded as a calling to the *ondudu* profession.

Depression and delirium are not the only symptoms of *akwamungu*. In an incident observed by the Powell-Cottons, a woman was experiencing a difficult and protracted labour and so an *ondudu* was summoned by her husband. The *ondudu* divined with a knife over his ash-covered palm and duly announced that it was *akwamungu* - the spirit of Hamunjungo's father who had entered his pregnant daughter-in-law. Directly the child was born, Hamunjungo said: "Tu! (ritual spit), *akwamungu*", and named his newborn son

⁹ Chapter 6 deals with the misfortune aspects of *akwamungu*.

Kaiyamiso - after his dead father (D. Powell-Cotton, 1937b:83). This case illustrates well the occurrence of spirit affliction when the ancestors feel they have been neglected or wronged in some way. The naming of the baby after his late relative appears to rectify the situation.

From the rather limited evidence, it is clear that there are varying degrees of spirit possession within the two main types 'a' and 'b', ranging from serious to less serious Lewis (1989:28-9) has described "central" and "peripheral" possession - see here, Chapter 4, sub-section *Spirit Possession and Mediumship* for more information). At one end, for example, there is the serious form of ancestral spirit possession - the kind which is usually interpreted as being a calling to the healing profession. Next we see the severe reprimand or significant warning, followed by the less serious forms (i.e. the illnesses become less serious). Finally, at the other end we can observe the non-illness kinds of spirit-caused affliction (e.g. the cracked pots). The notion of a possessin (i.e. intrusive) spirit is strongest at the severe end of possession, since there is more emphasis on discovery and exorcism of spirits at this level than there is at the level of misfortune.

The Powell-Cottons mention another ancestral spirit-caused illness: *ohula*. Like *akwamungu*, *ohula* is caused by the spirit of a deceased relative and is expressed by the phrase: *omnhu tavela ohula* (a person is sick of *ohula*). With regard to symptoms, afflicted persons become thinner and thinner and grind their teeth. They will apparently die if not treated with cattle blood. It is not, however, generally regarded as being as severe an illness as *akwamungu*. This is evidenced to a degree by the fact that a spirit causing *ohula* cannot also cause *akwamungu*; also, the healing ritual with the *omakola* is not necessary for *ohula*. Worth noting nonetheless, is that both these forms of spirit possession need treatment with cattle blood - the only illnesses to do so. (D. & A. Powell-Cotton, 1936/7a:6). Furthermore, *akwamungu* or *ohula* ought not to be confused with *oudu uenangaletto* (literally: 'wasting sickness'), since this is actually phthisis (Tobias and Turvey 1954).

It is noticeable that spirit possession is totally unaccounted for in the disease surveys conducted by European medical personnel.¹⁰ Even the psychiatric symptoms are not recorded, with the exception of Toini Suopeltomaki's work. Suopeltomaki talks about psychiatric disturbances observed in Onandjokwe hospital, and gives the main reason for these as the trauma of migrant labour. Other common causes

¹⁰ Loeb states that insanity was not dealt with by hospitals (1955a:39).

suggested are:

- [a] having a strange role in the village¹¹
- [b] psychosomatic patients.
- [c] hysteria (1973:10).

Although not referred to directly, *akwamungu* could belong to the descriptions above, although there are many other psychiatric illnesses recognised by the Ovambo.

Other Spirit-soul Illnesses:

These can be roughly divided into two main types: (a) those characterised by depressive symptoms, and (b) those characterised by symptoms of 'insanity' or mental instability.

[a] *Depression*: The Ovambo have a wide variety of terms describing psychiatric states such as melancholia. *Oudwonya* or *eudifonya* are Kwanyama nouns for melancholy, low spirits or depression. *Ndjaalela* is the verb to feel downhearted and depressed, *oshimwenyo* is to be depressed or in low spirits, and *polimana* is to be gloomy and downcast. *Oshisho* is usually used when referring to an incurable wound, however it may also mean anxiety, worry or concern (Turvey 1977).

Depression is normally described as *oudu omutima* (illness of the heart) (Powell-Cotton catalogue notes: A36/2205).¹² The heart (*omutima*) is believed to be the repository of the soul (*omuenjo*) (Loeb 1955a:38; Aarni 1982:66-69; Savola 1916:70-71). Certainly the heart is recognised as being the seat of the emotions: temperament, moods, disposition, humour, morale, stamina and so on (Savola 1916:70-71). Thus *okaana kom omutima* (literally: 'child of the heart') is the conscience, and *oluudo lomutima* is emotion, sentiment or feeling. Feeling sentimental or sorrowful is described in terms of 'one's heart going out', whilst a shock - *lya omutima* - is expressed as a 'bite into the heart' (Turvey 1977).

There is no satisfactory evidence in the available literature to suggest what Ovambo causal theories for depression might be. One obvious factor would be possession by an ancestral spirit. Sorcery and witch-

¹¹ The strange role is not specified, but may refer to an *ondudu*.

¹² The link between the heart and neurotic illness features in other African societies: the Ganda, for example, have two such 'heart' conditions (Orley 1970:146).

craft are other strong possibilities, since both cause misery and misfortune in their victims. Periods of mourning may well be accompanied by spells of depression if the loss is keenly felt. Disputes are usually avoided if at all possible between kin. However, in cases where antagonism or estrangement does occur feelings of angst may set in until the matter is resolved.

[b] *Insanity*: Sanity is known as *omunandunge* and describes "one who has a sensible outlook" (Tobias 1954). There are a number of oshikwanyama terms which refer to the opposite of sanity, or at least deviation from it: *jeveta* (lit. 'to be rickety': crazy), *osilema* (demented), *dongakana* (deranged), *lialiakana*, *mendunge* (mentally deranged), *omujananeungu* (lunatic) and *eenghweengu* (madness, rabies and lunacy). There are a few specific illnesses which are characterised by 'insanity'.

[1] *Outoni*

Outoni is 'ghost call madness' or 'hyena call madness'. If a man kills someone during a cattle raid, then he will be persecuted by the dead man's ghost unless certain precautions are taken (Loeb et al 1956:153)¹³.

[2] *Emuengu*

This illness is characterised by fits of temporary insanity or periodic dementia, usually occurring after too much smoking, alcohol or excitement (Loeb et al 1956:153-4).

[3] *Oulai*

The main symptoms of *oulai* are shock and stupor. A person may get this following a severe sickness, or after *emuengu*, or after being secretly poisoned (Loeb et al 1956:154). *Oulai* may also be used to describe foolishness, silliness or stupidity in a person (Turvey 1977). Homosexual behaviour in children is referred to as *oulai*, but adults accused of this would regard it as a great insult (Estermann 1976:67).

Insane behaviour may also be symptomatic of *akwamungu* as mentioned above, and in fact insanity and *akwamungu* are synonymous according to some studies (e.g. Loeb 1955a:39).

¹³ See Chapter 6 for the ritual purification necessary.

Omulowa (Soul-loss)

This is an illness leading eventually to death, and is caused by an *omulodi* (witch) or someone wielding negative influence (D. & A. Powell-Cotton, 1936/7a:8, Turvey 1977).

Oufimba wa Kalunga

The name means 'pregnancy from Kalunga (God)', and refers to dropsy (oedema of the stomach) caused by malnutrition among other things. Estermann (1976:183) writes that the illness affected both men and women. Loeb adds that the illness was sent by Kalunga as a punishment for transgression and claims that, as such, afflicted persons were ashamed to go to the mission clinics for treatment (Loeb 1955a:38).

Another illness characterised by swelling of the body, is that which affects blood-relations who are not ritually purified after one of their kinswomen has given birth to twins (Loeb et al 1956:152). Loeb unfortunately does not give the Ovambo name for this condition, so that it is difficult to decide whether there is any relationship between this type and *oufimba wa Kalunga*, or indeed *oshifula* - general oedema.

Oluidi

Based on information from Tönjes, Loeb states that *oluidi* is the oshikwanyama for malaria, an illness he says is attributed to witchcraft (Loeb 1955a:36, based on Tönjes 1910). The Kwanyama-English dictionary (Turvey 1977), however, states that *olwiidi* is the general term for fever. The English-Kwanyama dictionary (Tobias and Turvey 1954) gives the Oshikwanyama equivalents of fever as being *oulidi* or *epupialo*. Therefore, it would seem that *ouludi* could be used to refer specifically to malaria in terms of its main symptom: fever, since *oluidi* can be used to describe other fever conditions as well.

Omupanu and *Oshimela*

These illnesses: diarrhoea and dysentery respectively, are in adults believed (among other things) to be due to breaking sex taboos imposed during certain ritual periods. Dysentery in particular is known as 'breaking of the intestines' (Adolf ya Sidine, ELC 1932, item 324:753).

Onteku

Onteku is the Kwanyama name for intestinal worms (?hookworm) (Loeb 1955a:173).

Emhiakani

This is an illness of the knee joints (probably arthritis) said to be caused by transgression of precepts or prohibitions. For example, a man might be struck with *emhiakani* should he fail to observe the feast of *oshipe* ('new things'). Craft workers can also be similarly afflicted should they fail to appease the ancestral spirits prior to commencing work (D. Powell-Cotton 1936c:1).

Uuva Uombuku

This is literally 'the disease of mice', and refers to bubonic plague according to Soini (1953:73). As mentioned in Part 2, bubonic plague in Ovamboland is spread by gerbils.

Ondjunduzi

This is a boil sickness, apparently caused by witchcraft (Tomas Uukunde, ELC 1932 item 88:217).

Ombulua

This illness appears to be anthrax, which is normally caught from anthrax-infected cattle. The Ovambo certainly recognise it as an animal disease contagious to humans, and make a point of not eating infected meat (A. Powell-Cotton, interview 1988, Quex; E. Shamena, interview, 1989, FELM, Helsinki). The plant *eposa* (*Tinospora fragosa*) is made into a poultice for the boils, and *eposa* medicine is fed to non-infected cattle in the hope of making them immune (Loeb et al 1956:161, Rodin 1985:155).

Omukotal/Omukona

The Finnish medical missionaries identified *omukota* as general bleeding and haemorrhaging of the body (Purpura) (Rainio 1922:28; Soini 1953:33). However, general haemorrhaging is normally known as *edjo lohonde* (*edjo*: outflow, discharge; *ohonde*: blood) (Turvey 1977). The term *edja omukota* specifically denotes heavy bleeding from the nose, although since this is very often the main visible symptom of purpura it may account for the preference of *omukota* as the illness name. The Powell-Cottons were given the

name *omukota*, and they were struck by the prevalence of the condition, especially in the Dombondola region (A. Powell-Cotton, interview 1989, Quex; notes for medicinal plant P-C.A36/2516). Aside from external and internal bleeding, symptoms are, not surprisingly, anaemia, fatigue, headache etc. It appears as though the blood of an affected person is perceived as being impure, or rather that there is *something* impure and disruptive within the body using the blood as a vehicle, and that removal is the main objective, since the main form of treatment for *omukota* is *sata* - blood letting. The body is covered in tiny cuts and the blood is allowed to flow freely. Unfortunately, however, the anaemic condition is increased this way.

Not much information has been recovered from other sources about this illness. Tomas Uukunde, of Ukwanyama, states that *olukona* is inner-bleeding (ELC 1932, item 87:216). Loeb calls the illness *omukoneko*, and describes it as "...hardened red excrescences appearing in the mouth or on the palms of the hands, and often there is bleeding from the nose and swelling from the body". He diagnoses the symptoms as being those of yaws (Loeb et al 1956:160).

Ongadgi

This condition is infertility and is frequently thought to be the result of cursing, or the wrath of an angered ancestral spirit. There are a number of cures available, involving plants which are symbolically associated with fertility and life: *omfiyati* is the tree of life and fertility (Loeb et al 1956:150), whilst the wild fig tree is symbolic of the ancestral spirits, its fruit and seeds ensuring female fecundity (Hopeasalmi 1946:61, quoted by Tuupainen 1970:46).

Oshivatu (K)/ Oshaatu (N)

This illness is known by several names, all fairly similar with the exception of *oshishi*. It is referred to as the 'illness of cramps' and it affects women in childbirth, perhaps even causing their death.¹⁴

These 'cramps' are actually the condition known as pre-eclampsic toxemia, to which pregnant Ovambo women are especially liable (Tuupainen 1970:91). Tetanus and diphtheria may also trigger off eclampsia.

¹⁴ The Ovambo believe *oshivatu* causes maternal death. The condition pre-eclampsia, which may be *oshivatu*, certainly causes hypertension, premature labour and placental insufficiency, which threaten the existence of the baby (Stoppard 1991:158, 162).

The Ovambo believe that adulterous pregnant women will be afflicted with *oshivatuloshatu*, the condition said to be caused by the fact that either the respective blood of the different people (i.e. the woman, her husband and her lover) is not at peace, or else the semen of the two men fight in the woman's womb (hence the cramps). The trouble can be avoided if the woman confides in an older kinswoman and undergoes ritual purification, either before or during labour (Tuupainen 1970:91-2; Gideon Iitule ELC 1932, item 104:237).

There is also a variation of *oshaatuloshivatu* that affects men. The illness can result from two men sleeping with the same women, when one of the men happens to be wounded at the time. Without being ritually purified, these men will suffer epileptic fits and eventual death (Gideon Iitule, ELC 1932, item 105:238).

Oshithitikila

If a man has sexual intercourse with another woman (i.e. not one of his wives) whilst one of his wives is pregnant, then he may cause mortal danger to this wife and unborn child if he does not admit to what he has done. Should he remain secretive, his wife would be unable to deliver: "...the baby returns to her belly" and dies there, or else it is born dead (Tuupainen 1970:92).

Olusi

This illness is contracted by those who have sexual intercourse with a newly made widow, before she has undergone ritual purification. The widow herself will swell and die without being purified, according to Tomas Uukunde (ELC, 1932, item 86, 215). The semen of the woman's late husband is supposed to remain in her vagina, causing illness to her new lover (Loeb 1962:260). In fact, men having sexual relations with an 'impure' widow will see their "intestines rot away" (Loeb et al 1956:151).

Other Illnesses

There are a great many illnesses and conditions for which I have been unable to gather adequate information. Very often the name of the illness and the cure are present in the source materials, but only rarely are there Ovambo aetiological and pathological explanations. Examples are listed in Appendix 2.

Part 4: Causal Explanations for Illness and Misfortune

Recent and Current Anthropological Analysis

Indigenous aetiological thought has received considerable attention over the past two decades or so. The general tendency, until fairly recently, has been for researchers to follow the early definitions proposed by Clements (1932), classifying causal explanations for illness as belonging to one of three fundamental categories: (a) supernatural causes, (b) human causes, and (c) natural causes. In the particular case of African therapeutics, the literature reveals a decidedly heavy emphasis on the supernatural agents, combined with a relative de-emphasis of any possible natural causes. Human agency tends to be discussed within the realm of the supernatural, usually under the heading of sorcery or nefarious magic (Turner (1967) provides a good example).

Such (often overwhelming) bias in favour of the supernatural stems largely from Evans-Pritchard's influential analysis of Azande witchcraft - a phenomenon to which, he argues, all Azande illness and misfortune is ultimately attributed (1937). A good example of one who has followed in this vein is George Foster (1976), who argues that aetiology is in fact quintessential to the understanding of ethnomedical systems cross-culturally. He proposes two basic principles: 'personalistic' and 'naturalistic', that seem to him "...to account for most (but not all) of the aetiologies that characterise non-western medical systems" (1976:775). In a 'personalistic' system, illness is principally believed to be caused by the "active purposeful intervention of an agent, human (witch, sorcerer), non-human (ghost, ancestor, evil spirit), or supernatural (deity or powerful being)" (p775). Whereas the 'naturalistic' system, on the other hand, explains illness in rather more impersonal terms: thus disease is caused by natural forces or conditions (cold, heat, wind) and especially by an imbalance of the basic body elements.

African therapeutic systems have been assigned to the 'personalistic' system, with those of say India and China to the 'naturalistic' one (Foster 1976:775). Foster of course claims to be aware of the fact that such a broad, dual classification has its pitfalls, and admits that the two aetiologies are rarely mutually exclusive in society. Still, he maintains that most peoples are committed one way or the other.

Whilst on a very general, and perhaps even superficial level, Foster's argument may hold true, a

closer look at particular African societies reveals it to be at times on shaky ground. The problem, as I see it, lies mainly with what Foster calls the "overlapping elements", and the extent to which they occur in any given African society. Far from dismissing these, as Foster seems to, one ought to perhaps be considering them since they are after all an intrinsic feature of a given medical system. Moreover, it could well be that such "overlapping elements" epitomise the more subtle aspects of aetiological variation within Africa (and indeed elsewhere), so that cross-cultural comparison of them in addition to (or instead of) the clear cut features might yield the most interesting results.

For example, Harriet Ngubane's inspirational emic-portrayal of the Nyaswa-Zulu medical system shows that far from fitting happily into Foster's 'personalistic' category, Zulu aetiological thought strongly engenders both 'personalistic' and 'naturalistic' classification. Ngubane devotes a whole chapter to 'natural causes' of disease, whereupon biological breakdown of the body and ecological hazards, expressed in terms of imbalance, are all seen to play a part (Ngubane 1977:23-29). It is also true to say that the Zulu do stress the importance of supernatural causes, and that on occasion supernatural and natural causes may be interwoven, however this does not necessarily undermine the significance of those natural causes that do exist. In short, to ignore the 'natural' aetiologies in Zulu medical thought is to ignore much of their medical thought and practise, and the same can no doubt be said for other African societies.

Reassessment, even of supernatural-biased work, can yield interesting results. For example, Eva Gillies' reinterpretation of Evans-Pritchard's Azande material has shown that the Azande do actually recognise natural causes of illness, but that these are not so overtly expressed as those linked to witchcraft. Gillies blames the bias in Evans-Pritchard's analysis on the fact that he was less concerned with *how* disease happened (cause and effect), than with *why* it happened (i.e. witchcraft) (Gillies 1976:386-7).

More recently, John Janzen (1981:189), has proposed a much more embracing methodology for the study of African aetiologies. Rejecting what he calls the 'single-cause' approach (i.e. seeing all affliction as due to witchcraft), he favours the small but growing trend of viewing affliction as multi-causal. To accept the single-cause theory, argues Janzen, is to basically see African therapeutic systems as "closed". Multiple-causality, on the other hand, suggests an "open" system which is "...amenable to change at one or another level and to the accommodation of therapeutic pluralism". Janzen's reasoning is inspired by

Buxton's work on the Mandari of Sudan. Buxton has demonstrated that Mandari medical theory and practice have been open to change: European medical practices, for example, have been incorporated into the Mandari 'traditional' system where considered advantageous (e.g. surgical techniques). The important point here, is that Mandari and European medical beliefs and practices may sometimes co-exist (Janzen 1981:189), a feature which ought not to be ignored by researchers.

The approach adopted here, therefore, will be that Ovambo affliction aetiology is multiple rather than singular in character, although the degree of emphasis attached to each particular causal explanation may vary. For instance, natural causes are certainly acknowledged and deserve recognition, but they may not be regarded as being so important as those that are supernatural. In the past such less explicit natural causes have been described as secondary to primary causes, such as witchcraft. Orley (1970:138), for example, states that among the Ganda epilepsy may be caused either by a lizard or by sorcery, but that the lizard may be sent by the sorcerer

This apparent dual-level aspect of causality has been recognised by Foster as a characteristic of 'personalistic' systems (in 'naturalistic' systems the levels are depressed or non-existent), whereupon the ghost, deity or witch is the "efficient cause" (i.e. the primary one) and the instrument or technique used by that being (i.e. possession, soul-theft, poisoning) is the "instrumental" or the "immediate cause" (i.e. the secondary one) (Foster 1976:778). Foster does not directly refer to natural causes in connection with this (since it would interfere with his neat dichotomy). However, one could assume that they would be found in the second of the two categories (cf Orley above).

The notion of levels itself is intriguing and (although perhaps not Foster's intention) goes part way towards overcoming the limitations posed by a strict 'naturalistic' versus 'personalistic' dichotomy. For instance, when considering 'primary' and 'secondary' causes, Janzen (1981) believes that although the two groups are not mutually exclusive, they are still well defined enough to be differentiated from each other. That is to say, secondary causes do not have to be subsumed to a great extent, but can be viewed as independent, albeit related, categories. Thus: "To attribute misfortune to witchcraft does not exclude the 'real' causes: it is merely superimposed on them and gives social events their value" (1981:188). Janzen goes on to suggest (on the basis of Ngubane's Zulu material and his own Kongo data) that it is possible to

have an aetiological continuum, with God and humans at either end and a whole range of aetiologies in between: personal disregard for health/diet, antisocial behaviour, spirit-related causes and so on. 'Nature' is equated here with God, and human cause is defined as people being at odds with each other, expressed in terms of witchcraft and sorcery (Janzen 1981:190).¹⁵

Another important issue in the evaluation of aetiological thought is the assignment of the cause. Orley (1970) has argued that it may be too simplistic to assign one particular cause from the range available to one particular disease, because aetiologies vary in connection with the perspectives of those involved. That is to say, neighbours may hold one opinion, afflicted persons and their families another, and healers still another (1970:140). The opinion of the healer is the one which is normally respected. It is worth bearing in mind that a range of lay beliefs may coexist at any one time.

Linked to the issue of aetiological assignment is the distinction made by Loudon (1976:36) between disease as either exopathic (from the outside) or endogenous (from the inside). In some analyses of ethnomedical systems the inside/outside dichotomy may serve to enhance the aetiological continuum (assuming there is one) - providing another dimension or perspective. The concepts inside/outside are of course culturally variable, and thereby an analysis of disease aetiologies in these terms ought to yield interesting results. Sadly the Ovambo information is extremely scanty on this point; Shivuta does mention that the Ovambo perceive an agent of illness to be something which exists outside of a person's body (Shivuta 1981:4). Certainly illness appears to be associated with the area outside of the household, i.e. the bush, and subsequently with beings thought to reside there: wild animals, ancestral spirits and witches. Lebzelter mentions that rheumatism is known as 'Herero-land sickness', and this most probably refers to the fact that the illness was contracted by men who had migrated to this more southern part of Namibia to work on the farms of Europeans (Loeb 1955a:37).

Finally, a word of caution from Gilbert Lewis. He warns that it may be misleading to be preoccupied with disease aetiologies, mainly because:

¹⁵ Comaroff's (1982) view is that disease is essentially 'natural', but an overwhelming dose of it. This means that recourse to the 'supernatural' is needed to restore the balance. For more on God = Nature, and Witchcraft = Social problems, see Osei (1975).

"....the very fact of no explanation, or of neglect, might be a distinctive cultural feature in handling illness in a society, and significant for the understanding of its cosmology and the values set on health, or social attitudes towards status or roles" (Lewis 1975:2).

Ovambo Illness Aetiology

The bias towards supernatural causes of illness that has been seen to dominate much of the ethnomedical literature for Africa, can also be found in many of the sources relating to the Ovambo. For example, according to Loeb (1955a:43): "The Kwanyama believe that the three varieties of sickness are those coming from the high God Kalunga, those from ancestral ghosts and those from witches". All three are presumed supernatural, an assumption which is later referred to explicitly by Kyronseppa (1970:3), who states matter of factly that "...the Ovambo have no beliefs in natural causes at all, just spirits, witches and Kalunga (God)".

A survey of published and unpublished sources has revealed that the above statements are largely, but not entirely, representative. To be sure, supernatural causes tend to dominate Ovambo illness aetiology, but there are other aetiologies available which seem to have been overlooked or discounted by scholars like Loeb.

Justina Shivuta (1981:2) mentions that illness and unhappiness are mainly caused by spirits and witches, but gives some other examples as well. Sudden illness, for example, is thought to be the result of cursing. Illness may also befall people who transgress precepts or prohibitions. Those illnesses that are perceived to be incurable or unusual (like ascites), are said to be caused by Kalunga (God) and healers are not normally consulted. The association of Kalunga with incurable or strange illness is a feature of Ovambo medical belief that has been noted by others. Brincker, for example, writes that:

"Only those peculiar and unhealable wounds, as cancer, tuberculosis of the bones, festering sores, and the like are *oipute*, which Kalunga has sent out of the basket of bad fortune, and which attack people as a sign of special disfavour. Such a person is marked out and avoided by everyone, for he belongs to kalunga. But he is taboo and is never molested or killed" (Brincker 1899, English trans. in Loeb 1955a:43).

Dropsy, another inexplicable illness, is also believed to have been sent by Kalunga. Indeed the Kwanyama

name for the condition is *oufimba wa Kalunga*, meaning literally 'pregnancy from God' (Estermann 1976:183; Loeb 1955a:38).

When referring to an ill person it may be said that: (a) 'the spirits of the ancestors have bitten him', or (b) 'the evil eye has looked upon him', or (c) 'he has been talked about' (Shivuta 1981:2). The notion of ancestral spirits causing affliction by 'biting' their victims, is consistent with similar notions of 'eating', 'biting' or 'devouring' which occur in many other Ovambo illness aetiologies. Soul-loss, for instance (caused by witchcraft), is expressed in terms of the liver (the repository of the soul) being violently devoured by a witch (in the guise of an owl) at the top of a large wild fig tree (Hiltunen (1986:65). Although not strictly an illness, being more of a depressive symptom, sadness is described as something which "eats" at the heart (a shock being a "bite" into the heart) (Turvey 1977).

With regard to a person becoming ill from being 'talked about' (Shivuta 1981:2), this is most probably a reference to sorcery, and to cursing in particular. Sorcerous acts usually involve pronouncement of the intended victim's name. Personal names, along with saliva, blood, excreta, semen, urine and sweat, are regarded as a sort of mystical extension of one's soul - hence their appeal to sorcerers (Aarni 1982:68; Hiltunen 1986:131-132).

The Ovambo evidence does not appear to support a strict supernatural:natural dichotomy, revealing instead *some* cases of natural and *some* of supernatural character, along with *many* cases where the two areas can be seen to overlap¹⁶. For this reason Janzen's multi-causal theory for illness aetiologies seems most appropriate in the Ovambo context.

To give an example, two of the most prominent illnesses of children: (*onjudi/onjundu* and *oudu odila*) are both believed to be directly caused by certain birds, so would therefore appear to have natural explanations. Moreover, *oudu odila* can also be caused by the wind on occasions when the *onghombe* bird is not an appropriate explanation (D. & A. Powell-Cotton 1936/7a:7). However, at this point we need to consider Ovambo definitions of 'natural' in the context of illness aetiology. There has been an attempt made by Orley (1970:140), to classify 'natural' causes of illness for Africa generally. His conclusion was

¹⁶ This to an extent contradicts Foster's theory of mainly supernatural or mainly natural, with only some overlapping.

that identifying such causes can be problematic - basically because what anthropologists define as natural may not correspond with the definitions of the people themselves, and vice-versa.

Shamena has offered what (at face value) appears to be a purely natural explanation for stomach illness, fever or fits. He suggests that piles of fine grit which are allowed to build up in the stomach will have detrimental effect (interview, FELM, Helsinki, 1989). The grit finds its way into the flour during the pounding process, and subsequently into food such as porridge.

On the whole, however, it appears that a great many animal species are accorded at least special, if not supernatural, qualities by the Ovambo. Certain birds of prey belong especially to this category. The *kaimbi* (Yellow billed kite), for example, is believed to destroy precious rainclouds, behaviour which is interpreted as a sign of ancestral dissatisfaction.

The *epumhumhu* (Ground Hornbill) is considered an extremely sacred bird, known often as the "bird of Kalunga" (Estermann 1976:203). The *epumhumhu's* gloomy, sonorous cries are taken to be a portent of doom: namely the imminent death of someone important. Any man who kills such a bird must undergo immediate ritual purification (Loeb et al 1956:). The piercing cries of eagles are commonly believed to be the voice of Kalunga, and can be interpreted only by diviner-healers (Moller 1899:119, Eng.trans in Aarni 1982:105). The wood carvings of the Tchokwe, a neighbouring pastoralist people in central Angola, often depict Kalunga either as a bird, or in association with one (Aarni 1982:105).

The *ekula* (owl) is normally associated with witches, and indeed may be inhabited by the latter when they travel the bush searching for possible victims (Hiltunen 1986:65). Since the owl is a nocturnal creature its association with malevolent forces is not surprising. Natural phenomena credited with supernatural or special characteristics are not always classified as being malign, however. One example of benign association is to be found in the symbolic link between diviners and crows. The calabash musical instrument used by diviners is called *ekola*, also the name for a crow. Diviners often wear a headdress of crow's feathers. It is unclear, though, who (or what) the crows particularly represent. Certainly the rasping noises emanating from the *ekola* are supposed to be the voices of the ancestral spirits, so perhaps it is these. There may be some significance also in the fact that the crow is pure black in colour, since black is regarded as the most prestigious and important of the range: it represents the ancestors, rain, rich earth, wealth and high social

status (chiefly royal status).

Birds are a central feature of the circumcision ceremony for boys. The actual period of initiation is organised by 4, 6 or 8 men dressed as birds: they wear bird masks and netted costumes sporting feathers. These 'bird-men' are called *okangadi*. The process of initiation is itself likened to being swallowed by a bird (again we have a notion of 'eating'), and then being passed out of its anus. Any boys dying during this period are thus said to have remained in the bird's stomach. The humming noise of the bullroarer used during the occasion, is supposed to be the voices of birds (Loeb 1962:236-237). Incidentally, during the female *efundula* ceremony among the Ombadja, a kudu horn is blown, and this too is said to be bird cries, Loeb adding that they represent the voices of the ancestral spirits (Loeb 1962:269).

There are numerous other examples of wild creatures possessing supernatural attributes, and it is impossible to list them all here. It is worth stating, though, that whereas some creatures seem to enjoy immutable supernatural association, others do so only in certain circumstances. For example, the *epumhumhu* bird is always considered sacred. Likewise, so are sheep (*odi*) - partly because of their gentle nature, but mainly because they were (together with fire and water) the first gifts from Kalunga to the 'first' Ovambo people (Loeb et al 1956:170). Particular cattle (i.e. the first to comprise a herd) are another example.

As for mutable supernatural association, animals, birds, insects or reptiles found in particular locations at particular times may enjoy such status, otherwise being just natural. To give some examples: a dead mouse found in a household is considered an omen of death, a praying mantis (*efingue*) discovered in the household indicates marriage breakdown, and so on. There are some species of snake which indicate misfortune, whilst others herald good fortune (Loeb et al 1956:171). Finally, of course, one should not ignore the many plants, animals, birds, reptiles and insects which hold totemic value.

It seems probable that the Ovambo equate Kalunga with the natural sphere (for instance, as the Zulu and Kongo do [Janzen 1981]), rather than with the realm of the supernatural (the case proposed by Foster, for Africa generally (1976)). Certainly Kalunga is associated or identified with so called 'natural' phenomena - and is indeed the source of power influencing their existence. Kalunga is regarded as being a rather remote deity, and is usually thought of as some kind of androgenous being. Kalunga is also 'fate', in

the sense that things beyond human control are attributed to Him-Her, and are received with resignation as being 'the will of Kalunga' (Aarni 1982:121). Although Kalunga may be conceived of as an anthropomorphic being, He-She is nonetheless invisible to the average person. So when Kalunga strolls through the land distributing fortune and misfortune from the benign and the malign baskets tied around the waist, His-Her presence is felt rather than observed. Or rather Kalunga may be observed, but as a natural phenomenon not as a physical human being as such.

Examples of the kind of natural phenomena representing kalunga's presence include those that are considered unusual, inexplicable, exceptional and perhaps frightening: thunder and lightning storms, birds of prey, rain, drought, pestilence, illness epidemics, incurable or inexplicable diseases, twin and breach births, albinos and hermaphrodites.

Ancestral spirits may also be associated with natural phenomena, albeit to a lesser extent than Kalunga. For example, light breezes are considered uneventful but high winds, or the arrival of wind in a particular place at an auspicious time, are believed to be an indication of the presence of ancestral spirits. Indeed, *omhepo* is the noun referring to wind or the air generally, to breath, and to the ancestral spirits. The wind which rustles the sacred groves of *omufyati* (*Colophospermum mopane*) is a kind of physical manifestation of the spirits: a form of communication with the living at the group level¹⁷. For example, the male circumcision ceremony cannot commence until a high wind (*omhepo ihapu*) blows through the groves - a sign from the spirits (*ehopo*) that the right time has arrived (Loeb 1962:237). Similar high winds are ritually summoned during cattle raids by the *ondyai* (ritual war leader) to aid an attack by provoking fear and confusion in the victims.

Since ancestral spirits can be personified by a high wind on certain occasions, when an *ondudu* thus claims that *oudu odila* can be caused by the wind, does he mean the wind as a natural phenomenon or the wind as a metaphor for ancestral spirits? Whilst the available evidence is sufficient to suggest the question, there is unfortunately not enough information to provide an adequate answer. Nonetheless, this example serves to emphasise the need to allow for the possibility of different kinds of categorisation existing in illness aetiology.

¹⁷ Illness and dreams are the most common ways in which ancestors communicate with individuals.

Contagion

Any discussion of indigenous illness aetiologies really ought to include any explanations based on the idea of contagion or infection, although strangely enough this is an aspect of aetiology that seems to be absent in much of the ethnomedical literature pertaining to Africa. As with the categories 'natural' and 'supernatural', the cultural definition of 'contagion' varies from one place to another. Orley (1970:148) has indicated that what the Ganda classify as being contagious the western biomedical perspective would not. The notion of contagion, declares Orley, confuses the "...classification into 'come by themselves' and 'sent by another'". Furthermore, it is worth appreciating that with the advent of Europeans, indigenous and western notions of contagion have become somewhat mixed.

Certainly in the case of the Ovambo, there are terms for contagion and infection, although it is difficult to say for sure how unadulterated these terms are. In other words, the terms may or may not be the product of European influence. Nevertheless, many aspects of Ovambo belief and practice dealing with illness suggest that notions of contagion certainly existed prior to European influence.

One illness which exhibits such contagious qualities is *oudu odila*. Children appear to catch the convulsions from the bird as it flies over them. *Onghombe* birds are not instruments of other causal agents such as sorcerers or witches, they 'come by themselves', to use Orley's phrase. The similarity between the child's convulsions and the bird's flight pattern is very striking, so it is hardly surprising that these two are closely associated in illness aetiology. The notions of contagion that seem to characterise causal explanations of illness are not too dissimilar, in principle, from those which characterise the mechanics of sorcery and certain therapeutic practices. Orley, however, has cautioned that "...the true mechanism of contagion is rarely stipulated, if indeed at all" (1970:140).

The actual idea of contagion is expressed in terms of pollution or impurity - something present in the body which is considered undesirable and which must be (ritually) removed. Persons in a state of impurity are believed to be able to transfer their polluting qualities (in the form of misfortune) to others, hence the emphasis on segregation and cleansing during healing. Bodily substances are classified as being extremely contagious material, and as such are highly desired by sorcerers. The semen of a recently deceased husband remaining in the vagina of his widow, is believed to be dangerously contaminating to any new lover (Loeb

1962). Ideally all physical residues (i.e. semen) and psychological bonds must be ritually removed *before* the widow takes a new lover, so that contamination does not occur.

Anthrax, the serious contagious disease of cattle, is recognised by the Ovakwanyama in that they will not eat anthrax-infected meat. Also, non-infected cattle are segregated and given preventive medical treatment (Loeb 1956:161). It is difficult to ascertain whether or not European advice has had any bearing on the non-consumption of infected cattle meat. It is the only occasion when cattle meat is 'wasted', since those dying from tuberculosis and other diseases are eaten. In any case, there are other ways of contracting anthrax, as mentioned in Part 2.

The causes of illness are experienced in one or more of the following three ways:

- [1] Disease-object intrusion (i.e. poisoning from sorcery, arrows from witchcraft, natural things like thorns or grit).
- [2] Spirit intrusion (*i.e. akwamungu, ohula*).
- [3] Soul-loss (witches stealing it, depression).

These categories are essentially those proposed by Clements (1932), and are what Foster classifies as "immediate or instrumental causes", the manifestations of "efficient causes": witches, sorcerers, God, natural phenomena etc. (Foster 1976:778).

The distinction between the pathogen (the actual disease causing agent; the "efficient" cause) and the aetiology (the philosophy of causation) is not always apparent in Ovambo explanations for illness. For instance, the Ovakwanyama use the word *oikupa*, which is a name for the cause of disease - in this case poisoning. Removal of the *oikupa* (cause) is known as *kufu oikupa*, and refers actually to anti-sorcery ritual. So, are Ovakwanyama referring to the pathogen or to the aetiology: the efficient or the instrumental causes, when using the term *oikupa*? Perhaps it is not always possible to detect the primary and secondary levels of aetiology which Foster talks about. It may also be, of course, that such levels do not always exist - or even that the aetiologies themselves do not (Lewis's point, 1975:2).

In general terms, illness seems to be conceived of as something intrusive more than as something which is lost or extracted. This is reflected in the types of medicines employed, almost all of which are con-

cerned with the expulsion or evacuation of something alien and detrimental to the body. Of course the replacement of something lost is also an important feature of Ovambo therapeutics, but this form of treatment is much less emphasised.

Summary and Conclusions

The people of Ovamboland are prone to most (but not all) of the diseases typical of tropical Southern Africa, although it is clear that the effects of European colonialism - felt mainly through war, migrant labour, South African and Portuguese policy, and European presence in general, have all either initiated or significantly exacerbated many of the health problems in the region. Comparatively early evidence from the medical missionaries in northern Namibia, has indicated that many of the serious diseases such as TB and VD were virtually unknown to the local population before 1900. From about 1920 onwards, official statistics and the opinions of medical personnel based in the northern clinics reveal an alarming upward trend in the number of cases diagnosed. Soon TB and VD became, along with endemic malaria, the chief scourges of the Ovambo peoples.

With respect to Ovambo beliefs and practices concerning health and illness, there is sufficient evidence to show that the Ovambo value health and are concerned with maintaining health standards. Effort is made to keep the living areas and the immediate environment essentially free from human waste, and considerable attention is devoted to personal hygiene and general appearance, including oral health.¹⁸ In general people attempt to conduct their lives in such a way as to not attract illness or other misfortune. That is to say, people seek to avoid anti-social conflict or breaking prohibitions, and try to be involved in regular propitiation of the ancestral spirits. Protective measures are also taken against other malign forces, namely the use of prophylactic charms. Such measures, however, are not always effective, and a variety of causal explanations exist for the particular illnesses which result.

The Ovambo appear to regard illness as a special category of misfortune. In fact illness can be viewed as being the experience of misfortune at the most personal of levels, even when manifested on a

¹⁸ It is certainly possible that the Ovambo might conceive of personal hygiene and orderliness as either *aesthetic or humanness*, rather than as a practical way of maintaining health (an observation of M. Last). However, I have no data which suggest that either (or both) of the above alternatives may be the case - except perhaps for the (aesthetic?) practice of covering *ehumbo* floors with fine, white river bank sand rather than the original coarser stuff (see p51).

public scale (i.e. an epidemic). Illness, in any case, rarely affects the afflicted individual alone, since family members, kin, neighbours and the healers themselves are all involved to varying extents.

Illness is expressed in terms of disorder and lack of harmony - it signifies a departure from a healthy state of being which is fundamentally regarded as being the 'norm'. Once placed in such an abnormal state, the afflicted individual (and his/her family etc) is rendered particularly weak and vulnerable, with the effect that a return to the desired healthy state is usually sought quite quickly, and perhaps at considerable expense if the illness is serious. Certain of the healers' actions, together with some of the medicines they administer, are specifically concerned with strengthening and they either follow, or are combined with, restorative treatment.

One of the ways in which the Ovambo cope with the disorder affliction creates, is to name and classify particular illness patterns or symptoms and assign to these causal explanations. By organising illness in this way some attempt is being made to impose some kind of conceptual 'order' on physical disorder, with the ultimate aim of thereby controlling it. Turner has made a similar point when talking about Ndembu therapeutics: the healers are concerned with making disease 'visible' and thus tangible, so that it becomes less frightening and thus more manageable (Turner 1967:302-303).

Ovambo nosology can be summarised briefly as follows: specific illnesses may be named, (a) according to the type of relevant treatment, (b) according to the particular body part or area affected, (c) according to the effects of the illness or to the chief symptoms, or (d) according to the particular causal agent(s).

The classification of causal explanations by some social anthropologists into either natural or supernatural categories - African theories being almost always assigned to the latter group - is found to be rather misrepresentative of actual situations. The alternative view, which is accepted here, is that which sees illness as being multi-causal in character (Janzen 1981). There are a growing number of studies of health and illness in Africa which tend to support this claim, and evidence for the Ovambo suggests a similar situation may be the case.

Comaroff has said that illness essentially represents "...a partial or total eclipse of man's social being by his natural state" (1982:51), so that this often needs to be answered by a recourse to the supernatural (i.e. contact with the spirit world, 'magical' treatment etc), in order to restore harmony (Jervis, unpublished

MS): "Healers everywhere manipulate symbolic media which identify physical with social order" (Comaroff 1982:52). Not only does this apply to the practical methods of dealing with illness, but it applies to illness aetiologies as well. For example, illnesses have been found to have often more than one cause, known as either 'primary' and 'secondary' causes, or as 'effective' and 'instrumental' causes. Usually it is the supernatural agents which are identified as being the 'primary' and 'effective' causes, with the other two groups being characterised by the more 'natural' phenomena. The perspective of Janzen is adopted here, whereupon the 'secondary', 'instrumental' or 'natural' causes amount to what are in effect the *real* causes of illness, and where the 'primary', 'effective' or 'supernatural' causes are the *surreal* causes - they form the 'why?' level of explanation. In short, witchcraft sorcery, divine retribution and ancestral wrath act as fuller explanations for affliction. This is why minor illnesses, which are not considered particularly threatening, are not usually explained in relation to the supernatural; they are given a 'natural' explanation or simply none at all. However, when illness is particularly acute, becomes chronic, or will not respond to therapy, then supernatural explanations are sought (Ackerknecht 1946).

It is not always easy defining what is classified as being strictly 'natural' in Ovambo terms, since certain categories (e.g. birds) may be 'natural' in one context, whilst in another assume supernatural or special qualities. In other words, the categories appear to be mutable rather than fixed. Extraordinary 'natural' phenomena: lightning, floods, drought, twins, albinos etc, are commonly regarded as being tangible manifestations of the presence of Kalunga ('God') and the ancestral spirits.

Chapter Three

SPIRITS OF THE EAST AND OF THE WEST

Body and Soul

In order to understand the spirit world of a given people it is necessary to say something about their notion of the "person". This can be achieved in two ways: (a) by looking at the various components of a person, and (b) by looking at a person's personal development, in terms of marked stages (as presented in ritually marked stages) - from conception, through life and death, to transformation into a spirit (La Fontaine 1985:132, 137-8). It is also essential to look at how individuals, in their varying stages of personal growth, socially relate to each other, since personal identities are constituted through relationships with others.

Beginning with conception, the Ondonga say that during sexual intercourse: "...the germ of the man joins with the blood of the woman. In the blood there is the egg of the woman. The embryo grows out of the blood and the germ" (Tuupainen 1970:50). The implication here, is that the *essense* of an embryo is to be found in women, but that this remains dormant or inert until activated by men's sperm. Indeed, infertility (*ongadgi*) is unquestionably regarded as a specifically female condition, with sexual impotence being attributed only to men (M. Shamena, personal interview, FELM, Helsinki 1989). Similar ideas have been expressed by other African matrilineal peoples, such as the Bemba of Zambia (Richards 1982) or the Akan of Ghana (Osei 1975).

Yaw Osei (1975:35), drawing on the research findings of Hochegger (1965), has highlighted the fact that many African peoples express a dualistic conception of the "soul" (free-soul and body-soul). Taken in conjunction with the physical body, the African concept of "person" can be said to involve: "...a triune of a visible-perishable structure and the invisible-immortal dual "soul"". Osei goes on to say that this view of

"man" underlies African traditional, social and political institutions, and also their medical practise. Osei uses data relating to the Akan of Ghana to illustrate his point of view, and very briefly his main argument is that the body and the two souls need to exist in a state of relative balance in order for health and harmony to be achieved. Imbalance caused by any one of the three leads to overall disruption, commonly manifested as illness.

Among the Ovambo, a person (*omunu*: human being; *omunamwenyo*: living soul/living person [Turvey 1977]) is essentially composed of *oluto* (the physical body) and *omwenyo* (body-soul) and *omhepo* (free-soul). In addition to these three fundamental components are two others which deserve mention. The first is *omutima*, which is often described as the ego-soul because of its association with emotions and thought. The second is *omuzizimba*, which is effectively an individual's mystical extension: footprints, shadow, excreta, exuvai, personal name, reflection and personal belongings.

Omwenyo is best described by Ondonga as 'life,' or 'drive', or 'vigour' or 'vivacity' (Tirronen 1986). For the Kwanyama it means 'soul', 'spirit', 'mind' and 'life' (Turvey 1977). *Omwenyo* is the centre of physical life - indeed the very source of it according to Savola (1916:70-71). Hukka (1954:103) has described it as the spirit of man - the personality, whilst Aarni (1982:66) firmly identifies it as being the bodily soul - that which principally activates the physical body. This spiritual element of the person is in fact the only one recorded by Loeb (1955a:39). He makes no mention at all of *omhepo*, except to say that the latter is a form of ancestral spirit. Furthermore, Loeb states that *omwenyo* is not confined to humans alone, but rather constitutes a fundamental composite of each and every animate being.

Omhepo, in contrast with *omwenyo*, is the 'free-soul'. The same word can be used when referring to air, wind, breath and ancestral spirits, as well as to insanity (Turvey 1977). This particular element of the person is thought to be able to wander freely from the physical body, especially when dreaming or in a faint. A person's *omhepo* can meet other *emhepo* in the context of dreams. These other *emhepo* may be living or ancestral, and the nature of the encounters might be either positive or negative, depending on whom exactly is met. Also, not only does a person's *omhepo* travel out to 'socialise', other *emhepo* can come to visit a person's *omhepo* whilst it is still attached to the physical body. This happens mainly in dreams and is usually an encounter of a negative type - for example, with a witch or other spirit of the west, so that special

charms to prevent the entry of spirits to the sleeping hut are widely used (Turvey 1977).

Savola (1916:70-71), has described *omhepo* as "...the external manifestation of life" (i.e. as opposed to the inner manifestation, *omwenyo*), and further states that it is "...the 'blowing' of god in man which gives him life". This last point would appear to indicate that the source of *omhepo* is *Kalunga* ('God'). Certainly *Kalunga* is regarded as being the ultimate source of generative power - the most powerful creator (and destroyer). The source of *omwenyo*, on the other hand, remains somewhat elusive, since the information in the documentary sources is rather vague on this point. One possible explanation, based on Akan (Ghana) data, is that the *omwenyo* is derived from either one, or both, of the parents. For example, in Akan thought, the *okra* comes from God, whilst the *sunsum* is believed to be transmitted from genitor to embryo at the time of conception via the semen (Osei 1975:36). The Ovambo certainly regard semen as vital to the activation of the foetus, however no express mention of soul-spirit transmission at this stage has been made. Loeb (1955a:38) writes that a child gains a 'soul' four days after birth (i.e. when named), although I would be inclined to suggest that this is more likely *recognition* of the soul, and incorporation of the new person into the fabric of society.

Although the body and the two souls are essential 'person' criteria, two other important components deserve more detailed mention from the point of affliction and well-being. The first, *omutima*, Savola calls the centre of spiritual life (1916:70-71). The same word refers to the physical heart, which is believed to be the seat of the emotions. Depressive symptoms are commonly diagnosed as 'illness of the heart', and the conscience is the 'child of the heart'. *Omutima* has been described by Aarni (1982:66) as the ego-soul. The second component is *omuzizimba*, an Ondonga name stemming from the root *za*, meaning 'to go from', or 'to leave something behind' (Tirronen 1986). It refers to what Aarni has termed a person's "mystical extension", and includes footprints, shadow, name and reflection (Hukka 1954:103). When elderly people no longer see their own reflection, it is said they will soon die (Loeb 1955a:39). Also the appearance of one's spiritual double (an *osipumbu*) is regarded as an omen of imminent death.

As will become apparent later in this chapter, all the various elements of a person are important, both from the point of view of affliction in all its manifestations, and of healing. Prior to this discussion, however, it is necessary to provide an overview of Ovambo kinship and descent, since it would be misleading to



portray the Ovambo concept of person simply in terms of the individual. Every Ovambo person is linked to certain others within the society (and sometimes beyond it) during his or her lifetime, and following death all persons who are transformed into *ovakwamungu* (ancestral spirits) remain socially active.

The Person in the Context of Social Structure

The Ovambo are organised into matrilineal clans, *omupata*,¹ which are themselves further sub-divided into numerous lineages (or sub-clans). The clans are distinguished by symbolic emblems or totems, and accompanying observances or prohibitions (e.g. food taboos). Some clans are accorded specific social, economic or political roles as well. The emblems are predominantly animals, however there is also a small number of plants and trees (Estermann 1976:109, Williams 1988:Appx. III, Loeb 1948:20). Two Ondonga clans have professional skills as their emblems: carpentry and smithery (Williams 1988: Appx. III).

The emblems are not totemic in the sense that descent is traced directly from them - that is to say, the animals/plants are not mythical ancestors (Loeb 1948:20, Estermann 1976:1-8). Rather, each clan traces descent from a common apical ancestor - usually the founder of the clan. The clan might be named after the apical ancestor, especially if a royal clan (hence *Ovakwanamakunde* - *Namakunde* being the founder of the hyena clan which became royal in Ukwanyama), but more often than not the clan name was derived from the actual emblematic character (hence *Ovakwanime*: *onime* (lion), *Ovakwanangobe*: *ongobe* (ox)) (Estermann 1976:109).

A clan acquires its emblem as a result of a significant 'first act', undertaken by the clan founder in relation to the animal or plant in question. That is to say, whether the founder picks it up, kills it, eats it, or whatever, he becomes related to it and it in turn becomes the emblem of the clan (Pettinen 1925-27:78, Williams 1988:48, Estermann 1976:109). With respect to the ruling clans, there is also some degree of choice involved in the acquisition of an emblem. For example, the Ovakwanyama rejected the lion as their royal clan emblem in favour of the hyena, on the grounds that the former was too aggressive whilst the latter was cunning and sharp (Williams 1988:50).

¹ This is the Kwanyama term; the Ondonga name for clan is *omuzimo*.

The royal clans particularly like to emphasise a line of descent that can be traced back to Kalunga (God). According to Ovambo mythology, Kalunga created Amangundu and his wife from a termite hill,² and they subsequently produced two sons and a daughter, Janoni, who was to become the ancestral mother of the Ovambo. The two sons, Nangombe and Kathu, led the migratory clans from the region of the Upper Zambesi River. Upon reaching the *omomborombonga* tree, in the area which is now known as Ondonga, the brothers parted company. Nangombe remained in Ondonga, and founded the Ovambo, whereas Kathu continued travelling south, and subsequently founded the Herero (Hahn 1928:1-2).

The migratory clans who originally settled in the region, continued extending the limits of their boundaries in search of suitable land for cultivation. According to one of Liljeblad's informants, writes Williams (1988:42), occupied and cultivated land was actually owned by the clan during this early period of Ovambo history. However, with the gradual emergence of ruling clans and the formal establishment of kingdoms, these land rights changed quite dramatically.

Land ownership thus became superseded by a system of land usufruct, whereby all land was regulated by the monarchy (or those acting on the monarchy's behalf), in return for revenue (usually cattle) - the amount payable depending upon the amount of cultivated land granted. It is important to recognise that this system of land administration, which is fairly widespread across sub-Saharan Africa, is not feudalism - as has been claimed by Loeb (1962). The difference between the two is that under feudalism, a vassal renders certain services to the Lord in return for control over land, whereas in Africa all persons can *claim* sufficient land as an inherent attribute of 'citizenship'. The African system of land holding forms an essential part of the organisation of social relations, from the king or queen downwards through the political units of villages, and into the hierarchy of kinship relationships, with an "estate of production" at the bottom of the series. The monarch is the owner of the land only inasmuch as he or she is a trustee for the nation (Gluckman 1965:40).

Thus, in the case of the Ovambo the monarch distributes land rights to district heads, *mwene omukunda* (lit. 'holder of the district'), who in their turn would administer sufficient cultivating land to each *ehumbo* (household). Household heads, *mwene ehumbo* (*sing.*), would then allocate land to their respective

² Some sources maintain they were created simply from earth.

wives, and the wives of their sons living with them, who are responsible for the cultivation of various crops. Grazing land, fishing pools, hunting grounds and water sources remained communal (Williams 1988:43), however the calendrical organisation of such activities (i.e. hunting seasons) rested with the monarch (Loeb 1962:58, based on Sckär; Williams 1988:107).

The king or queen, as the paramount 'holder of the land', was identified with its fertility and prosperity. If the king was healthy, then this fared well for the land, the cattle and the people. The king's ill-health, by contrast, signified national catastrophe. Not surprisingly, rulers were thus highly protected and highly honoured. The royal sacred fire, symbolic of life itself, was similarly always carefully tended (Aarni 1982:87). The king is the guardian of the kingdom, charged with defending the rights of his subjects, and with increasing the cattle reserves of the kingdom to the ultimate benefit of all. It is the royal clan which is responsible for the main political and socio-economic welfare of the kingdom as a whole: creating stability and prosperity in general terms. All other clans were responsible for maintaining stable economic and social relations at a more local level, with some fulfilling additional roles: oral historians, diviners, blacksmiths, and so forth (Williams 1988:52).

The Kwanyama term *epata*, refers to both the matrilineal clan and to a demarcated area of the *ehumbo*, with its food stores and cooking facilities, occupied and managed by a woman and her very young children. Thus an *ehumbo* can contain a number of *omapata*, depending of the number of wives living there. *Epata* can indeed mean family, generation, clan or kin (Turvey 1977). All members of a particular *epata* are equally members of the same matrilineal clan, fellow members being found in neighbouring or distant *ehumbos*. Those belonging to an *epata* are referred to as *ovakwapata* (lit. 'those of the *epata*') (Estermann 1976:90).

The word *omukwao*, is also used to describe one of the 'family circle', viz. cousin or sibling (Turvey 1977). The same word may also mean the stomach, as well as the actual kitchen area, in Oshindonga (Kuusi 1974:168). *Ovakwetu* ('our people') is yet another, albeit more general, way of referring to uterine relatives (and may even include colleagues and companions) (Turvey 1977; Estermann 1976:90). The Ondonga also use the terms *omukwao* and *ovakwetu*, however their name for matrilineage/clan is *ezimo* (Tuupainen 1970:38). According to Pettinen (1926:77), Ondonga matrilineages are called *onzikua* (Loeb 1948:20),

although no other sources lend support for this. On the basis of the above examples, then, it is fair to say that the clan, sustenance, fertility and women, are all very closely associated, both in conceptual and actual terms. Kinship ties are recognised with members of the father's clan, but never descent. There is complementary filiation with patrilineal kin.

Marriage among the Ovambo is characterised by clan exogamy and preferably sub-group endogamy (Estermann 1976:91; Loeb 1948:20). Tuupainen's (1970:29) research has shown that marriages between kingdoms (i.e. sub-groups) were becoming more commonplace by the 1960s, although the practise of clan exogamy continued to be strictly observed. The rule of exogamy stipulates that no two members of the same matrilineal clan are allowed to marry, irrespective of the distance of consanguinity. Inter-clan kinship ties are thus created through marriage, and likewise ties between individual *ehumbos*.

The preferred types of marriage appear to be those between ego (male) and a member of his father's matrilineal clan (Estermann 1952:208). In Ondonga, for example, the preferred unions are between ego and his father's sister's daughter's daughter, or ego and father's sister's daughter's daughter's daughter. Also popular is the mother's mother's brother's daughter marriage. Most popular of all, however, is the marriage to the father's sister's daughter - cross-cousin marriage - which accounts for fifty per cent of all Ondonga marriages (Tuupainen 1970:37). Among the Ombadja, Dombondola, Ukwambi and Ombalantu cross-cousin marriages are also preferred, since they "...keep the cattle from going away" (Estermann 1976:93). Unions between mother's brother's daughter and mother's daughter's son are acceptable, as the mother's brother's daughter is not a member of the mother's brother's matrilineage or clan, but of the mother's brother's wife's. Despite this, the Ovakwanyama do not readily condone cross-cousin marriage on the mother's side because the protagonists are classificatory siblings (Loeb 1948:20). Such marriages do occur among the Ondonga, but are not nearly so popular as the cross-cousin marriages on the father's side (Tuupainen 1970:38).

It has originally been suggested that Ovambo people inherit membership of both their mother's and their father's clans at birth (Estermann 1976:109; Loeb 1948:20). However, whilst it is undoubtedly the case that children born within marriage are the product of two different clans (i.e. because marriage is clan exogamic), I would concur with Williams (1988:52), on her point that children do not by extension possess

actual membership of both. Women do not become members of their husband's clan following marriage, and neither do the couple's children. Because the Ovambo system of descent and inheritance is matrilineal, and lineages are simply sub-divisions of matrilineal clans, children are fully members of their mother's clan and not of their father's.³

This is not to say, however, that the relationship between the children of a marriage and their genitor and his kin, is without importance. On the contrary, a system of mutual rights and obligations exists between children and their patrilineal kin. Furthermore, as mentioned earlier, preferred marriages tend to be contracted with members of the father's matrilineage and clan. Children may inherit property (namely cattle) from their father whilst he is alive (Estermann 1976:81). He is responsible for the welfare of all his children, and is obliged to donate cattle at the time of his daughter's *efundula* feast (Powell-Cottons 1937a:23; Williams 1988:52). Children may also inherit their father's ancestral spirits (Tuupainen 1970:30). Moral and jural responsibility rests with the mother's brother (i.e. the maternal uncle). In short, then, strong kinship ties exist between children and their genitor, but these are fixed by complementary filiation rather than by descent.

Following marriage a woman goes to live with her husband in the *ehumbo* of his family. She spends about two to three years in her husband's home, residing in independent living quarters and managing her own grain fields. During the early days of marriage it is quite common for women to return to their natal *epata*, in order to spend time with members of their own lineages (Estermann 1976:76-77), and especially to give birth. After about three years, the couple are usually able to establish an *ehumbo* of their own. However, if the husband is an only son - or the youngest - then the couple will live permanently with his matrilineal family (Williams 1988:52).

Whether the new *ehumbo* is located near to either the wife's kin or the husband's kin is somewhat difficult to ascertain. This is due mainly to the fact that *ehumbos* are not grouped into a 'village' as such, but are scattered throughout a demarcated area known as an *omukunda* (district). Each *omukunda* contains on average 15-20 *ehumbo*, with the distance between each *ehumbo* varying between 500m and 3km

³ Women do, however, adopt their father's clan name when they enter the post-menopausal stage of their lives (Estermann 1976:110; Lima 1977:145). This may be symbolic of their inability to further contribute to the extension of the lineage.

(Williams 1988:46-48). Given this type of settlement pattern, and the principle of clan exogamy, it is practically impossible for many lineages to enjoy corporate existence in geographical terms, let alone the clans. The clans are very widely dispersed across district boundaries and kingdom (sub-group) boundaries, with the result that no particular clan member would ever know all the members of his or her clan. Nonetheless, one could expect hospitality from fellow clan members in a different district or kingdom when travelling (A. Powell-Cotton 1936/7b:3) regardless of the fact that no other ties might have existed.

Williams maintains that production cooperation is arranged on a clan-lineage basis, and that certain *ehumbos* cooperate with regard to weeding, harvesting and herding. In Ondonga, this practise of enlisting the aid of neighbours in return for food and drink, is known as *ondjambi* (Williams 1988:47). Such cooperative links between households tend to be established between the female members especially, since agriculture is labour intensive, and may be kin or non-kin based. The subject of female extra-household relations has been recently discussed by Henrietta Moore (1988:59-62). She highlights the fact that traditionally anthropologists have tended to view extra-household relations as a feature of the public/political domain, in which only men were believed to operate - women operated within the domestic domain (i.e. within the confines of the household itself). Moore draws on the emergent feminist anthropology of the 1970s and 1980s, which shows that extra-household relations between women are cross-culturally both prevalent and important, in order to point up the inadequacy of traditional anthropological kinship analysis in this respect. As regards the Ovambo, inter-household cooperation between women represents the maintenance of kinship ties and the creation or maintenance of non-kin links beyond the household, which are based on reciprocity in the form of agricultural labour and/or food and drink. Men's extra-household ties are formed mainly in relation to long-distance cattle herding, raiding, and large-scale hunting.

On the basis of available evidence, it is not easy to be specific about the precise character of extra-household relations. More information is needed about settlement patterns in relation to prescribed residence rules, for example, in order that we may determine actual and likely cooperative households.

Returning to the issue of clan affiliation, it appears that members are not incorporated solely on the basis of descent. People can change their clan affiliation, be it voluntarily or involuntarily. For example, any person accused of harming the king through witchcraft, will be expelled from the kingdom along with

his or her clan members. Thenceforth this clan is labelled the clan of witches. Williams (1988:108) describes how this forced exile of people directly contributed to the decline of one kingdom's population, to the increase of another - in which the accused clan sought refuge. Moreover, such witchcraft accusations effectively caused the demise of particular clans, because accused members renounce membership of their tarnished clan and either adopt another clan or found a new one.

Domestic slaves are normally absorbed into the lineages/clans of those owning them (Clarence-Smith 1979:69). However, war captives sometimes introduce new clan lineages to an area, as well as new clan roles and professional skills (Williams 1988:110). David Lan (1985:23) has described dynamic clan affiliation among the Dande of Zimbabwe. He maintains that people express their clan affiliation by referring to their clan emblem (or prohibited food) rather than to their line of descent. The first, Lan calls "incorporation by common substance"; the second, "incorporation by descent". In the Ovambo context, those incorporated by substance includes those who have shifted their clan alliance, although those incorporated by descent may also view their membership from the point of view of shared common substance. Incorporation into the mother's clan obviously involves some recognition of common descent; but with regard to alliance with the father's clan, recognition of common substance is sufficient.

Physical Death and Burial

Now that I have dealt with the concept of person, and with essential social structure, we can move on to the major life-crisis event which transforms persons into a non-corporeal state. When a person dies, the physical body ceases to function and proceeds to decompose. By contrast, the spiritual components of a person continue to survive, albeit in an altered state of existence by transcending the world of the living. As Aarni (1982:62) remarks, death for the Ovambo represents not so much annihilation as transition.

The mortuary rites, especially burial (*efudiko*)⁴, clearly reflect this notion of transition. The corpse (*oshimhu*), naked and anointed with red *olukula* grease, is placed in the grave in a foetal position with the head turned to face the east (Estermann 1976:85): now he or she is ready for 'rebirth' into the realm of the spirits. Graves are normally located within the confines of the *ehumbo*, with the exact position being deter-

⁴ Kwanyama dialect: Turvey (1977).

mined by the deceased's age, social status and gender. Thus, for example, the householder (usually male) is buried in either the main cattle pen or the hearth area of the main meeting place (*olupale*), depending on his clan. His body is also wrapped in a pure black cattle skin. Married women are buried in their own *epata*; whilst unmarried girls are placed in the corn stamping area of the *ehumbo*. Graves of adolescent males are located in the cattle enclosures, and those of babies and very small children in the sleeping huts of their mother. Finally, visitors, if a considerable distance from their home, are buried amongst the thorn hedge which surrounds an *ehumbo* and its gardens (D. Powell-Cotton 1936h:2; Estermann 1976:85).

Circumcised kings of Ukwanyama were always buried within a dense grove of trees, near the *ombala* (royal residence), which was regarded as sacred. Presumably other members of the royal family were buried within the *ombala* itself, just as commoners were buried within their own *ehumbo*. In Ondonga, kings were buried in a grave which was surrounded by a pyramid-type structure of wooden stakes, and known as *ompampa* (Salokoski 1987a:9).

Proper burial is absolutely vital to the successful transformation of a person into an *omukwamungu* (essentially benevolent spirit) following death. But not everyone, however, is eligible for burial. Such unfortunate people are merely deposited in the surrounding bush, and are subsequently transformed into *oilulu* (*iiluli*: Oshindonga) instead. The kinds of people who fall into this category will be discussed in the following section.

John Mbiti (1969:84) has pointed to the fact that in Africa, graves are paradoxically symbolic of both separation and communication. The Ovambo believe that the spirits of buried persons linger near their grave sites - especially during and following the period of mourning. As such, graves are focal points for communication between the living and the departed (Aarni 1982:72). Propitiatory offerings are placed on graves, for example. Yet at the same time, graves are viewed with a certain amount of ambivalence, since they remind the living of physical death and the kind of separation this entails. Contact with the dead, whilst necessary, can be upsetting and perhaps disturbing.

Following the first *epena* (Spring festival) to occur after the householder's death, the *ehumbo* is relocated, with the result that his grave (originally in the cattle enclosure or meeting place) now lies in the new gardens and crop fields, and becomes a place of sacrifice (Loeb 1948:79). Of course, his is not the only

grave in the garden area - those of earlier ancestors exist as well. It is imperative that new households are not established on the site of a grave, therefore *endudu* are required to survey the prospective area in advance. In the same vein, 'kraal openers' make sure that spirits remain tied to the old household structure and do not visit the new place (Loeb 1955c:306).

Spirits of the East

When dealing with the world of the spirits, it is imperative at the outset to distinguish between worship of the ancestors and recognition of the dead. Following Gluckman's (1937) pioneering lead, most scholars of African religion accept that ancestors and the dead are not necessarily co-terminous (Uchendu 1976; Middleton 1960; Fortes 1987). Having said this, however, it may be equally apparent that some kind of unity exists within diversity. For example, in his analysis of the Nuer concept of spirit, Evans-Pritchard (1967:109-110) found that the Nuer conceived of a range of spiritual beings; yet at the same time, he was aware of being confronted with a single conception: namely that all spirits are *kwoth* (i.e. all have the same essence) (1967:109-110).

It would seem from the available evidence that a similar situation exists among the Ovambo. It is believed that every person is transformed upon death into a non-corporeal being of some description. But as with the Nuer case, it is readily apparent that whilst spirits may be of the same essence (*omhepo*), well defined spirit categories are also operative. Generally speaking, Ovambo spirits are categorised as being either of the East or of the West. Those of the East are believed to be essentially benevolent, and are typified by the *ovakwamungu* - the so-called ancestral spirits. Those of the West, by comparison, are essentially malevolent, and are associated above all with madness and misfortune. This group is typified by the *oilulu* - the restless, bitter dead (Estermann 1954:2). This section will be concerned first with the spirits of the East.

Transformation into an *omukwamungu* at death is contingent upon possession of two critical qualifying criteria: (a) descendants of one's own, and (b) proper burial rites. Certain sources indicate that all persons, provided they fulfil the above requirements, can join the ranks of the *ovakwamungu*. Thus, *ovakwamungu* have been described as "ghosts" of the common dead (Loeb 1955a:38), or else as "...souls' of deceased members of the tribe who in their lifetimes were not possessors of any magical power"

(Estermann 1976:189; Lima 1977:159). However, the somewhat tacit assumption that all *ovakwamungu* are ancestral (Loeb 1955a:38) needs to be examined. The reason for this is that it is fairly clear that the *ovakwamungu* are not an homogenous spirit class, although there are obviously certain shared elementary characteristics (e.g. basic qualifying criteria). Hierarchical levels can be discerned. Loeb (1948), for example, writes that in Ukwanyama 'ordinary' people are soon forgotten after their funeral, except when their spirits haunt the living or speak through the mouths of "medicine-men". By contrast, householders and kings become important ancestors: "...they alone continue to aid for their family and country" (1948:79). In a later paper Loeb (1955a:38) states that sacrifices have to be made on the graves of powerful ancestors, especially kings.

According to Aarni (1982:16), the Ondonga distinguish between "remembered" and "forgotten" ancestral spirits: *oohenooyina* and *aathithi* respectively. I am rather reluctant to accept the term *oohe yooina* ('their fathers and mothers'), since it is one which Aarni has himself coined, simply because he finds it so "typical" of the situation. Indeed, he openly admits that the Ondonga themselves use no such term at all! This aside, however, I can nevertheless appreciate Aarni's desire to highlight a distinction which the Ovambo themselves make.

I would like to suggest that what we are in fact observing, is the perceived existence of a collectivity of immortal parents,⁵ a proportion of whom are elevated to the status of true ancestorhood. For whilst death, descendants and mortuary rites might serve as the necessary criteria for successful transformation into a socially acceptable spirit, they do not automatically guarantee ancestorhood, in the sense of the term as it is used elsewhere in Africa. In order to achieve ancestorhood there are additional qualifying conditions which need to be met. And what is more, only certain prescribed persons are deemed capable of fulfilling these requirements. It is usually the case for Africa that ancestors tend to be the spirits of formerly prominent members of society. For example, among the Lugbara of Uganda, all "ghosts" are ancestors, but not all ancestors are "ghosts" ⁶ (Middleton 1960:34). Similarly, among the Igbo of Nigeria all ancestors are immortal parents, but not all immortal parents are ancestors (Uchendu 1976).

⁵ A term borrowed from Uchendu (1976).

⁶ Middleton here uses the term "ghost" to denote the more important spirits - i.e. those I would call ancestors.

So, what are the key criteria defining ancestorhood cross-culturally? Fortes (1987:68) posits that ancestorhood in Africa presupposes geneonymy - that is the commemoration of ancestors by their personal name(s). The corresponding notion, therefore, is that unnamed dead are not ancestors. Newell's (1976) examination of various Chinese and Japanese data reveals a markedly similar situation: true ancestors are named individuals, and also their exact connection with the worshippers should be made clear (Newell 1976:20).

Another major distinguishing criterion of ancestorhood is the formal politico-jural status of those eligible for entry into this spirit class. Fortes (1987) is most emphatic with regard to this aspect, and writes:

"Ancestor worship is a representation or extension of the authority component in jural relations of successive generations; it is not a duplication, in a supernatural idiom, of the total complex of affective, educative and supportive relationships manifested in child-rearing, or in marriage, or in any other form of association, however long lasting and intimate, between kinsmen, neighbours or friends. It is not the whole man, but only his jural status as the parent (or parental personage, in matrilineal systems) vested with authority and responsibility, that is transmuted in ancestorhood" (Fortes 1987:76).

In matrilineal societies, jural authority normally rests with the mother's brother. But as Fortes shows, in relation to the Ashanti of Ghana, the rule of entry can be even more stringent, in that not all mother's brothers may become ancestors but only those vested with authority - i.e. lineage heads and holders of office in the external politico-jural domain (Fortes 1987:73-74).

Contrary to the positions offered by Fortes and Newell, Uchendu (1976) argues that a person's character and moral behaviour are the important determinants in the achievement of ancestral status. The Igbo, says Uchendu, are a highly moral people. Minor transgressions can be dealt with ritually, but *nso* (abominations) automatically deny the dead burial. Non-burial results in public humiliation, which in turn means the dead cannot qualify for ancestral honour. Indeed, if major transgressions are detected by the diviner, not even a "lavish funeral" would ensure the transition to ancestorhood. Thus, in Igbo society only the morally upright can qualify for ancestor status, and even these persons must endure a lengthy process of selection as well (1976:293-294).

To summarise at this juncture, then, ancestors can be said to be dead who: (a) have received proper burial, (b) are named, (c) held politico-jural status whilst alive, (d) were (are) morally upright, and (e) have descendants or successors. Those dead who do not attain ancestral status, are consigned to the ranks of the collective dead, and may still be socially active nonetheless.

Turning now to Ovambo evidence in relation to the above arguments, Fortes' (1987) proposition that vested politico-jural authority is a requisite for the attainment of ancestorhood means that in matrilineal societies:

"...ancestor worship is a lineage cult - of the basic politico-jural unit, not of the domestic unit in which both parents count (1987:73).

Thus, in the matrilineal context a son might honour his father's spirit, but it is the spirit of the mother's brother who becomes an ancestor. As the Ovambo are matrilineal, this principle observed among the Ashanti should similarly apply to them. But the main problem with Ovambo source material is that the authors appear to misconstrue or ignore the basic principles of matrilineity. One result of this has been that ancestors are said to function at the level of the elementary family - a situation which is more accurately a feature of patrilineal systems.⁷

One case in point is Loeb's claim (mentioned earlier in this discussion) that household "owners" become "important ancestors" and "continue to aid for their families" (Loeb 1948:79). The quite separate roles of biological father and mother's brother are apparently being confused here. Household owners, if they are to be classified as ancestors following their death, are ancestral not to their own biological offspring living in the same premises, but to their sister's children residing in a household elsewhere (albeit probably nearby). The kinds of "aid" provided by living fathers and by mothers' brothers, whilst arguably both important, are nonetheless notably different in substance: fathers are involved with the practical welfare of children within the elementary family context, whereas mothers' brothers are responsible for these same children in a jural sense and operate within the context of the matrilineage.

⁷ It is possible that the contrary data may represent local shifts or trends in matrilineality, the result of colonial government and missionary influence over time.

Another case of apparent misrepresentation is to be found in Aarni's discussion of children and ancestors (1982:63). Even though the Ondonga reckon descent matrilineally, so that succession goes from a man to his brother or to his sister's son, Aarni still presumes that a man would be "finished" without sons of his own. He does not even properly consider the position of women, seeming surprised by the Ovambo claim that people can become *aathithi* if they have daughters. Again, the two distinct statuses of ancestor and immortal parent are being conflated. Issue of one's own (biologically speaking) is important from the point of view of entry into the *ovakwamungula/aathithi* spirit class as an immortal parent, but successors in the lineage (issue of one's sister) are needed for the achievement of ancestorhood - at least from the male perspective.

The position of women in Ovambo society is such that they can often hold positions of authority, especially women of the royal lineage. Among the Ondonga in particular, there have been female lineage heads, district heads and queens. This situation is somewhat less pronounced in Ukwanyama, but evident nonetheless. If we accept Forte's argument, then these women must achieve ancestorhood, whereby their own direct offspring become their worshippers. Unfortunately, the notion of female ancestors seems to have escaped mention in the Ovambo documentary sources by and large. No explicit recognition has been accorded them, as compared, for example, with Audrey Richards' (1952) study of the Zambian Bemba.

It is the matrilineal ancestors who are the object of worship, in the strict sense of the term. It is they who are the focus of formal annual rituals, celebrated by everyone (e.g. New Year and Rainmaking). A good example is provided by Loeb's (1962) description of the annual planting and rainmaking rites, performed by each *ehumbo*. Shortly before the rains are due (October-November), members of an *ehumbo* (i.e. householder and head wife, followed by other wives) take seeds to a grave on the north side of the household. The head wife buries a few seeds in the grave, whilst the householder smokes his pipe and blows the fumes as an offering. Next the householder faces east and invokes the ancestor buried there:

"Phuh! Tatekulu jetu uli mombila, tukufa tumone oilia neudo. Tambulajo ove utufile onghenda. Omahangu etu amene, fia tumone oipaluifa juana neudo".

Spit! Our Grandfather who is in this grave, help us so that we get grain this year. Take this so that you (will) have mercy on us. Millet (come) out, spring up, (so) we may get enough food this year.

As he speaks, the householder scatters seeds of grain over the grave site. All the graves in the vicinity of the household's crop fields and gardens are then visited in the same manner, accompanied by requests for rain and a successful harvest. Planting may only commence once all the graves have been visited (Loeb 1962:152-153).

There are numerous other important calendrical rites performed at the level of the household, with the householder and his head wife acting as ritual specialists. In the light of what has already been discussed, we might safely assume that the householder invokes his own matrilineal spirits, and perhaps those of his wives as well (i.e. see Richards 1952:228). Alternatively, husbands and wives may honour their own matrilineal spirits - as do the Ila peoples of north Zambia (Richards 1952:237). In either case, the visiting of graves in the gardens deserves closer attention because one's matrilineal ancestors are not always going to be present in one's own garden area - in fact they are much more likely to be in someone else's. Even where *ehumbo* sites are in relative proximity to graves of the householder's ancestors, those of the wives will be found elsewhere. The participation of both the husband and the head wife may be significant in this regard. People may also travel, or else the wife's brother most likely honours the lineage ancestors on her behalf. Unfortunately there are not enough data in relation to this.

Grave sites are, on the whole, viewed rather ambivalently, hence it is not really surprising that the noun for grave mound, *owii*, can also mean: wrong, evil, vice, ills and wickedness (Turvey 1977).

It is usual for the most senior ancestors to be addressed first, as described above. Another example is the master-blacksmith's invocation of his clan ancestors during *osimanja* (mining and smelting expedition). He begins by invoking the ancient, pioneering Kwanyama blacksmiths: Nanjembo, Shekuhungama, Shafahaula and Hauwidi, then concludes with his own, more recent lineage ancestors (D. Powell-Cotton 1937b:18).

Lineage ancestral spirits are almost always referred to in the plural (Turvey 1977), which suggests that they are believed to exist and as a corporate body, in much the same way perhaps as do living elders (*ovakulunhu*). It must be emphasised, though, that elderhood and ancestorhood in Ovambo culture are entirely separate social statuses. I am in firm agreement with Brain (1973) and Uchendu (1976), in their rejection of Kopytoff's (1971) theory that the two are no less than one and the same.

When *ovakwamungu* communicate with the living, they express themselves either through natural phenomena: wind, the calls or behaviour of birds or beasts, or through actual possession of individuals. With regard to the first method, the bird/animal cries or particular actions are each accorded special significance, and are known as *oipo* (omens). The substance of *oipo* can be either good or bad, and is believed to be an expression of the will of the ancestors. In the main *oipo* tend to be warnings of pending misfortune: death, domination by women, defeat, and so on (Loeb 1955c:308-311, based on information in Brincker [1899] and Lebzelter [1934]).

Ancestral spirit possession is usually signified by the onset of illness, the symptoms of which are peculiar to spirit possession and are therefore easily recognised as such. The illness is taken as a sign that the ancestral spirit wishes to convey a message of some importance, be it a warning, a complaint, or a request. Such messages need to be interpreted by a spirit medium ⁸.

Generally speaking, the *ovakwamungu* are regarded as being essentially benevolent. They are the spirits of the East: East being the direction from which all good things originate, and to which all good things pertain (A. Powell-Cotton 1988 ⁹ ; Loeb 1955a:38; Estermann 1954:2). The ancestors' primary concern is with the welfare of their descendants, in terms of economic prosperity, social harmony and political stability at the local level (i.e. lineage level). However, ancestral benevolence is not automatically guaranteed, but rather dependent upon the meritorious behaviour of descendants. Disharmonious social relations, particularly between close kin or lineage members, are believed to incur ancestral indignation (indeed, living elders may similarly decide to curse offenders [Hiltunen 1986:109]). Also, transgression of any established precepts or prohibitions is liable to cause affront and result in some form of ancestral reprimand.

The kinds of illnesses caused by ancestors tend to be debilitating rather than fatal in character: deafness, blindness, and arthritis, for example (D. Powell-Cotton 1936c:1; Tönjes 1911). To intentionally kill descendants would of course be counter-productive to the ancestors' existence - seriously jeopardising in fact. As such, all incurable conditions or fatalities are ascribed to either Kalunga (God), or to the work of

⁸ See the following chapter for a detailed analysis of spirit mediums.

⁹ Personal interview, Quex House, Kent.

witches (*ovalodhi*) and other spirits of the West.

A dynamic, reciprocal relationship exists between the living and the ancestral living-dead/spirits, just as mutual ties and obligations serve to bind certain living individuals and sets of individuals. The *ovakwamungu* are only benevolent so long as they are remembered and honoured by their descendants, in both everyday and ritual affairs. Regular propitiatory offerings act as a prophylactic against ancestral indignation. Special placatory offerings need to be proffered when things have actually gone wrong, in order that harmonious relations might be restored.

Royal Ancestors

The king, or queen, is the ultimate jural authority - responsible for the entire country (*oshilongo*). Thus it is the king who appeals to his ancestors on behalf of his subjects, just as a lineage head would on behalf of his lineage members. Fortes (1987:67) writes, with regard to the worship of royal ancestors in Africa that:

"...its national significance is derived from the political rank of the worshipped ancestors, not from their ancestral status".

A point which is worth remembering, he advises.

Royal rulers in Ovambo each claim an unbroken line of descent from the apical Ovambo ancestors created by Kalunga (Lima 1977:61-69; Williams 1988:113, 116-120). Ritual regicide is practised, whereby the dying monarch is either smothered with a lambskin, or strangled¹⁰. This task is normally undertaken by the successor, acting under formal instruction from the royal elders and the dying king's principal wife. The primary purpose of regicide is to ensure that the king's soul' (most probably the body-soul, *omwenyo*) is not 'lost' at the point of death, but rather directly transferred to the body of the successor - an incarnation of divine ruling power, so to speak (Loeb 1962:28; Hango Nameja [Ongandjera], ELC 1932, in Salokoski 1986:25).

In Ondonga, the royal graves are distinguished by a roughly pyramidal type structure of wooden stakes. In Ukwanyama, the graves of circumcised kings are located within a special grove. Sckär describes the grove as situated on an *etunda* (raised piece of ground between *murumbas* [swampy pools]), close to the

¹⁰ Royal blood can never be shed - extreme misfortune is believed to befall the country if this happens.

ombala (royal residence) (Sckär, in Loeb 1962:25). Loeb (1955a:40) refers to the grove as a deep and dark landmark.

It is precisely because of the royal graves that the grove is regarded as sacred. Because spirits are believed to linger near their graves (Aarni 1982:72; Loeb 1955a:38), it is therefore amidst the grove where the royal ancestor spirits can be contacted. The site is thus the focus of major propitiatory rites, performed by royal priests on behalf of the whole community. Until King Haimbili's death (1859) (Williams 1988:113), male circumcision rites always took place within the shelter of the grove (Loeb 1962:236). A number of royal cattle and oxen were permanently kept among the trees, functioning both as symbols of the country's fertility and prosperity, and as vehicles of communication between *ovakulunhu eehamba* (royal elders) and the royal ancestor spirits. Finally, the grove was known as a place of sanctuary for those being persecuted, or else wishing to be pardoned for transgression of societal norms (Loeb 1962:74).

Ordinarily, the grove was prohibited to commoners, and especially to persons originating from outside the kingdom. The general belief, was that intruders would be attacked with invisible switches by the *oilulu* spirits dwelling therein (Tönjes 1911:200; Estermann 1976:190). King Ueyulu always refused Herman Tönjes permission to enter the grove¹¹; and some fifty years later, Maria Lima offered to pay anyone who would accompany her into the grove, but none would accept (Lima 1977:159).

It is from the grove that the *oilulu* send signs, which are interpreted by the royal priests of the *ombala* (royal residence). These signs are characteristically similar to the *oipo* (omens) sent to descendants by lineage ancestors, the only significant difference being that the former are predictions concerning the population as a whole, as opposed to particular individuals. In short, public rather than private portents.

Arguably the most important omens are those concerning the ancestors' withholding or bestowal of rain. All ancestors, not just the royals, are credited with the capability of allowing or intercepting rain at their sole discretion. However, if the double threat of drought and famine looms large, then it is the royal ancestors - the national ancestors - who are approached. At the domestic level, rainmaking rites are performed by the occupants of each *ehumbo*. At the public level, major rainmaking rites are directed at the

¹¹ Loeb did however enter it in 1948, accompanied by a Catholic Father (1955a:40), although it is not known whether the Ovakwanyama acknowledged or approved of his action - Loeb does not say.

royal ancestors in the sacred grove. In the event of a severe, prolonged, drought, expeditions from Ondonga and Ukwanyama (and other, smaller Ovambo kingdoms) are despatched to the most northern Ovambo kingdom of Evale, in order to 'obtain' rain and bring it back¹² (Loeb 1962:64), and in prayers to the spirits of the grove, frequent mention is made of Evale (Mittleberger 1968:270).

It has been argued by Clarence-Smith (1974:2) that the power-base of the living rulers rested squarely on their ability to guarantee the eventual arrival of rain. Indeed, once kings were themselves the actual rainmakers, but during the colonial era (at least) the rainmakers were ritual specialists working for the kings (Salokoski 1987a:13-14). What is important is that the initiation of national rainmaking rituals was the prerogative of the king or queen, and theirs alone (ibid.).

In the same way that lineage ancestors may afflict particular descendants, royal ancestors can disrupt and seriously threaten the entire population (or at least a large percentage of it) by causing major calamities: drought, famine, pestilence (e.g. locust plagues are common) and epidemics (affecting both human and domestic animal populations). These large scale disasters constitute the counter-part to the more benevolent role attributed to living and ancestral royals, which is basically to guarantee fertility and prosperity, and safeguard the people and livestock from wanton misfortune.

Behaviour most likely to result in public calamity includes disharmonious social relations in general, and serious transgression: e.g. rape, incest, murder, witchcraft (Williams 1988:107). Since the kings are the ultimate jural authority, as royal ancestors their penalties are naturally severe and more potent than those exacted by lineage ancestors.

As drought and famine are familiar unwanted guests of the Ovambo, one might expect to find that royal ancestors are viewed unfavourably. Indeed, it might help explain why royal ancestors are so frequently named as - or closely associated with - *oilulu* spirits.

Oilulu: The Problem

The common association in the Ovambo source literature of royal ancestor spirits with *oilulu* seems some-

¹² Evale has more rivers and lush vegetation. The Kingdom is regarded as the source of the *efundja* (flood waters), whereas Ondonga is semi-desert by comparison.

what perplexing initially, because the name *oshilulu* (*sing.*) evokes definite, uncomplimentary connotations. The noun *oululu*, both literally and figuratively, means bitterness. Thus, *oilulu* can mean trees with bitter fruits, whilst an *omululu* is an irascible, bitter (living) person (Turvey 1977; Tirronen 1986).

In connection with the spirit world, *oilulu* (*pl*) [*iiluli* (*pl*)¹³] are malevolent, bitter spirits - chiefly those who, for whatever reason, have been denied entry into the *ovakwamungu* spirit class. The obvious question, then, is why, and in what way, are *oilulu* associated with the sacred grove - the burial ground of royals?

Although many accounts link *oilulu* with the grove, the information is nonetheless quite vague with regard to the particular relationship between *oilulu* and royal ancestor spirits. As far as I am aware, only Estermann (1976) and Lima (1977) make an explicit connection between these two, and even then Estermann's equation is primarily supposition rather than true statement of fact. He suggests that because the *oilulu* reside in the sacred grove, and because they have also the express function of guarding the grove against profanities, then *perhaps* they are the spirits of former chiefs (i.e. kings) (Estermann 1976:189-190). Lima is much more certain in her account, stating that *oilulu* are acknowledged by people as being the spirits of dead kings, because of the latter's purported cruelty when alive (Lima 1977:158-9).

Other authors (e.g. Loeb 1955a:40; Tönjes 1911:200) tend to emphasise the role of *oilulu* as guardians of the grove, and as advisors to the elders of the royal household regarding future events (e.g. drought). Although these authors do not specifically equate them with royal ancestors, some form of connection is alluded to. Mittleberger, for example, writes that sacrifices for rain are made on the graves of kings, in the sacred forest *omulu*, where the *oilulu* live (1968:270). Loeb (1962:25) states categorically that the sacred grove houses "...the ancestral spirits of the tribe". The confusion here is extremely difficult to negotiate. If by "tribal ancestors" Loeb means *oilulu*, then he has effectively presented us with a contradiction in terms, because the main characteristic feature of *oilulu* is that they have been denied burial - itself one of the fundamental requirements for elevation to ancestral status. Conventionally, *oilulu* represent the antithesis of the *ovakwamungu*.

¹³ Oshindonga dialect.

Yet more confusion arises from the naming of the royal ancestors. Tönjes (1911:200) calls the latter *ovakwamungu eehamba* - literally, royal ancestral spirits. Whereas Sckār informs us that the sacred grove houses spirits known as *ehmepo* ('wind spirits'), which are reportedly of a higher order than the ordinary *ovakwamungu*. Vilijo Sr. (King Ueyulu's son), an informant of Loeb's, also calls the grove spirits *emhepo* (Loeb 1962:236-7). However, *omhepo* can refer to any ancestral spirit possessing someone, as well as to the form which spirits take (i.e. as wind in the palm fronds).

In verbatim transcriptions of invocations directed at the royal ancestral spirits (i.e. performed by the royal priests), the name which almost always recurs is actually *ovakwamungu* (see, for example, the prayers in Mittleberger, 1968). Though this may simply be because the priests are themselves of the royal matrilineage, so that their reference to the kings' spirits as *ovakwamungu* (the normal term for lineage-ancestral spirits) is not necessarily inappropriate. This then means that what we might actually be observing is a situation whereby the royals naturally consider their ancestors to be benevolent *ovakwamungu*, whilst the populace may compare the royal spirits unfavourably with the malevolent *oilulu*. Technically speaking, the royal spirits literally cannot be *oilulu*, because they have received burial, they have descendants, and they held positions of authority.

The idea that commoners might identify royal spirits with bitter *oilulu*, stands in sharp contrast to the idealistic portrayal of royal ancestors - i.e. as guardians of the land - with which we are much more familiar, and as such it requires some explanation and supporting evidence. Illustrative examples can be drawn from certain major events in Ovambo political history.

Gervase Clarence-Smith (1979), for example, has shown that many (but by no means all) Kwanyama kings and their *omalenga* (counsellors) were nothing less than oppressors of their subjects: witchcraft accusations, executions and mass confiscation of cattle being fairly commonplace¹⁴. Indeed, circumstances became so intolerable during the late 1800s, that organised forms of collective action against the ruling elite began to emerge. Two popular insurrections were actually marked by the assassination of the rulers: the king of Mbalantu in the 1870s, and in 1885 the king of Ukwanyama (1979:79). For the most part, however,

¹⁴ The reasons for such behaviour are many and varied, and are closely bound up with the establishment of colonialism in the area and the particular pressures this entailed. These are all very important and complex issues, but fall outside the scope of this thesis.

popular resistance proved unsuccessful against the extremely powerful and expanding elite, and so was replaced instead by large scale emigration. People either travelled to less oppressive neighbouring Ovambo kingdoms, or to European 'centres' like Forte Humbe in Ukwanyama (S. Angola) (ibid.).

Two of Maria Lima's informants from Ukwanyama, elders Mutamo and Ondyebo, bitterly recalled the numerous executions ordered by king Mandume¹⁵ - their sister being one of those killed. Lima states that it is precisely because of such deeds that people call the spirits of dead kings *oilulu* (Lima 1977:159). Later in her account, though, she cites the opinion of an elder, Nambadino, which contradicts the views of Mutamo and Ondyebo. Nambadino maintains that the *oilulu* spirits (who kidnap people) do not belong to the dead chiefs (Lima 1977:159)!

Because of the partial and disparate character of the information relating to this particular issue, I am unable to do little more at this point than highlight the apparent discrepancies and offer a few suggestions (often based largely on supposition) where possible. The important point here in relation to Ovambo affliction and wellbeing, is really that the spirits of the grove, related in some way to the graves of deceased kings, are supposed to deal with the affairs of the entire country: they are national ancestors ("...the ancestral spirits of the tribe" [Loeb 1962:25]). It is difficult to disentangle fact from inference in the documentary sources, yet to explore more thoroughly in this context (i.e. in relation to the medical domain) would be to digress too much.

Spirits of the West

In the West reside the spirits of madness - those who operate without logic and without benevolence. The spirits of the west are restless spirits of persons denied the opportunity of being transformed into *ovakwamungu* - the socially acceptable spirits. The kinds of persons who are not eligible for *ovakwamungu* status are: (a) those who die without successors/descendants (i.e. children and childless adults), (b) witches and witchcraft victims, (c) those who have led an unsatisfactory life, or who have met with an untimely death (murder, drowning, suicide(?))¹⁶, death occurring during circumcision rites), and finally those who do

¹⁵ Mandume was actually supposed to be a reformer, intent on moving away from the previous corrupt and violent reigns (Clarence-Smith 1979:79).

¹⁶ This is a difficult one, since great honour is achieved through committing suicide and so it might not mean relegation to the *oilulu* class.

not receive proper burial rites.

According to Warneck (1910), the Ovakwanyama believe that such people are transformed into dissatisfied, resentful spirits (*oilulu*) after physical death. They are thenceforth condemned to wander aimlessly on earth, rather than be called back to Kalunga (Warneck 1910:317, cited in Aarni 1982). In Oshindonga dialect, these spirits are known as *illuli* (pl)/*oshiluli* (s) (Aarni 1982:17). *Oilulu* are also resident spirits of the Kwanyama sacred grove, as described above.

Whilst *oilulu* are troublesome and sometimes feared, it is the *ounikifa* (pl)/*lokanikifa* (s) who are feared most of all. The *ounikifa* are spirits of *ehmule* ("magicians"), who appear as were-beings: half human and half canine. They operate only at night, becoming visible around twilight - very liminal creatures indeed. They are purported to live in the bush and build themselves small fires there. Anyone travelling after dusk would certainly avoid any kind of fire in the bush should they see one, even fleeing from it in fact. In order to prevent *ehmule*' spirits from becoming *ounikifa*, the limbs must be amputated (Loeb 1955a:39; Estermann 1976:190). Spirits can only remain intact if the physical body itself is. All the components of 'person' must be whole. The important thing to note about *ounikifa* is that they held considerable power when they were living *ehmule*. This power is ambiguous and as such regarded ambivalently by people, since it may be used to either positive or negative ends. The power used by *oondudu* (healers) is of strikingly similar - if not the same - character, as is that possessed by Kalunga. Brain (1973:125) has highlighted this double-edged nature of spiritual power as it exists elsewhere in Africa.

The *oipumbu* are spiritual doubles (shades?), who are not really malevolent, but belong to the western rather than eastern spirit group because they are portents of death to whomever happens to behold them. For example, after seeing two *oipumbu* in his household (on separate occasions), King Haimbili committed suicide by hanging himself (Loeb 1955a:39). As well as appearing as spirit-doubles, *oipumbu* may reveal themselves as strangers - often beautiful young women (ibid.).

Finally, the *ovakwamungu* of others may cause harm, behaving like spirits of the west even though they are spirits of the east to their own particular lineage descendants. This conception of others' *ovakwamungu* as being potentially harmful is perhaps a natural progression from the notion that other peoples' living kin are 'outsiders', even when related to one's family by marriage, friendship and

neighbourship.¹⁷ When one's own lineage ancestors cause misfortune, they may appear to be acting like spirits of the west. However, the significant difference is that spirits of the east act purposefully and logically. As Fortes (1987) has argued, their behaviour is to be interpreted as corrective and ultimately caring. Spirits of the west, by contrast, are perceived as capricious beings, who afflict the living for no other reason than to cause disruption.

Witches

A distinction is made between witches (*ovalodhi*) and sorcerers (*ovatikili, ehmule*) by Ovambo. Sorcerers are living persons (usually men) who operate consciously and who work predominantly with tangible materials (i.e. poisonous herbs, body products). Witches, on the other hand, are much more firmly based in the 'spirit' world. This aspect of witches has led some authors (for example, Loeb 1955a and Aarni 1982) towards the view that they are no less than mere figments of the imagination, and as such not worthy of serious investigation. My own view is that spirituality need not be synonymous with unreality, by which I mean that the Ovambo witches are no less real than the sorcerers, just because they happen to operate as essentially non-corporeal beings. The previous sections in this chapter have hopefully shown how the spiritual and the physical are bound by complementarity rather than by opposition and obviation. They are inseparable parts of a whole.

Witches, in fact, provide us with a good example of physical-spiritual complementarity. Witches are living persons, but they are here discussed under the rubric of spirituality because they operate primarily at the spiritual level. That is to say, in the event of a person being a witch, the spiritual component(s) of that person operates independently of his/her physical body. People do not operate as witches of their own volition, unlike sorcerers. Nestori Waananen (undated MS:58) writes that the Ovakwanyama believe people become witches whether they want to or not, and that such people may be totally unaware of their harmful power, since it can function unwillingly and unknowingly (cited in Hiltunen 1986:45). Kalle Koivu (1925) offers a rather different view with regard to the Ukwambi. The western Ovambo sub-groups are apparently famous for their witchcraft powers, and in the case of the Ukwambi either all members of a clan were

¹⁷ See Kuusi (1970:59) for examples of Ovambo proverbs claiming, on the one hand, that in-laws are kin and that neighbourhood is kinship, whilst on the other that wives dislike their husbands' kin, but love their own.

regarded as potential witches, or else just a few members of a clan. Clans of the latter type were described as having *aalodhi* (witches) and *aaposi* (blind people). The *aaposi* do not know how to bewitch, and do not realise when they themselves are being bewitched. A witch would recognise and refuse poisoned food, for example (Kalle Koivu Collection, 1925: Band I, 62, cited in Hiltunen 1986:42).

According to Loeb (1955:45-46), certain clans are more prone to producing witches than others. Witchcraft itself is believed to be hereditary, passed down the matriline. It is transmitted to the child (male or female) through the mother's blood and breast milk. Babies, however, are never accused of witchcraft, only adults.

Witches only operate at night, never by day. Thus, it is usually the case that during sleep the witch-person's free-soul leaves the physical body and goes out into the night to attack the souls - steal them, to be exact - of unsuspecting victims.

"A witch goes in her quasi body to the top of a fig tree, and from there sends an owl (*ombwa yaalodhi*: 'dog of witches') to the victim. The owl takes the quasi-body of the person to be bewitched. The real body is left. Now the witch tortures the victim at the top of the tree, and other places, until it is half-dead. When the quasi-body returns to the real body, it becomes sick and often dies until help comes in time" (Tobias Reijonen 1880:4-5, in Hiltunen 1986:63-64).

Nathaniel Iitenge of Ongandjera, offers a description of the material substance of witchcraft:

".... *uulodhi* (power to bewitch) dwells in a person's spirit. Since it is in the spirit, it has not spread into the whole body. It is said to be in a small bag that is in the breast. It is the size of a palm fruit. If that person does not destroy others over a long time, it bores and scorches her. It becomes bigger and gives her trouble. Whenever a witch wants to bewitch another person, she opens the bag and the strong bad spirit emanates from it" (N.I. in ELC 1932:1386, translation in Hiltunen 1986:44).

That *uulodhi* is located in the chest region is also mentioned by Aini Aarni in her description of Ukwambi witchcraft. She too highlights the fact that if the power to bewitch is not exercised then it can turn on the witch herself, causing her diaphragm to swell and making her vomit (AAC, Book 12:19-20, in Hiltunen 1986:44).

Alternatively, if witches do not steal the souls themselves, they send the spirits of the dead - the *oilulu* - to cause harm, according to both Aini and Teddy Aarni. These malevolent spirits fight with the spirits of the sleeping, living victims (in Hiltunen 1986:60-61). Although it is the spiritual component of a person which operates as a witch, this frequently inhabits the body of a nocturnal creature - an owl, for example - in order to travel about, as the earlier example illustrates.

In addition to soul-extraction, witches can harm people by means of intrusive objects or substances. For example, they may shoot small, invisible, poisonous arrows into their victims (Loeb 1955a:43, 1955b:153). Ukwambi witches send lumps (*iipakwa*) into people, and these must be sucked out by a healer (Akitofel Amupembe, ELC 1932:1056, translation in Hiltunen 1986:63). Witches do not confine their practices to humans alone, but also destroy crops, afflict cattle, spoil things and wreak havoc in general.

Concluding Remarks

A major aim of this chapter has been to demonstrate the importance of 'spirit' with regard to illness causation and well-being. This need not always imply a supernatural dimension since the body-soul and free-soul form the natural counterpart to the physical body during life: they are complementary elements which together constitute a whole. The realm of the supernatural is, however, encountered when dealing with the activities of the ancestral spirits and the spirits of 'immortal parents', as well as with spirits of the 'restless dead' and witches.

The notion of 'spirit' is quintessential to the various beliefs concerning affliction and healing. For instance, spirits of the departed can intrude upon the living - invading their physical bodies. The spiritual element(s) of a living person may become detached from the physical body at night during dreams, and perhaps meet with others' spirits - on friendly or unfriendly terms. Witches operate in this way and either capture their victims' souls themselves, or else sub-contract malevolent spirits. But illness and misfortune are not always caused by external agents. They can be self-inflicted, if one jeopardises the delicately balanced existence of physical body and body-soul and free-soul. That is to say, such things as immoral behaviour, disregard for personal hygiene, and so on, may lead ultimately to the attraction of affliction. Yaw Osei's work illustrates this very well. Finally, sorcerers manipulate spiritual essence (contained in the tangible substances with which the sorcerer works) in order to achieve successful results. When acting

against persons, they do so primarily by attacking the spiritual elements of a person which may be defined as mystical extension.

One of the main reasons why the concept of 'spirit' is so central might be because spirituality is commensurate with intangibility, non-corporeality, invisibility. Much of illness is invisible, especially when it is internalised and no somatic symptoms are visibly evident. Even in cases where there are definite visible symptoms of illness, these are very often regarded as mere indicators of a deeper problem. Certainly, the causal agents are almost always invisible - and it is removal of the cause rather than the effect which tends to prove the biggest challenge for healers. The power of affliction lies to a great extent in its invisibility - its spiritual nature. This is why, as Turner (1967:302-3) has argued, a principal function of diviners and healers is to expose illness and its cause - making them visible by forced exposure (i.e. spirit transference or violent purgation), thereby making them appear less formidable and less of an unknown quantity: tangible things are far easier to challenge.

Because of the centrality of 'spirit', it is thus misleading with respect to healing to see medicines as being employed in relation to the physical body only. The physical body is of course important, but it cannot be regarded as separate from the spiritual constituents of 'personhood'. Indeed, the colonial European medical doctors made this fatal mistake - defining illness in inherently physical, somatic terms and refusing to acknowledge or deal with the strongly psychological aspects of affliction. Anything verging on the spiritual - or "mental" as they termed it - was not treated by medical staff of the Anglican Missions in Kwanyamaland, southern Angola, for example (Loeb 1955a:36). No doubt it was thought that this area would be more suitably dealt with by the missionaries in a religious, rather than medical, context.

The terms 'person' and 'personhood' have here been used to mean the living human being, comprised of three essential elements: physical body, spirit and soul. A human being is a single entity, though this is not to say that 'personhood' is strictly co-terminous with 'individual', in the sense of the term as it is used in the West. Individuality is very much a Western concept, and one which is not necessarily shared by societies elsewhere in the world. Ovambo society is, nevertheless, formed by a number of persons who operate as a collectivity, bound together by common interests, social ties and obligations.

Therefore, it is important to bear in mind that although illness might affect a particular person directly, the effects of this may be experienced on a wider scale; with family, kin, neighbours, friends, rivals and the like, all becoming inevitably involved at some point. This wider involvement is extended into the spiritual realm, whereupon the spirits are consulted, challenged or propitiated - depending on their particular character and part in the affairs. The notion of affliction as a social, rather than expressly individual, concern, is one that is supported by the character of Ovambo therapeutics. The various techniques often involve family and/or lineage cooperation, in the form of consultation and assistance (both moral support and 'financial' aid). In this context, it is not difficult to see how illness may quickly become a metaphor for social disorder in general, with health acting as the corresponding metaphor for social accord, stability and normality.

The contrasting notions 'health:harmony' and 'affliction:disequilibrium', can in fact be seen to be part of a wider set of dualistic categories: 'inside:outside', 'domestic:wild', 'east:west'. The Ovambo make an elementary division of space into inside:outside, which is actualised by physically and visibly demarcating inhabited from un-inhabited areas. The household and its associated managed land are clearly distinguishable from the surrounding bush. Such a division is supported by conceptions of inside:outside. Associated with the concept 'inside' - represented by the household and cultivation and husbandry - are linked notions of domesticity, culture, order normality and clarity. The concept 'outside' is represented by the antithesis of the structured household - the bush - and is associated with notions of wildness, disorder, nature, and ambiguity. At a broader level, the cardinal directions east and west are accorded special significance, with east being related to the concept of 'inside' and west to the concept of 'outside'.

Ancestral spirits and the spirits of immortal parents (those related to both affliction and wellbeing) are known as spirits of the east. They are social spirits, primarily concerned with maintaining some semblance of moral order. Although temporarily disruptive, their affliction is designed to be ultimately corrective. These spirits are lineage spirits, with vested interests in the prosperity and stability of the household, and so are unlikely to cause extensive, unwarranted damage. On the whole, lineage spirits are considered to be benevolent. The east itself symbolises goodness, wellbeing and sanity.

Spirits of the west, by comparison, effectively represent all that the spirits of the east are not. These

are the spirits of unburied persons - the bodies being thrown into the bush to be devoured by wild animals. As a result, they are excluded from the 'inside' - they are deemed antisocial and thus rejected. Indeed, classification as an antisocial or 'outside' spirit is directly contingent upon the activities of the person whilst alive (e.g. immoral behaviour), or else unusual circumstances of death (i.e. abnormally defined). Since spirits of the west are antisocial they are not concerned with maintaining social order, or even with society's successful perpetuation. Any misfortune they cause to the living is purely wanton and capricious, and may be malicious or just simply annoying. Not surprisingly, their apparent lack of reason has meant that spirits of the west are usually blamed for causing insanity. Mad persons signify their condition by running erratically towards the west. Witches are most definitely regarded as antisocial beings and as such are socially outcast. Not only their destructive actions, but also the fact that they are purported to operate at night and socialise with wild, nocturnal and usually despised or feared animals, means that their association with 'outside', 'wild', 'strangeness' and the like is all the more certain.

Analysis of spirit category names reveals to an extent the Ovambo classification of spirits as belonging to either 'inside' or 'outside', 'culture' or 'nature', 'domestic' or 'wild' etc. The noun prefixes tell us much about how spirits may be conceptualised by people. In this regard, Brain (1973:123-4) has emphasised that "...the assignment of words to particular noun classes in Bantu languages is not at all fortuitous and is a definite reflection of the feelings of speakers about particular objects". He demonstrates how, for example, in Swahili the name for ancestral spirits - *muzimu* - is in a noun class usually associated with natural phenomena such as trees or rivers, rather than persons.

In the case of the Ovambo, there is some information relating to the structure of the Kwanyama and Ondonga dialects. The information is limited, but it allows us some insight into how the Ovambo classify their world. The noun prefix *omu-* is a prefix of class 1 nouns, to which persons belong (e.g. *omukadi*: woman). It denotes the singular. It may also, however, be a prefix of class 3 nouns, to which the species names of trees belong. *Ova-* is a prefix of class 2 nouns - persons again, and denotes the plural form. *Oka-* is the diminutive prefix of class 12 nouns, denoting small creatures and objects in the singular (e.g. *okadona*: child). When used of personal proper names, *oka-* may be derogatory, for example, *okakwanyama*: 'little Kwanyama person'. The plural of *oka-* is designated by the prefix *ou-*, which is also the prefix of

class 14 singular and plural nouns. *Oi-* is a prefix of class 8 nouns, comprising things like *oikulya*: food, *oilya*: grain, and *oita*: warfare. Other nouns with this prefix are plurals of *oshi-*, the singular prefix for class 7 nouns. Nouns comprising class 7 are: (a) things - especially implements or instruments, (b) perjorative or derogatory of persons, or (c) denotative of language (e.g. *oshikwanyama*).

Although these data are scanty, it is obvious that the various kinds of spirits have been assigned to different noun classes, and thus are thought of differently. Only the lineage-ancestral spirits, the *ovakwamungu*, possess the same noun prefix denotative of persons. This is interesting because Brain tells us that in Swahili, the distinction between living elders and ancestral spirits is made clear by the assignation of each to different noun classes, as indicated by the different noun prefixes: the former belonging to a person noun class and the latter to a non-person noun class (Brain 1973:123-4). In the Ovambo case, a distinction is made between 'person' and 'non-person' spirits. The ancestral-lineage spirits are assigned to a 'person' noun class. However, their supernatural status is conveyed by the stem *-mungu*, which means superhuman, thereby distinguishing them from ordinary mortals. The important aspect is the conception of ancestral spirits as social beings - their continued inclusion in social affairs despite their transition to another realm of existence.

All other spirits belong to non-person noun classes, or else possess prefixes which denote diminutive or derogatory classification. Thus we have: *oshipumbu/oipumbu*, *okangawiloingawi*, *okanikifalounikifa* - spirits which are all regarded as belonging outside of society, to a greater or lesser extent, and potentially threatening to its established order. These spirits are closely associated with the wild bush: they are believed to inhabit landscape features such as waterholes, groves of trees and the like. The household and cultivated areas are ritually protected against their intrusion, and persons wear prophylactic devices.

Although there is evidence to support the existence of classificatory dualism in Ovambo thought, I would not argue that the binary opposites comprising any given pair are always mutually exclusive and immutable. Certain dualistic categories may be less clearly defined and more fluid-like. Such an argument has been proposed by Marja Liisa-Swantz (1986:202) with reference to the spirit realm of the Mwambao Zaramo of Tanzania. She proposes that there is no absolute division of spirits into either good or evil, but rather that spirits have the capacity to be both. Which is not to say that spirits cannot be predominantly

benevolent or predominantly malevolent, because they can. What is important is that they have the ability to be either one, in much the same way as do living persons.

The notion of essentially dualistic categories being potentially mutable will be further explored in the following chapter, in which I deal with the range of healing specialists and the basic ideology of healing itself. I hope to demonstrate, for example, that the line dividing healers and sorcerers is arbitrarily rather than clearly drawn, and also that the dualistic gender category male:female cannot be satisfactorily used to describe or classify all members of the medical profession. In the context of the medical domain we see the very firm existence of a third gender category.

Chapter Four

INDIGENOUS SPECIALISTS: RECREATORS OF HEALTH AND HARMONY

Affliction, whatever its specific character or form, unequivocally places its victims outside cultural definitions of 'normality', and thus beyond the boundaries of society itself. In short, affliction marginalises and ostracises. It is for the various practitioners, with their specialist healing knowledge and therapeutic equipment, to attempt to rectify this clearly undesirable situation: the re-establishment of health and harmony rests with them.

This chapter is concerned with describing the wide range of Ovambo healers, and with the examination of their various functions in both the medical and the wider social context. Ovambo healing is essentially concerned with the re-introduction - or perhaps more appropriately *re-incorporation* - of affliction victims into society. In strictly defined terms, this can mean the treatment of individuals suffering from personal ill-health. More broadly speaking, however, it may just as easily refer to the restoration of bruised social relations, or to the re-establishment of social harmony in general. Furthermore, healing in Ovambo culture is not confined to humans only, but is extended to include the land, domestic livestock and even household structures as well. All receive appropriate therapeutic attention as demanded by the situation, hence the need for a range of healers with specialist skills becomes apparent.

In the course of examining the various healer types certain issues will be addressed, such as the effect of factors like gender or socio-economic status upon a person's professional development; or the apparent complementary association between healers and sorcerers; or the centrality of spirit possession. In short, the purpose of this chapter is to present as clear a picture as possible of the social organisation of the medical

domain, and also to see what, if anything, an analysis of medical personnel can further tell us about the medical culture and the Ovambo people generally.

Professional Healers: Endudu/Oonganga

Ovambo healers are known by a variety of names, depending on their particular field of therapeutic specialisation. All have the general title *ondudu* (*endudu*, *pl.*) in Oshikwanyama, or *onganga* (*oonganga*, *pl.*) in Oshindonga, to which a more specific title is added, denoting both the particular area of specialisation as well as the healer's current status in the healing hierarchy (Estermann 1976:194). According to Loeb (1955b:154), there are at least eight main areas of specialisation among the Ovakwanyama: (1) herbalists (Loeb gives no indigenous term for these; they may simply be referred to as *endudu* or perhaps as *ovahakuli*, which literally means 'healer') (Turvey 1977); (2) "homosexual" healers: *omasenge* (*sing.*, *esenge*); (3) midwives: *oimbada* (*sing.*, *osimbada*); (4) female diviners, diagnosticians and spirit-mediums: *ovajaneke* or *endudu yeanekelo* (*sing.* *omujaneke*); (5) male diviners or witch-detectors: *ovajaneke* (*sing.* *omujaneke*); (6) "kraal-openers": *ovapatuli* (*sing.*, *omupatuli*); (7) snake-doctors: *ovafipi* (*sing.*, *omufipi*); and lastly (8) instructors, and makers of charms and amulets: *ovapuliki* (*sing.*, *omupuliki*).

Selma Rainio (1922:22), a Finnish missionary doctor, describes Ondonga medical practitioners from the point of view of their particular healing skills: healers of wounds, healers of burns, healers of internal illness, eye-doctors, gynaecologists, and so forth. Unfortunately, she does not record the indigenous names for these healers, so it is impossible to ascertain whether they belong to one of the eight classes already mentioned, or whether they form additional separate classes. If, for example, the 'gynaecologists' are female, then it is likely that they are *oimbada*, however if male then they will almost certainly form a different specialist category because *oimbada* may be only women. Sadly, the available evidence in relation to this issue is extremely scarce. Those healers who specialise in the treatment of burns, or eyes etc., most probably belong to the herbalist category. These healers are highly skilled in plant-lore, but because of the abundance of species it may be that they restrict themselves to use of a selected, more manageable, number, thus making the character of their knowledge appear less general, in conjunction with a focus upon treatment of specific regions of the body (e.g. eyes) or on specific symptoms (e.g. burns).

Herbalists apparently have no significant status in the medical hierarchy, since they are not called to their position by ancestral spirits (Loeb 1955b:154). Their knowledge is still valuable, however, for whilst the majority of people may be familiar with a handful of herbal remedies for minor disorders, it is only the herbalists who have been specially trained in plant-lore with all its complexities. Furthermore, the herbalists are likely to have been extremely popular because of their relatively inexpensive services, although the higher grade healers would also need to be consulted eventually if the illness was serious or protracted. Ana Ranchen mentions the fact that elderly women (*ovakulukdhi*) would often cure ailments of other women and of children, for very little in the way of payment (Ranchen 1959:266-269, in Kaarto Rakel 1976 [Finnish-English translation, M. Salokoski]). All the healers have a certain amount of knowledge regarding medicinal plants, because all aspiring practitioners must begin at this level.

The *oimbada*, or midwives, are concerned with any disorder that may arise during pregnancy and are normally present during all stages of childbirth (Shamena FELM 1989). They may also perform abortions (Loeb 1955b:154), the methods of which have been recorded by Hahn (Abortion MS) and are described in detail in Chapter 5. It would appear that in cases of a gynaecological nature, both male and female healers can treat women (Estermann 1976:78, A. Powell-Cotton 1936b:86). There is no definite information regarding this last point, but it could well be that the male healers giving treatment for infertility are the *omasenge* - or "homosexual" healers, as they have been described in the source literature. I say this because the *omasenge* are regarded as being simultaneously both male and female (Kirby 1942:349), and are thus rather similar to clinical hermaphrodites which are believed by Ovambo to be highly auspicious and a powerful source of fertility (Loeb 1962:17-18). The *omasenge* will be the subject of further investigation later in this chapter, when dealing with gender as a significant determinant in the achievement of status in the healing hierarchy. Suffice to say, the *omasenge* are herbalists and, if they have undergone the necessary stages of initiation, fulfil an important role in facilitating the initiation of all healers who progress beyond the herbalist category.

The *ovajanekedi* are predominantly diagnosticians, diviners and spirit-mediums, although snake-doctors and 'kraal-openers' (removers of poisons) also belong to this category. All those in the *ovajanekedi* category have had to undergo rites of initiation, and subsequent rites are necessary if healers wish to pro-

gress beyond the *ovajaneke* stage of their 'career'. All, with the exception of the snake-doctors, are principally concerned with identifying the precise character of illness and revealing the causal agent responsible. Some *ovajaneke* "see" in a different sense - by locating the whereabouts of lost or stolen property and persons.

In the event of serious or prolonged illness, diviners (*oongangalendudu yeaneke*) are initially consulted. *Eaneke* is the method used by diviners in order to discover the cause of personal illness or private misfortune (Hiltunen 1986:70). A diagnostician is normally engaged first of all. Diagnosticians are always women, and are usually also spirit-mediums. They physically examine the afflicted person, "feeling" for intrusive alien objects sent by witches and examining for any visible somatic symptoms. They also question closely the afflicted person, his kinspeople, neighbours and so on, in order to gain a general idea of the circumstances surrounding the onset of illness. Their main method of diagnosis is, however, divination by means of ashed palms; which is why they can be known as *oongangalendudu yomutoko* (*omutoko*: ash).

The healer may bring her own basket of ash, or may take some from the hearth of the afflicted. This is then spread over her left hand before rubbing the palms together. Tönjes (1911:240-242) writes that she makes "images" in the ash, whilst at the same time questioning the patient. She first of all ascertains the precise nature of the affliction, then taking a new handful of ash proceeds to determine the cause of it. Simson Situa of Ukwanyama informs us that during the palm rubbing the diviner frequently pauses and points his fingers.¹ Sometimes he seizes his mouth and stretches his head up and backwards - "as if he were yawning and growling". Once he has finished rubbing his palms he sits quietly, and the family begin their enquiry:

Parents: "Did you walk to seek?"

Diviner: "Yes, I did."

Others: "Did you not harm yourself on the stumps?"

¹ Situa's account appears in Liljeblad's collection (1932), and the English translation - used here - in Hiltunen (1986). The ash-diviner appears to be male, even though a number of other sources claim that ash-diviners are only women - the knife-diviners being male. Since it is impossible to tell from Hiltunen's reproduction of Situa's information whether some Kwanyama ash-diviners were in fact male, or whether we are instead observing a case of mistranslation, I have decided to include the male example, and hope that this footnote prevents the reader's confusion.

Diviner: "No, I walked well."

Others: "Tell us what was there!"

The diviner then reveals the possessing spirit's identity: whether from the maternal or paternal side, whether male or female; and describes the type of propitiation the spirit requires (Simson Situaa ELC 1932: in Hiltunen 1986:74-76). Estermann (1976:196) states, with regard to the interpretation of ashed palms, that: "The particular direction, width, and depth of the lines indicate the age, sex and relationship of the supernatural agent".

If herbal medicines are necessary, then the ash-diviner is normally able to provide them (Hiltunen 1986:71). They alleviate the somatic symptoms of the illness, and complement propitiation of the afflicting spirit. However, treatment and propitiation only take place if ancestral spirits or Kalunga (God) have been diagnosed, and if the afflicted and kin are *satisfied* with the diagnosis. Should other causal agents be diagnosed, or if those concerned are not convinced by the diagnosis offered, then healers will be engaged. If the kin are dissatisfied with the efforts of the first ash-diviner, then another will be engaged. If, however, it is discovered that witchcraft is the cause of affliction, then healers who specialise in the detection of witches are needed, since this type of divination is beyond the capacity of the ash-diviner (Hiltunen 1986:72). She has, at least, narrowed the range of possibilities. In cases where ancestral spirit affliction becomes more frequent and more severe, defying therapy, then the ash-diviner will suggest a spirit-medium session (*omakola* ceremony) which will reveal whether the victim is being called to the healing profession by his or her ancestors.

The second type of diviner is usually male, and specialises primarily in the detection of witches, though may also detect thieves or lost articles (Loeb 1955b:154). Hiltunen (1986:70), claims that diviners of this type are of a higher grade than the ash-diviners, although she offers no specific evidence to support this. Given that witchcraft is more greatly feared than ancestral wrath (since its effects are lethal) (D. & A. Powell-Cotton 1936/7:9) then the skills of the witch-detectors might well be more highly regarded. Ash-diviners are nonetheless regarded as benefactors of society, because they are concerned with the initial revelation of the type of illness and the type of causal agent (Simson Situaa, in Hiltunen 1986:33).

Male diviners work mainly using a knife (Estermann, 1976:196), although there are other media: a horn, arrows, ankle ring, doll, or axe (Sakeus Iituku, Ombadja, ELC 1932, in Hiltunen 1986:80-81). Based on Finnish missionary material, Hiltunen (1986:77-79) describes two methods of witch-detecting using a knife. With regard to the first method, a line is drawn in the sand and the small sticks - each representing a suspected witch - are placed at intervals along it. The knife-diviner then takes a knife which has been heated, and places it across the row of sticks. Whichever stick catches alight reveals the identity of the witch.

The second method is practised in Ombadja, and here a number of lines are drawn in the sand to represent the occupants of the household suspected of witchcraft. The diviner then smears his palm and wrist with grease from the *omeke* nut. This done, he takes a heated knife and passes it across his greased palm at each line in turn. The knife is pressed so that it will stick and blister his palm, when he reaches the line representing the most likely culprit. Each time the knife sticks the diviner cross-examines its actions, in order to convince onlookers that false accusations are avoided as far as possible. In the event that none of the lines cause the knife to stick, then the household occupants are cleared of suspicion and a new set of lines must then be drawn to represent neighbours, distant kin and so forth, and the procedure is repeated. If the knife is drawn right up to the shoulder of the diviner, and burns there, then this indicates that the witch is from far away - another district, or even kingdom.

Estermann (1976:196) tells us that in the event of a suspected witch being "burned" (*okwapia*) - in other words discovered - then the verdict is accepted by all. Furthermore, if the accused witch is believed to have caused death, the situation requires a second opinion from the "court of the second instance" (Estermann gives no indigenous term). He states that this court was composed of several healers of the same degree who practised at the royal court. If the accused is "burned" a second time, then the verdict is unequivocal.

Other practitioners in the *ovajaneke* category include the thief-detectors and seekers of lost or stolen articles and persons. These practitioners are always male, and deal with unfortunate circumstances rather than illness *per se*. They divine the identity of the thief by means of a kudu or gemsbok horn².

² Loeb's informant, Gottlieb, states that a knob-kerrie (*odimbo*) may be used in place of a kudu horn (*oluvinga lofino*).

These are planted upright in the ground, and members and guests of the household in question are invited, in pairs, to come and grasp the object. If the horn remains motionless, then the holders are innocent. When the horn sways violently, and remains fast in the hands of someone, then that person is considered guilty (Tönjes 1911:246, English translation in Loeb 1955b:166).

"Openers", *ovapatuli*, operate in a similar manner, only the moving stick points towards the area where 'poisons' have been buried, rather than towards culprits. These healers only 'seek' during the evening, according to Moses Kavanje (Loeb 1955b:167-8), all the poisonous objects discovered are then taken at dawn and hurled into the *omudime* (*Euclea divinorum*) bush³. Following this, the *omupatuli* ritually cleanses the household and its gardens, by pacing the entire area and shaking an ox stomach that has been moistened with specially prepared herbal water.

Snake-doctors, known as either *endudu jo majoka* or as *ovafipi*, also appear to be part of the *ovajaneke* category (Loeb 1955b:154). These healers specialise in the treatment of snake bites, as well as wounds received from poisoned arrows.

Finally, the *ovapuliki* are healers who are reportedly few and feared, and whose activities are mysterious (Estermann 1976:197). Most likely they are regarded as being mysterious because they really have very little to do with the general populace, unlike their colleagues in the other healer categories. This is due to the fact that the *ovapuliki* are principally engaged in the instruction of healers in these other categories, rather than with the treatment of affliction. At least, they are not concerned with treating directly. Indirectly, however, they are beneficial to the afflicted since they are responsible for making amulets and charms - investing them with positive protective and strengthening power - which are subsequently used by the various healers during therapy (Loeb 1955b:154). It is possible for healers outside of the *ovapuliki* category to fashion charms for clients, but these tend not to be as potent (even though they may be adequate for the particular situation), and in any case the healer's ability to make such charms is directly attributable to his being imbued with positive energy (*enghono*) by the *ovapuliki* during initiation. Loeb's informant Moses (Loeb 1955b:156) states that the *endjai* - the ritual leaders of combatants - were drawn from the *ovapuliki* category. The *endjai* were themselves non-combatants, but served to guarantee the success of raids

³ The word *omudime* means 'to destroy things' (Loeb 1955b:168).

by using protective charms and by interpreting 'signs' sent by the ancestral spirits advising danger or whatever. Using their horn amulets obtained from the *ohmule* or the king, the *endjai* raise a supernatural wind, designed to confuse and frighten the enemy (Tönjes 1911:231-237 in Loeb 1955c:300).

The Healing Hierarchy

All practitioners can be classified as belonging to one of four hierarchically arranged groups, which are distinguished from each other by particular rites of incorporation, as well as, of course, by the kind of therapeutic services offered. The overall professional structure is pyramidal in form, with the lowest group in the hierarchy containing far more members than that at the apex. Progression from the lower through to the higher grades is feasible, but the extent to which this is possible depends very much on gender and social status. That is to say, certain categories of practitioner are restricted to females only, or to males, or to 'not-men'. Women appear to be unable to progress beyond a certain level in the hierarchy, the upper echelons being reserved only for males and 'not-men'.

Although there is clearly a hierarchy, it is rather difficult to tell from the documentary sources precisely what the levels are. There is confusion with regard to scaling the categories of healers and their definitive phase of initiation. For example, what Estermann considers to be grade three, Loeb considers to be grade four. The authors are nearly unanimous about those who comprise the first level: male and female herbalists, and midwives. But Loeb (1962:123) also ascribes the female diagnosticians (ash-diviners) to this level, whereas Estermann (1976:195) locates them in level two. This is much more likely, in my opinion, since ash-diviners have passed through a second stage of initiation which must surely distinguish them from those who have only undergone the first. Estermann and Loeb agree that healers of the highest grade may not be female. These healers are reported as male. However since they are actually *omasenge*, biological men who profess to have mixed gender, this issue requires further investigation. They initiate both male and female practitioners of the lower levels, as well as the *ehmule* (white sorcerers).

It is in relation to the intermediate levels that confusion really arises. We are informed by Hiltunen (1986:70) that knife-diviners (male) are of a "higher grade" than the ash-diviners (female). But does this mean that knife-diviners belong to a higher level, or rather to a higher grade within the same level? Loeb (1955b:155; 1962:123) sheds some light on the issue, explaining that male diviners may acquire additional

"seeking" skills which place them on a level above ordinary knife-diviners. Indeed, this higher level is restricted to men, and in addition to the "seers" contains those healers who are engaged to offer propitiatory sacrifices to the ancestral spirits (Moses' account in Loeb 1955b:155). There remains the initiation at all levels. Once again the source materials are vague and contradictory. Loeb (1955b:157) writes, for example, that the 'healers' entering the second level must drink the blood of "... a chicken or dog". Yet Estermann (1976:194-195) informs us that chicken blood is consumed during first level initiation, and that subsequent initiations are characterised by goat, dog, and ox sacrifice, in that order. Either Loeb has been misinformed, or else the following claim by Estermann (1976:193) is based on misinformation:

"The Ambo distinguish four categories of initiation: these determine four different degrees of *kimbanda*.⁴ The species of animal sacrificed to the spirit serves as a distinguishing criterion. Those used are the aforementioned four domestic animals....the order indicated signifies the professional grade among the *kimbanda*".

Given other related fragments of evidence, Estermann's account seems to be the more plausible of the two. It is supported, for instance, by the Powell-Cotton data (D. & A. Powell-Cotton 1936/7a:2-3), as well as by other information presented in Loeb's accounts.

Even more difficult is establishing which animal sacrifices apply to the initiation of the female and male diviners, in view of the classificatory problems mentioned above. Do, for example, ash-diviners and knife-diviners both undergo the goat stage of initiation, and aspiring male diviners that of the dog? According to Loeb (1955b:159) healers of this latter *third* level - the aspiring male diviners - undergo *ox* initiation, which is somewhat puzzling because oxen are purported to be *fourth* in the sacrificial structure, and should theoretically therefore characterise the initiation of the highest level healers: the instructors/amulet makers. Unfortunately, I am unable to say more because both Estermann and Loeb state that the initiation of the highest level healers is extremely secret! Neither make any mention of oxen being sacrificed, and in fact talk of possible ritual cannibalistic feasts instead. It is always possible that cattle are sacrificed at both types of initiation, but that the cattle are of a different "quality": those used as part of the highest initiation perhaps being more valuable (i.e. pure black). If cattle are not used in the initiation of the highest healers,

⁴ Estermann prefers this Bantu word for medical practitioner to the actual indigenous Ovambo terms: *ondudulonganga*.

then we are in fact looking at not four, but five stages of initiation - four marked by animal sacrifice and the fifth marked by ritual cannibalism. Or perhaps it is the case that the four animals mentioned by Estermann represent the four main levels of hierarchy, but within each main level exist other sub-levels or grades. This is to an extent supported by the special form of initiation for healers in the male diviner grade who wish to become snake-doctors; that is rites involving mamba snakes.

The animal initiations are important as amulets are made from the sacrificial remains and worn by the newly initiated healer to denote his or her new status in the hierarchy. After completing the first stage initiation, an amulet of chicken bones and feathers constructed into a necklet (*ewhuwa daie*), is awarded. For the second stage, a circular belt is fashioned from the skin of the sacrificed goat, and lined with medicinal substances (*eputa*) (see Plate 35). The forehead skin or the vertebrae of the dog sacrificed for the third stage are made into bandeaux (*omwia waiye wombwa*). Alternatively, the dog's nose is worn around the neck on a thong. For the fourth stage, the tail of the sacrificed ox is decorated with cowrie shells, and worn across the chest. Wristlets are also made from the fetlocks (D. & A. Powell-Cotton 1936/7a:3, D. Powell-Cotton 1936c:2). All healers above the first stage wear bandeaux of ostrich eggshell beads, to signify their belonging to the medical profession. Some wear cattle-skin as well as goat-skin *eputa*, sometimes two or three at a time. Genet skins, used during healing, are normally attached to such belts. A female healer whom the Powell-Cottons met from the Dombondola region, wore belts of snake-skin and a lion-tooth necklace. She also wore cocoon leg rattles, which many healers decide to wear. Most carry a gourd rattle and small axe, as well as a number of charms which are either used in healing, or loaned to patients. (A. Powell-Cotton 1936b:1, 55) (see Plates 1 & 2).

On occasions, healers may combine 'traditional' aspects of dress with European styles. For example, the Powell-Cottons met a male healer from Ukwambi who wore the white beads and hide belts, but also dressed in a blazer jacket, striped shorts and a straw hat (D. Powell-Cotton 1937b:192). All healers, men as well as women, carry with them a large basket containing various healing paraphernalia: medicinal plants, prepared remedies in animal horn or gourd containers (see Plates 23 & 24), equipment such as cupping horns, wart hog tusks, drinking vessels, bird claws, tweezers and razors, and divining knives or divining-ash. The baskets may also contain objects obtained from Europeans: tin openers, old leather shoes, iron

nails, car spanners, and so forth (D. Powell-Cotton 1936a:190).

Omasenge: The Third Gender

Omasenge have been described in the documentary sources as homosexuals - a classification based mainly on the fact that *omasenge* engage in sodomy with men in certain ritual contexts. The apparent homosexuality of *omasenge* has been the focus of much critical speculation in the documentary sources - especially in the writings of missionaries (e.g. Percival Kirby 1942; Mittleberger 1968; Estermann 1976). Judgemental attitudes aside, however, these various sources do yield an interesting piece of evidence; namely that the Ovambo appear to distinguish between two kinds of 'homosexuality' in men. The situation is rather similar to that found in parts of North America, in respect of the *berdaches*, defined by Harriet Whitehead (1981:80) as "spontaneous" and "institutionalised" homosexuality, on the basis of indigenous explanations.

Among the Ovambo homosexuality is actively discouraged and frowned upon in everyday circumstances. For example, adolescent boys displaying such tendencies are referred to as "spoiled", especially males from the royal household, who are likened to beanstalks that have dried up despite being planted in rich soil (Estermann 1976:62, 67, 209-10). The occurrence of homosexuality outside of the ritual domain is regarded as voluntary action - what Whitehead calls "spontaneous" sexual behaviour. This voluntary, "spontaneous", form of homosexuality is regarded as a serious transgression of Ovambo sexual norms, in the same way that incest, rape and conjugal sodomy are. Homosexuality in the context of the ritual domain is quite another matter however. Far from being discouraged, it is positively celebrated.

Indeed, closer investigation of the whole issue of homosexuality curiously reveals that whilst conjugal sodomy (i.e. between a man and woman) is heavily penalised (confiscation of all material possessions by the kings), acts of sodomy between men go completely unpunished (despite social disapproval). This is most likely because "spontaneous" homosexuals find a niche in the healing profession wherein homosexuality, or more precisely sodomy, is "institutionalised" as an integral part of important rituals, and as a result becomes socially acceptable.

It is at this point that recognition of the Ovambo distinction made between voluntary and involuntary homosexuality becomes crucial to an understanding of the whole issue. Those outside the sphere of ritual

are biological men who have voluntarily (in the eyes of the Ovambo) sought to change their gender status. Those, on the other hand, who exist within the sphere of ritual claim no responsibility for their homosexual tendencies - their form of sexuality is involuntary, since it is believed to be inherent in them at birth. Thus, there is a significant difference between voluntary and involuntary homosexuals, but this is not always easily apparent in the context of the medical profession. In fact, I wish to go further and suggest, on the basis of Callender and Kochems' (1985) postulates, that Ovambo involuntary homosexuals are not simply gender-crossers, but rather constitute a "gender-mixed" status. In other words, a third gender.

Callender and Kochems (1985:168) have defined four indexing features of gender-mixing statuses in males, with which the *omasenge* - institutionalised homosexuals - appear to closely correspond. These are as follows:

- (1) Non-male mode of dress: usually transvestism.
- (2) The expression of important traits of female behaviour.
- (3) Occupational inversion.
- (4) The absence of sexual relations with others occupying these statuses.

Callender and Kochems argue that the first three features are seldom carried through to completion. That is to say, there are some subtle variations between gender-mixers and women, with emphasis on *similarity* rather than *complete* identification. As regards the fourth feature, sexual behaviour, they state that gender-mixers have relations with other gender statuses - usually ('straight') men, but sometimes women also. The important point is that gender-mixers do not normally have sexual relations with fellow gender-mixers, and given this Callender and Kochems conclude that labelling gender-mixers as homosexuals is misleading (1985:168). Finally, they maintain that each gender-mixing status has its own distinctive label, separating it from the gender statuses male and female.

Turning to the Ovambo evidence we find, firstly, that while *omasenge* wear female apparel and carry female-associated items, such as baskets, they often sport beards, which are a sign of male adulthood and potency. Secondly, they express traits of female behaviour: swaying their hips in a style known as *ofingo*, altering the voice and form of laughter, adopting a female name, washing with herbs, and sitting with the

women. Thirdly, with regard to occupational inversion, *omasenge* do not go hunting, raiding or herding. Instead they become professional healers - a profession which is normally regarded as female.⁵ This inversion is not complete though, since very experienced *omasenge-endudu* tend usually to become high ranking ritual specialists, such as rainmakers or ritual war leaders, positions which are denied to women. Lastly, as far as sexuality is concerned, *omasenge* tend to have sexual relations with men (i.e. non- *omasenge*), notably in the context of ritual. *Omasenge* may also have sexual relations with women, for example female *endudu* during their initiation, or women needing treatment for infertility. With regard to distinctive labels for the different gender statuses, both the gender-mixers and clinical hermaphrodites are labelled differently from male and female: *omasenge* and *oingelume* respectively.

An important feature of the *omasenge* is that they regard their sexuality as something bestowed upon them by Kalunga. Indeed, they sing songs in defence of their gender status which testify to this (see Loeb 1948:77). My view is that the explicitly made association between *omasenge* and Kalunga is the key to the whole issue of social acceptance. To begin with, the Ovambo say that a man who becomes an *ondudu* is someone who has been born with the physical body of a man, but with the spirit of a woman. Throughout his life his female spirit becomes increasingly dominant, with the result that the man gradually becomes more overtly 'female' in character (Estermann 1976:197). Eventually, usually at some point during adulthood, the 'not-man' is "called", through dreams, or a serious illness (spirit possession), to join the ranks of

⁵ As the *omasenge* are not strictly speaking 'men', but rather 'not-men', they can be called to the healing profession even though it is thought of as a female domain. It could be, for instance, that the classification of the medical domain as 'female' clearly renders it 'not-male', with the result that the *omasenge* more readily find a social niche. The *omasenge* are invaluable to the healing profession, but their ambiguity necessitates that they must certainly have their own acceptable place in society in order to be regarded as legitimate.

Other explanations for the general issue of why the medical domain and illness are perceived as a 'female' domain, have been summarised by Jervis (personal communication with author) and include: (a) the extension of the mothering role, in caring for the sick, (b) the fact that the majority of medicines are plant-based, and women tend to be the gatherers, (c) the idea that women are closer to 'nature', so that they are naturally able to deal with illness - seen as a breakdown of culture. It is interesting to note, however, that higher ranks in the healing hierarchy, or healing activities of higher status, are usually regarded as 'culture' and therefore 'male'. This is important when considering the *omasenge*, because just as their 'not-men' status allows them to find their social niche in the 'female' medical domain, their equally 'not-female' status places them closer to 'culture' and therefore eligible for the higher ranking positions in the healing hierarchy (which they do in fact occupy).

the *endudu*. Failure to respond to this "calling" is believed to result in death (Estermann 1976:8, 15). Thus, the *omasenge* are *born* with the third gender: their man-woman status maintained as being an intrinsic quality - something innate rather than acquired, and therefore the creation of "God" rather than of society. In this connection, it is worth noting that the gender-mixed status of *omasenge* is one that is essentially permanent. It is qualitatively different from the temporary gender-reversal that occurs during the respective female and male initiation rituals.

The other significant factor is that *omasenge* are closely identified with hermaphrodites, and on rare occasions might even actually be one. Hermaphrodites (*oingelume*), along with twins, albinos, and other unusual phenomena, are regarded by Ovambo as anomalous. The peculiar characteristics (i.e. double birth; translucent/white skin) which render each anomalous are believed to be the mark of Kalunga (usually apprehended by society as ambiguous). Moreover, hermaphrodites are considered to be anthropomorphic representations of Kalunga, since the latter is conceptualised as being neither male nor female, but both. Thus, because of their strong connection with Kalunga, the supreme Creator, hermaphrodites are considered to be very auspicious beings and a great source of power, strength, fertility and prosperity. For these reasons, sexual intercourse with an *osingelume* is believed to be positively empowering (Loeb 1962:239).

Clinical hermaphrodites are, however, quite rare in Ovamboland, although some cases have been recorded (Loeb 1962:239). The occurrence of biologically-defined men claiming to have a female, rather than male spirit-soul, is much more common. Delachaux (1933:113) was visited by three when in southern Angola, and was told that about sixty existed, living and working with women as healers. Being identified with true hermaphrodites, and thereby with Kalunga, the *omasenge* frequently fulfil important roles in ritual circumstances where the emphasis is on empowerment, particularly the transmission of positive power: *enghono* or *oupule*.

The two major rites of transition featuring the *omasenge-endudu* and ritualised sodomy are: (1) the inauguration of the new king, and (2) the initiation of all *endudu* above the first level of the hierarchy. The documentary evidence does not elaborate with regard to whether or not the *esenge* instructor engages in sodomy with the female as well as the male initiates - i.e. as opposed to 'normal' coitus. I would be inclined to argue that sodomy would occur only between the *omasenge* and the men, given that the chief

concern is with person-to-person transmission of positive power, rather than with sodomy *per se*. Indeed, as we have seen, in non-ritual situations sodomy between men (spontaneous homosexuals) is strongly discouraged, whilst sodomy between men and women is strictly prohibited and heavily penalised. Sodomy between *omasenge* and men is sanctioned within the context of the above-mentioned transition rites, because the most effective means of transmitting power is through a sexually symbolic act (Van Gennep 1960).

The type of power transmitted is the aforementioned *enghono*, and to a lesser extent *oupule*. The symbolic sexual act serves to guarantee good health, longevity, prosperity and supreme jurisdictional power to the king (Salokoski:1990:5); whilst in the case of the *endudu* neophytes, the powers of divination, mediumism, healing, and general good fortune are conferred. Because of the *omasenge-endudu's* spiritual connection with Kalunga, the transmission of positive power by means of a sexually symbolic act involving them acquires special significance over and above heterosexual symbolism, since the latter does not have such divine (as in godly) connotations. In short, the *omasenge* are mediators between Kalunga and the ancestors on the one hand, and *endudu* neophytes and the king elect on the other, with regard to positive power transmission.

Becoming a Healer

A person may become a healer by following one or more of a number of routes. Anyone may become an herbalist, but entry to the higher grades is normally precipitated by a 'calling' to the healing profession. Often, though not always, such a 'calling' is manifested in the form of serious illness, which continually fails to respond to treatment. The afflicted protagonist is eventually diagnosed as being under the influence of a possessing ancestral spirit, who will only cease persecution if the protagonist consents to becoming a 'tool' - a medium - for him or her in particular (Estermann 1976:193).

Loeb (1955b:156) allows us more insight into the various factors which indicate that a person ought to become a healer. He lists five unmistakable symptoms: (1) if, following illness, the protagonist "feels a need"; (2) if the protagonist is forever collecting herbs, regardless of his or her whereabouts; (3) if automatically the protagonist knows the healing properties of herbs; (4) if the protagonist keeps rubbing his or her hands together, while sick, as if attempting to find witches; and lastly, (5) if the voice of a dead person

comes from within the protagonist (i.e. spirit possession).

The usual sickness which signifies a 'calling' to the healing profession is a shaking of the body which might last for about one to two months. In addition, Diana Powell-Cotton (1936c:2) records that wasting away of the physical body, weakness and mental depression are also clear symptoms of a "calling" illness. If the patient does not respond to treatment, and it is discovered that he or she has an ancestor who was a healer, then becoming a healer too is the most obvious option. According to Loeb (1955b:153), spirit possession (the cause of the symptoms) leads to insanity. However, I think it important to note that although there is certainly psychological disturbance of some kind, this spiritual form is clearly distinguishable from other kinds of psychological distress as defined by Ovambo: e.g. lunacy, stupidity, craziness, which are caused by alcohol, stress, or over-excitement - but not a communicating ancestor spirit. Once it has been established that the afflicted person ought to become a healer, he or she must then pass through the various stages of initiation which mark the four main hierarchical levels in the healing profession.

Transition Rites of the Medical Domain

Becoming a healer is not easy, and progression up the professional ladder is very much dependent upon the novice's gender, social status (in terms of wealth), astuteness and aptitude. As mentioned earlier, it is usual for all healers to begin their careers as herbalists. There is no firmly defined initiation ceremony for entry into this healer class; novices simply pay an established *ondudu* in return for tuition regarding diagnosis of somatic symptoms and the use of herbal medicines. The novice is ritually strengthened by the instructor (the latter spits under the armpits of the former), but does not receive any special insignia - as worn by healers in the higher grades. According to Loeb (1955b:156), payment for instruction consists of livestock, and large amounts of grain, and the larger the payment the better chance the novice will have of proceeding to the higher grades. Loeb also states that novices who are not welcome among the higher ranks of healers will be prevented from progressing beyond the first grade. This brings me once again to the *omasenge*, as they are the formal instructors of all healers - male and female.

Persons who have been 'called' by the ancestors are strongly advised to visit the *omasenge* and female spirit mediums for initiation and instruction. Indeed, as already mentioned, those who refuse to accept the 'calling' are believed to invite ancestral wrath in the form of a fatal illness. According to Loeb

(1955b:157), the *omasenge* lived together as a separate community in Ohenda district, southern Angola, although formerly they lived with the rest of society. At the household of the *omasenge*, the novices are subjected to a period of initiation (about 4 days), which is followed by a period of learning from a few weeks up to one month (Loeb:1955b:159).

To begin with, the *omakola* ceremony is held. It lasts two nights and two days, and takes place in the *oluvanda* - the wide, open area at the front of each household used for dancing and social gatherings. Estermann (1976:197) has described *omakola* ceremonies as "lively", "noisy" occasions, and is referring in particular to the convulsive performances of the novices in their state of spiritual possession.

Similarly, a film of Kwanyama *ondudu* initiation, shot by the Powell-Cotton sisters in 1936, beautifully portrays novices in convulsions on the ground, attended to by female spirit mediums. At one point a medium is seen to be communicating with the spirit in possession of her client. The medium proceeds to reveal the ancestor's identity to onlookers, by assuming certain personal attributes of him or her, in this case a peculiar gait and grimace (see Plates 9 & 10).⁶

Revelation of the spirit's identity is but one aspect of the transition which needs to be made, from uncontrolled and traumatic possession to a state of relatively harmonious communion. Once the spirit has been acknowledged and its message heeded, it must then be sufficiently propitiated with the appropriate *ohula* (blood) offerings. The offerings help cement the future relationship between the novice and his/her spirit mentor, since in the context of *ondudu* initiation spirits are not fully exorcised, but placated and "tamed" instead. The mediums effect this transition by mediating between the spirit and the novice, during the latter's initiation.

Throughout the ceremony the *omakola* instruments are played. These consist of two large calabashes joined by plant-fibre string, beeswax and animal dung. One of the calabashes has a hole, which acts as a resonator, as well as a place for receiving charms and offerings of blood and saliva. A notched wooden bow spans the overall length of the *ekola*, and this is played by drawing a stiff reed brush back and forth, creating a "hollow and somewhat lugubrious sound" (Estermann 1976:197), which is believed to be the

⁶ The film is supported by field notes: A. Powell-Cotton 1937e.

ancestral spirits speaking (FELMM.OC:3)⁷ (see Plates 12 & 34).

The name *ekola* means 'black crow', although the association is not terribly clear, except to say that mediums may wear headdresses of crow feathers (see Plate 1), and that "birds" and the colour black are commonly associated with the ancestral spirits.

As regards the players of the *omakola*, Estermann (1976:197) writes that they are the exclusive property of the women healers, yet says later that the 'homosexuals' may also play them. Loeb (1955b:157) and Kirby (1942:349) also state that both women and *omasenge* may play them. The impression given by the Powell-Cottons (1936/7a:2) is that the *omakola* can be played by both men and women, but only at the *ondudu's* consent.

Returning to the ceremony, the day following the first night consists of testing the novices. Novices are presented with a series of tasks aimed at measuring their diagnostic or divinatory potential - such as being made to discover some hidden (buried) groundnuts. If a novice has been chosen by an ancestral spirit, then the latter will assist during these tests. If the novice fails the tests and does not tremble (i.e. appear possessed), then the spirit is believed to have rejected the novice as a possible medium or diviner. In such cases the novice will either leave the profession altogether, or else specialise in some other medical area (Estermann 1976:193).

Based on information from a former *ondudu*, Moses Kavanje, Loeb (1955b:157ff) writes that the second night involves the ritual death and rebirth of the novice. With the novice's rebirth the transition is virtually complete, whereupon the spirit has fully become a spiritual guide as opposed to an 'enemy'. A sacrifice performed at sunrise of the following day marks the union: the ancestor is appeased and blood mingling takes place. The end of the *omakola* ceremony is then followed by four days of initiation which, unlike the *ekola* dances and tests, is private and takes place in the instructing *ondudu's* private room (*onenda*). The rites which occur during this phase include ritual strengthening (spitting on the novice, blood mingling, chalking, the giving of amulets, and ritual sex), as well as the learning of new skills and taboos. The newly qualified healer may then spend a further period of time acquiring additional knowledge

⁷ Finnish Evangelical Lutheran Mission Museum, Ovambo Collection.

and perhaps practical experience.

Spirit Possession and Mediumship

Spirit possession is a very important component of the medical culture, and as such deserves more than cursory attention. Lewis (1989), in a recent work dealing with ecstatic religion cross-culturally, raises certain issues that are a useful aid to my discussion of the phenomenon among the Ovambo. Briefly these are: (1) the distinction between "central" and "peripheral" spirit possession (1989:28-29); (2) the critique of structuralist definitions regarding "spirit possession" and "shamanism" (ibid 1989:44-50), and (3) a discussion of definitions of the terms 'medium' and 'shaman'.

Beginning with the first, Lewis (1989:28-29) defines "peripheral" possession as the possession of peripheral members of society (e.g. women; disadvantaged men) by equally peripheral spirits (those of foreign or malevolent characters); his theory being that such possession amounts to a form of subversive protest by the politically impotent. By contrast, "central" possession constitutes part of formally established religious activity. In this case the possessing spirits are normally ancestral, and are therefore concerned with the upholding of public morality. In other words, central possession supports rather than challenges the social system.

Among the Ovambo, the documentary evidence would appear to suggest the co-existence of both types (a not unusual situation, according to Lewis (1989:121)), with pre-eminence given to central possession. For example, cases of spirit possession which prove unresponsive to repeated therapy, and which are eventually diagnosed as "callings" to the healing profession, are those which may be classified as "central", along with spirit possession experienced by already established healers.

Cases such as these are classified as central, because the possessing spirits are in this context always ancestral and are ultimately concerned with the well-being of their living descendants - good health being a high priority. 'Calling' possession attacks are a precondition for admittance to the initiation rites for professional healers. Such healers are responsible for the promotion of health and harmony, to the detriment of affliction, and so their actions can justifiably be regarded as truly supportive of established social norms. This is especially true of spirit mediums (known as ash-diviners).

Contrasting with cases of central possession are those which respond to relevant treatment relatively quickly, and which do not signify ancestral 'calling' to the medical profession. Incidents of non-central (or 'peripheral') possession are believed by Ovambo to be due either to ancestral displeasure, or to the capricious or malevolent whims of the spirits of the west. This kind of possession chiefly signifies marginalisation of the victim, which in fact stems directly from the latter's marginal behaviour (e.g. anti-social behaviour) prior to mystical attack.

There is insufficient Ovambo evidence to indicate the existence of an organised peripheral possession *cult* such as those, for example, which exist in parts of North Africa. However, the Ovambo non-central form of possession is a very valid and profitable means by which individuals can seek attention, in order to bring troublesome matters to a head and create suitable conditions for therapy. It is considered appropriate behaviour under the circumstances.

It is perhaps fair to say, therefore, that Ovambo non-central possession does not really match Lewis's definition of the phenomenon (i.e. organised subversive protest on the part of the weak), but it nonetheless plays an important role in the quest for private harmony and general social stability. What is clear is that this kind of possession is substantially different from that characterising the main, central type, and as such it is automatically placed in a non-central, or peripheral position. Elsewhere in Africa, a common view is that possession confers real social influence on women, as shown by Gomm's (1975) work in south Kenya, and Constantinides' (1977) work in Sudan. Spring (1978) also argues that through possession women may gain a degree of status and power - particularly if they join a cult following their experience, or become healers or possession experts themselves. Spring nevertheless suggests there are no doubt plausible reasons - such as childbirth problems - why Luvale women (Zaire) are more likely to become ill and experience possession, and that possession then becomes the recognised language for female affliction.

The fact that in Ovambo culture ancestral spirit possession is an essential qualifying condition of mediumship and shamanism, lends support to Lewis's second main point: that possession and shamanism are but "... two separate phases..." within the assumption of mystical calling (Lewis 1989:49). His argument challenges the structuralist theories of Eliade (1951) and Luc de Heusch (1981), which claim that possession and shamanism are "antithetical processes". In order to illustrate his point, Lewis cites Siberian

(Tungu) evidence to show that spirit possession and shamanism may regularly go together: the latter commonly arising from the former (Lewis 1989:49-50).

Among the Ovambo it is certainly the case that central spirit possession gives rise to mediums and shamans, and as such the two can be said to be indisputably linked - in this context at least. In the context of peripheral possession, however, the association is not apparent at all. Victims of peripheral possession would only ever become mediums if they were at some point afflicted by central possession (i.e. the ancestral calling).

This leads me to the third issue raised by Lewis: the distinction between mediums and shamans. The ethnographic literature is confusing. For example, Mbiti (1969:172-3) makes no reference whatsoever to shamans, describing instead two kinds of spirit medium: (a) one who succumbs to an uninvited spirit wishing to talk to the living, and (b) one who contacts spirits in the first place, and who relates the wishes of the living. Raymond Firth (1959:129-48) uses the term shaman to mean "master of spirits", which led Lewis (1989:49-50) to reason that "...all shamans are thus mediums between men and gods". But Lewis cautions that whilst all shamans are mediums, it does not follow that all mediums are shamans, even though the two are usually linked. He therefore provides us with two definitions:

- (a) Mediums: persons who are *regularly* possessed by a *particular* spirit.
- (b) Shamans: persons who are *controllers* of spirits. The implication here, is that the first is an involuntary situation, whilst the second is voluntary - hence the notion of control.

Neither of the above definitions appear to adequately describe the Ovambo situation, although it must be said that the evidence is fragmentary. All Ovambo who are possessed by a spirit act as a medium for it, whether possession is of the central or peripheral kind. The possessed person is a valuable 'tool' by which the spirits are able to communicate with the living world.

There is, however, a difference between temporary mediumship and a more permanent sort. Temporary mediums are those persons who suffer (once or more) from peripheral possession by *different* spirits. The fact that a possessing spirit, once exorcised, can never again afflict the same person, is a point worth noting.

By comparison, permanent mediums usually experience possession by the *same* spirit, often more than once. Permanent mediums are persons who have suffered central possession and subsequently become healers. During each phase of initiation marking the levels - the professional hierarchy, a healer will enter into communion with his or her 'calling' ancestor spirit. Moreover, certain healers undergo initiation which is specifically aimed at transforming them into specialists in communication between the spirits and the living.

Healers such as this are the female ash-diviners who are responsible for the initial diagnosis of illness, and of its causal agent. If the causal agent is from the spirit world, then the ash-diviner will mediate - translate - between the spirit and her client. Her ancestor spirit 'guide' assists her in this. Since ash-diviners are regularly possessed by a particular spirit (i.e. their 'guide'), they thus correspond with Lewis's definition of a 'medium'. However, such possession is neither involuntary nor erratic. It thus indicates a shamanistic definition.

Estermann (1976:195), for instance, writes that female diagnosticians (i.e. ash-diviners) live in "intimate contact" with the spirit who first possessed them, and whose presence was revealed during the *omakola* ceremony. The medium is in control of the situation; that is to say, she is voluntarily able to communicate with her spirit guide in order to be of service to clients.

On a more public level controllers of spirits are to be found who work on behalf of the community as a whole, as opposed to one client in particular. As they have the ability to contact and communicate with the ancestral spirits they can reasonably be termed shamans, although because they are involved with wider social concerns they address a collective body of spirits (the royal guardian spirits of the kingdom) which distinguishes them from the shamans of the private medical domain, who communicate with particular lineage spirits. Public shamans are less concerned with the specific domestic issues, and more concerned with broader socio-political and economic issues.

Shamans of this kind include the rainmakers, the ritual war leaders (*endjai*) and the religious 'priests', responsible for propitiation of the community (royal) ancestors and acting as mediums between them and the living. In Ukwanyama, 'public' shamans are male and their office carries tremendous prestige. Among the Ondonga, however, the situation is different as the chief religious offices in the kingdom are

normally held by women (Loeb 1962:278-9). In Ukwambi, the queen mothers are the rainmakers (Loeb 1962:282).

Public shamans are very closely linked with the royal household and the express needs of the monarch. This makes sense since the king, as mother's-brother to the population, is responsible for ensuring the general social and economic prosperity of his people. However, there are definite political implications as well, in that the success of the public shamans naturally enhances the notoriety and authority of the king. Indeed it could be argued that the success of the monarch depended heavily, if not directly, upon this professional elite - the reason, perhaps, for the prestigious and essentially mysterious character of their status in the healing hierarchy. The shamans' success is a clear sign of continued ancestral acknowledgment and support for the monarch.

What is clear from all of this is that *all* those who mediate between spirits and the living - be they mediums or shamans - provide a crucial link between the two. They are the means by which communication is achieved, and the continuation of lineages on a scale maintained. The shamans should not be confused with the lineage heads who make offerings to lineage ancestors. They make ritual offerings, but do not actually communicate on a two-way basis. In the same way, the spirits make contact with ordinary people (in the form of affliction), but the exact nature of their messages is unclear and needs to be interpreted by the mediums who understand them.

Legitimate Sorcerers: Ovatikili and Ehmule

When discussing Ovambo sorcery, I think it is important to distinguish at the outset between legitimate and illegitimate sorcery: between that which is formal and legitimate, and that which is informal and illicit. Acknowledgement of such a distinction is crucial if any serious attempt at understanding Ovambo sorcery is to be made, because it is one which the Ovambo themselves make.⁸

Legitimate sorcery is a formally recognised and sanctioned specialism, and is characterised by two

⁸ The existence of different types of sorcery within one society can be found elsewhere in Africa, as among the Zulu for example, who distinguish between night sorcery, day sorcery and lineage sorcery (Harriet Ngubane, 1977:30-36).

types: *etikililontikilo*⁹ and *oupule*. Sorcerers of the first type are known as *ovatikili* (*omutikili* [sing.]) whilst those of the second type are known as *ehmule* (*omhule* [sing.]). Professional sorcerers are always male, and the *ehmule*, at least, need to undergo rites of initiation (Loeb 1955c:298-9); Lima 1977:155). This contrasts with illegitimate sorcery, which is practiced by anyone - regardless of gender - and which is regarded as definitely anti-social. Because their activities are regarded as illicit, such sorcerers operate in secrecy, motivated by feelings of jealousy, greed, spite, resentment, anger and so on. Such wilful and malicious behaviour is known as *oshiwelyo* (Turvey 1977)

There are a number of ways in which illegitimate sorcerers may achieve their destructive aims, principally through the use of 'poisons' which are designed to "spoil" people or property. Thus, for example, poison may be added to a victim's beer or food, or it may be planted somewhere in the household or gardens - a practice known as *pateka* (Turvey 1977), or planted in the victim's cattle pens (Loeb 1955c:195). Accordingly to Loeb (1955b:167), no expert knowledge is required in order to be a "kraal poisoner", objects with nefarious connotations are simply planted somewhere in the intended victim's household: frogs, mice, snakes etc. He writes that toads are planted if the 'poisoner' wishes to cause death (ibid.p168). Of course, legitimate sorcery can cause misfortune as well - particularly *etikilo* - but this kind of sorcery can be *justified*, in much the same way perhaps that ancestral wrath can be, in that it is intended to be corrective. Illegitimate sorcery cannot be formally, publically justified in this way.

In the context of this chapter I am concerned principally with the practices of the *ovatikili* because they, like the healers, are concerned ultimately with official resolution of social discord. The fact that these sorcerers and healers work towards a common goal is perhaps not really obvious at first glance, since the routes taken by each specialism in order to reach their shared final destination differ enormously. For instance, the object of the healer's attention is the afflicted person (and kin), and treatment is largely restorative in character. *Ovatikili* sorcerers, on the other hand, focus their attention on living causal agents of misfortune, mounting a revengeful counter-attack on behalf of their clients. In short, healers are essentially *constructive*, whilst sorcerers (principally the *ovatikili*) are *destructive*.

⁹ Ondonga and Kwanyama dialects respectively.

But this is not to say that they can be neatly ascribed to an antagonistic, dualistic category - the positions of which are immutable, whereby healers and sorcerers are seen as being perpetually in competition. Such a dichotomous explanation has frequently been proposed by colonial anthropologists and missionaries (see for example Hiltunen 1986; Loeb 1955b & 1955c; Hahn 1928), and whilst it is partly the case, it is by no means the whole story. It is perhaps more realistic to perceive healers and legitimate sorcerers as being different but *complementary* specialists, sharing the common goal mentioned earlier. Basically, each serves to fulfil the differing needs of the populace - depending on the particular form of crisis. Viewed in this light, sorcerers could well be described as just another kind of 'healer' in the broadest sense of the term. Indeed, Estermann (1976:198-199) states that the *ovatikili* comprise the fourth and highest category of healing specialists in Ukwanyama. Loeb (1955b:154), however, claims that the paramount healers are the *ovapuliki* (meaning "teachers of magic"), who fashion amulets and charms, and who initiate lower grade healers and magicians. Thus it is possible that Estermann has confused *ovapuliki* with *ovatikili*; the latter group being initiated by the former, but not belonging to it. Alternatively, rather than comprising the entire fourth category, as Estermann suggests, it could be that the *ovatikili* are simply part of the paramount group. This explanation is plausible, given that the *endjai* (non-combatant, ritual war leaders) belong to the fourth category (Moses Kavanje of Ukwanyama, in Loeb 1955b:155).

As a complementary as opposed to an antagonistic pair, healer and sorcerer, with their ultimate common goal, stand in a dynamic relationship. Their complementarity is due in part to the fact that each may exhibit attributes normally assigned to the other. This idea that essentially opposite characteristics may co-exist as an intrinsic feature of people is common in Ovambo thought. The Creator, Kalunga, for example, has the capacity to create all life, but also ultimately destroy it. In the same way, the ancestral spirits are capable of both protecting and threatening their descendants, and each ordinary living person is credited with the ability to be either morally upright or anti-social. It is never simply the case, that someone is unequivocally and irrevocably (permanently) one or the other, rather one of the two enjoys prominence at any given time, subject to change. Thus, in the process of being constructive, a healer often needs to destroy (e.g. negative influences); and similarly, through his destructive strategy, a sorcerer hopes to construct a more stable and harmonious social atmosphere - or at least propel the protagonists firmly in that direction.

Turning now to specific examples of evidence in connection with Ovambo illegitimate sorcery, it is instructive to offer a fuller description of the two types of legitimate sorcerer and their respective methods of practice.

Ovatikili: 'Black Sorcerers'

The *ovatikili* have been called "black magicians" by Loeb (1955c:291), because they use supernatural forces to achieve negative ends - they use "magic of evil" - to literally destroy people. Hiltunen (1986:105) describes the sorcerer as "...a day-witch who kills his enemy out of malice...(using)...material substances for illegal ends". If she is referring here to the illegitimate sorcerer, then her above description could be regarded as apt. However, if she is in fact referring to the *ovatikili*, then I wish to take issue on a number of points because the evidence suggests otherwise.

For example, Ovambo attitudes towards *ovatikili* are such that the latter are not formally disapproved of and are rarely, if indeed ever, punished for their deeds (Hiltunen 1986:136). Loeb informs us that sorcerers can wipe out entire families, but go "unmolested" in society (1955c:291). Surely, if *ovatikili* were regarded as operating nefariously and illicitly, they would invite social condemnation rather than approval? The *ovatikili* are indeed much respected and highly esteemed by the Ovambo: they help people to seek revenge against their more powerful adversaries, and as such become known as popular heroes (Warneck 1910:325; Hiltunen 1986:114). Indeed, despite her judgmental attitude towards *sorcery*, Hiltunen says that it could be a way of maintaining moral law and order; the ancestors have given sorcerers "...a strong spirit and magical means to do *etikilo*" (1986:126).

Ovatikili can hardly be called "day-witches", since professional sorcery (*ontikilo/etikilo*) is formally structured, thereby significantly contrasting with the random and unjust image usually attributed to witchcraft. Legitimate sorcery attacks are consciously aimed specifically at chosen persons - and often their kin as well - in direct response to the anti-social behaviour of those persons towards the petitioner. The sorcerer does not act maliciously in any personal or willful sense. On the contrary, he is very careful about properly ascertaining the guilt or innocence of the intended victim(s) before he acts, and is only interested in persecuting the guilty. Therefore, the *omutikili* closely questions various members of the community before he begins, and even during the process of *etikilo* he repeatedly questions his paraphernalia

(particularly the water-filled calabash), as to whether or not the intended victim is guilty or defamed (Mateus Shehama, ELC 1932:1082-3, in Hiltunen 1986:114).

Furthermore, a sorcerer does not undertake requests for attacks lightly. Only serious offences committed against the petitioner will be regarded by the sorcerer as worthy of his counter-action. He will then conduct a preliminary investigation into the circumstances, as mentioned above. It is because of these quite stringent precautions that when a sorcerer does act against someone, it is believed to be entirely justified. Legitimate sorcery is, in effect, a powerful form of public justice: in the words of Jairus Uuanga, with reference to sorcery events: "...we are not able to dispute these, for the reason that they happen in public, in front of peoples' eyes" (ELC 1932:888-890, in Hiltunen 1986:108).

The following types of person most likely to attract warranted sorcery attacks are: (a) thieves (of property and slaves), (b) illegitimate sorcerers, (c) suspected witches, (d) murderers, (e) flouters of kinship obligations, and (f) arrogant and selfish persons (Lima 1977:155; Estermann 1976: 198-199; Hiltunen 1986:125-6). All of these, in one way or another, are transgressors of social norms and values.

Etikilo is described by the Ovambo as being a destructive, spiritual force: when a sorcerer attacks he puts a destructive spirit into his victim (Hiltunen 1986:106). A sorcerer operates predominantly through the deployment of curses, which may be issued in various ways. To curse, *okutikila*, means to "bring one down to the ground" (Hiltunen 1986:80). Probably the most common and visually dramatic method of cursing is the water stabbing rite, *tikila*. These stabbing rites vary slightly in detail between different Ovambo sub-groups, but all follow the same basic pattern. Firstly, a calabash or small drum is taken by the sorcerer and filled with water. A number of other ingredients may be added - some of which are quite sharp: fish hooks, spear and arrow heads, bullets, and specially chosen herbs (Hiltunen 1986:111).

Then, in the presence of the petitioner and his kin - and perhaps others - the sorcerer proceeds to 'call' the intended victim. In Ukwanyama, the water container may be surrounded by horns pointing towards the west while this takes place (Saara Shilongo, LLC Notebook 26, in Hiltunen 1986:112). If the person called is guilty of the said crime then his or her facial image will appear on the surface of the water, if innocent the water remains clear. In cases where the image is said to appear, the sorcerer then asks the petitioner if it should be stabbed. If the petitioner agrees, the sorcerer stabs the image with a dagger whilst

simultaneously uttering a verbal curse. Sealed gourd 'tubes' containing animal blood, or else a small dead animal, are concealed in the bottom of the water container. During the frantic stabbing the blood is released, clouding the water red, and signifying the death of the named victim (Hiltunen 1986:120).

As an alternative, knots may be tied in prepared bark strips, *omufa*, which are said to represent the intestines of the victim. These are then cut, and the victim cursed with a very painful illness - he or she is thenceforth "tied-in" (Hiltunen 1986:113). With regard to kin cursing, members of a lineage may decide to curse an errant fellow member who has shown disregard for kinship values. That is to say, contemptuous, arrogant juniors might be cursed by senior lineage members, and so forth. As opposed to being cursed with illness and death, fellow kin are cursed with socio-economic misfortune: (a) inability to take a spouse, (b) crop failure, (c) infertility, and (d) insufficient or no cattle. When persons are so cursed they must restore kinship relations by humbly propitiating the wronged kinsperson (Petrus Iiueleuele, Ondonga, ELC 1932:295-296, in Hiltunen 1986:110).

Thieves and other anti-social persons can be cursed with remaining a perpetual thief, with madness or foolishness, or with death (Loeb 1955c:294). Often the sorcerer will ask the petitioner how strong he would like the curse to be: i.e. chronic illness, or death, or death of the whole kin group (Jairus Uuanga, ELC 1932:888-890, in Hiltunen 1986:108). Death resulting from sorcery, *oniko* (Turvey 1977), may arrive swiftly (i.e. within hours of days of cursing), or more slowly (up to one or two years after cursing). Sudden deaths are more likely to be attributed to the effects of sorcery than are the lingering sort, which are more typical of witchcraft (Loeb 1955c:293).

Cases of sorcery need not always end so tragically, however, since it is possible for curses to be withdrawn - a procedure known as *etikululo*. *Etikululo* arises mostly in connection with cursing of fellow kinspersons. After the curse has been imposed for some time, people may begin to feel that the curse victim has suffered enough, and that the 'crime' has been sufficiently atoned. Alternatively, the petitioner may decide to withdraw the curse before general opinion requests it, if the curse victim attempts reconciliation by propitiation. This involves the offering of gifts by the curse victim, and in response the petitioner withdraws the curse, bestows blessings of good fortune, and agrees to the resumption of amicable relations. The curse victim may also have to comply with certain wishes of the petitioner, like, for example, the naming of

children after him or her (Hiltunen 1986:149-140).

On occasions when curses are not withdrawn by the petitioner, persons may seek to block the effects of a curse by resorting to counter-sorcery (Hiltunen 1986:141-2). In the event of entire kin groups being cursed, as the result of the misdeeds of one of its members, then an *ondudulonganga* is usually engaged to remove the curse through ritual purification. According to the Finnish missionary Kalle (writing on the Ukwambi), only the fellow kinspeople - not the guilty member - can be released from the curse in this way (KKC, 47-48, 67, in Hiltunen 1986:143). The kin group is treated as a whole, and the methods of purification involve mass fumigation, washing with herbal water, ingestion of herbal beverages, and counselling (Hiltunen 1986:148). A more detailed description of the various procedures can be found in Chapter 6.

The Ehmule: White Sorcerers

The *ehmule* are referred to as white sorcerers because they utilise the positive forces *enghono* and *oupule*, in order to strengthen and protect themselves, rather than harm people. Indeed, only the *ohmule* may harness the power of *oupule*. This potent, positive force is transmitted to novice *ehmule* during their initiation by the *ovapuluki* (highest grade healers), and serves to afford them mystical protection against spears and bullets. *Oupule* is contained in specially made amulets that are worn at the front and back by the *ehmule*. These are small duiker horns, filled with a fatty substance called *oumuifo* which contains among other things the soul-endowed parts of the human body (i.e. liver and heart) - usually obtained from a dead enemy (Loeb 1955c:297) (see Plate 36). Loeb writes that only certain powerful men may become *ehmule*, including the kings and their counsellors (*elenga*). Not only does *oupule* guarantee them protection from wounding and death during raiding, it also facilitates them with the ability to be expert shots. Anyone wounded by an *ohmule* cannot be healed unless he obtains *oupule* from the *ohmule* who shot him (Loeb 1955c:300).

Unlike the *ovatikili*, the *ehmule* are not concerned with moral and judicial issues, being concerned instead with politico-economic enterprises such as cattle raiding and slave trading. The *ehmule* make use of positive power in order to protect themselves, to the ultimate advantage of the kingdom - they are actively engaged in increasing its prosperity and political power vis-a-vis - indeed at the expense of - the other Ovambo kingdoms, as well as that of other neighbouring peoples. In this sense *oupule* is "white" magic,

since it is not usually used against people living within the kingdom (unless, perhaps, during a warranted punishment raid), but only against those from without. By contrast, *etikilo* may be used to attack people from both within and without, hence its more ominous title. Above all, it illustrates the strong political role that the highest grade healers fulfil (i.e. by initiating and investing power in the *ehmule*) - they are not just concerned with constructing prophylactic charms for ordinary people against illness, they are instrumental in attempts to achieve political and economic supremacy of the kingdom as a whole. In short, their actions have value that is both private and public.

Summary and Conclusions

Ovambo medical practitioners are many and varied in character. Each type fulfils a specific role in response to particular forms of affliction. However, specialisation does not mean that the different types of healer practice in isolation from each other. On the contrary, they tend to complement each others' skills, and co-operate towards achievement of their common goal: health and harmony.¹⁰ Healers have been chosen by the ancestors (the ultimate moral force) to deal with social tensions manifested as affliction, with a view to re-establishing social harmony and well-being (the ultimate social ideal).

Although the evidence is somewhat slim, the sources appear to indicate that the *endudu* at least form a well-organised structured hierarchy. Progress up the professional "ladder" is logical, but subject to the aspirant's economic standing and gender. When engaging healers, precise rules of conduct are followed by clients. That is to say, certain healers are always consulted before others (i.e. ash-diviners before knife-diviners), and there is a well known referral procedure adhered to by the healers themselves. It seems that healers are regarded as the embodiment of social values, and are thus charged with the reiteration or reinforcement of them when circumstances demand. They, through their actions, are the chief exponents of harmony in terms of order and stability. Thus, it is possible to argue that just as the political domain is governed by principles of hierarchy, formal structure and order, so too is there formal social organisation of the medical culture, whether or not there is a medical system as such.

¹⁰ There is no evidence to suggest negative competition between healers.

Analysis of the healers has revealed certain inadequacies of structuralist interpretation. Ioan Lewis (1989) has already highlighted the weakness of theories which locate spirit possession and shamanism in a position of antithesis, and Ovambo evidence relating to this area appears to support his argument. Two other main points of interest that have emerged from this analysis relate to the cultural construction of gender, and to the realm of sorcery.

Firstly, one can observe within the parameters of Ovambo medical culture the open existence of a third gender status. The medical domain provides a suitable context for the ritualisation - or institutionalisation - of involuntary 'homosexuality' (regarded as an inherent condition), which confers legitimacy and formal recognition. Because of the legitimisation of involuntary homosexuality, it is plausible that many (if not all) voluntary homosexuals (those believed to have chosen their sexuality) attempt to make the medical domain their social niche - claiming their sexuality to be involuntary, in order to become socially acceptable.

Because the third gender is only strongly evident in the context of the medical domain, it does not mean that it is any less valid as a gender category than are the other two, given that the categories 'male' and 'female' are also subject to varying degrees of prominence in areas of Ovambo culture (i.e. males in the political arena). Moreover, just as aspects of the political or economic systems permeate everyday existence, so too the medical culture has direct bearing on the lives of people generally.

The importance of the third gender is based on their being able to fulfil a role that males or females cannot. The secret of their indispensability lies in their purported combined, or dual, sexuality they in a sense have more value than males or females alone, because of the belief that they inherently possess qualities of both. Their close identification with hermaphrodites and with *Kalunga* (God) - sources of fertility and positive life-forces - means that they are strongly equated with notions of positive power, of life, and of harmony. Thus in the context of the medical domain, where emphasis is laid on the restoration and maintenance of balance and harmony, it is not surprising to find that those responsible for initiating *all* practitioners, and for investing them with positive healing powers, are the *omasenge* - persons of the third gender.

Because the *omasenge* (third gender) operate largely in the ritual sphere, it might be argued that their sexuality (upon which their high social value depends) is simply gender-reversal, which is common - along

with many other inversions (e.g. use of left hand) - to certain ritual situations, such as transition rites (Needham 1960). However, the argument against the *omasenge* as an example of gender-reversal in the context of the medical domain has been presented in this chapter, the main points being: (a) that the indexing-features characterising *omasenge* do not indicate complete imitation of the female gender, and (b) that the status of third gender *omasenge* is essentially *permanent* - inasmuch as Ovambo 'maleness' and 'femaleness' are - thus contrasting with ritual gender inversions, which form part of the liminal initiatory period and are only *temporary*.

Turning now to the second issue, rather than appear as an homogenous category, Ovambo sorcerers can be seen to form two distinct groups: legitimate and illegitimate sorcerers. The latter are completely motivated by anti-social sentiments, and are thus more closely identified with witches. The former, however, are motivated by social concern, which aligns them more appropriately with the healers. Legitimate sorcerers are themselves of two kinds: the *ovatikili* and the *ehmule*. But whilst both are ultimately concerned with the protection and enhancement of society, it is the *ehmule* who are less involved with the medical, 'private', dimension, and more with the political and economic, 'public', dimension: they deal with tensions between societies, supporting their own to the disadvantage of neighbours. The *ovatikili*, by contrast, deal with tensions within the community, and it is in this sense that they are more akin to healers.

Ovatikili and *endudu* might thus be employed in response to the same crisis situation, although the methods used by each differ tremendously. The *ovatikili* (black sorcerers) are engaged to enact retribution on their clients' behalf. Such sorcery is regarded by Ovambo as *legitimate* revenge. Healers, on the other hand, are engaged by sorcery victims to counteract the sorcerer's effect. Between them, the legitimate sorcerer and the healer expose and bring to a head tense social situations, and attempt to resolve them by mediating between, and giving attention to, the disputing parties involved.

It is important to recognise this healing propensity of sorcery. It is resorted to in order to right a wrong, and cursing procedures are strictly governed by well-defined rules. Legitimate sorcery attacks are not random events conducted out of malice or wantonness, but rather constitute an organised, legitimate, response to particular forms of misfortune. Such misfortune is of the sort believed to be due to *living* causal agents, as opposed to those who are living-dead or dead (i.e. ancestral spirits, witches).

The documentary evidence suggests that in the main, sorcery (*etikilo*) is employed by kin groups against renegade co-members, with curses aimed at threatening their fertility and livelihood being most popular. Sorcery attacks on such people are therefore felt to be justifiable. Indeed, sorcerers will only undertake to curse if both the validity of their client's claim and the guilt of the intended victim can be firmly established. Legitimate sorcery is never aimed at innocent persons.

The notion of balance is central to *etikilo*. Not only is the behaviour of anti-social persons corrected by means of the threat or actuality of misfortune, but the desires of the client are also checked, in order to prevent retribution from going too far and causing further damage to kin relations.

Etikilo is a poor reflection of the people against which it is directed, rather than of the sorcerer himself. Legitimate sorcerers are not regarded by Ovambo as 'bad' at all, an attitude borne out by the fact that legitimate sorcerers are not persecuted in the way that witches are, and also after death they are not automatically transformed into malevolent spirits. It is true that their techniques are destructive, but they are of a constructive nature - rather like the corrective affliction sent by the ancestral spirits to wayward descendants. Illegitimate sorcerers, who are usually motivated out of spite, are however regarded as unacceptable and bad. The distinction made by Ovambo between the two is clear.

The existence of both 'good' and 'bad' sorcerers (as opposed to only 'bad' ones), as well as the existence of a third gender status, together with the fact that spirit possession and shamanism do not appear to be antithetical, all point to the inappropriateness of a structuralist interpretation of Ovambo medical culture. It is of course useful to highlight dualistic categories since they can provide the analyst with a general understanding of the fundamental system used by society. Yet closer inspection of the evidence quite often reveals the existence of a great many classificatory categories which defy neat incorporation into such basic dualisms - despite their apparent suitability - and which might be more aptly arranged along continuas, of varying lengths depending on the number of relative categories. The Ovambo third gender category is one such example - evading the binary-opposite male:female.

To generate antithetical categories when no such relationship exists between them is to be wholly misleading. Lewis (1989) has already drawn attention to this problem with regard to spirit possession and shamanism. Similarly, to classify Ovambo healers and legitimate sorcerers as an antagonistic pair is to

misrepresent the actual situation. Although healers are unambiguously 'good', sorcerers elude neat classification as 'bad'. Some might indeed prove to be the antithesis of healers; however, many others work in conjunction with healers, sharing common objectives. The distinction between 'good' and 'bad' sorcerers can be made on the basis of their legitimate or non-legitimate status.

It is indeed the notion of legitimacy that is important when considering medical personnel. Through the structure of the medical culture, the third gender and the legitimate sorcerers become woven into the social fabric, along with the healers. Their legitimisation in a sense removes any ambiguity with regard to social status, by serving to firmly distinguish them from socially unacceptable categories of persons (i.e. voluntary homosexuals, witches, unprofessional sorcerers). Furthermore, legitimisation helps to clarify the distinction between temporary and permanent mediumship. Permanent mediumship is legitimate: it is accepted as appropriate in the right circumstances, and thus differs from the often wild and random nature of temporary instances. Legitimisation may be conferred by persons in positions of authority (e.g. ritual leaders, political leaders, religious leaders). However, it ultimately derives from the ancestral spirits and from *Kalunga* (God). This is why healers claim to be inspired by the ancestral spirits, why the third gender claim association with *Kalunga*, and why legitimate sorcerers are initiated by the healing elite (who are directed by the ancestors).

Chapter Five

MATERIA MEDICA

Remedies derived from plants form the basis of Ovambo therapeutics. Such remedies may be employed as a form of treatment in their own right or, as is often the case, in conjunction with mechanical healing devices (i.e. a cupping horn), or non-botanical healing substances (i.e. animal dung, blood). The administration of remedial substances is usually accompanied by the ritual healing actions of the *endudu* (healers) - the extent and elaboration of these depending largely on the character and severity of the illness in question.

The Powell-Cotton Collection contains 103 annotated botanical specimens which are used by the Ovambo for medical and pharmaceutical purposes. I am aware that in all probability the complete number of plants used therapeutically will actually exceed the number I will be dealing with here (for example, see Rodin 1985). Nevertheless, I believe that although the situation is far from ideal, there are sufficient data to allow for basic analysis which will serve, hopefully, as a stimulus for further research into this much neglected area of Ovambo culture.

In addition to medicines proper, small portions of plants are included in the construction of prophylactic devices (charms) that are worn on the person to ward off illness and promote health and wellbeing. On another, though related, level, plants are employed for propitiatory purposes in certain ritual circumstances, such as potting or the mining and smelting of iron - details of which can be found in Chapter 6 (D. Powell-Cotton 1936e, D. & A. Powell-Cotton 1937f).

For the present my concerns in this chapter will be primarily with: 1) analysing Ovambo plant nomenclature and classification principles, and 2) examining the different ways in which plants are actually prepared as remedies, together with the various forms of administration. With respect to the second objective, a separate section (Part III) will be devoted to the treatment of specific recognised symptoms, in order

to demonstrate the interrelations between plant-derived remedies, mechanical healing devices, charms and the ritual actions of the *endudu* that combine to form the healing process.

PART I

Plant Nomenclature and Classification

The preponderance of medicines which are plant-based necessitates some discussion of Ovambo classification of the plant domain in general. The purpose of this section, therefore, will be to describe some Ovambo principles of plant nomenclature and taxonomy in order to provide a background against which the use of plants in therapeutics can be examined. In particular, the names of plants, plant parts and properties and plant-based medicines will be analysed with attention given to both generic and specific terminology.

In many respects this exercise is limited by the character of the secondary source materials available. For example, the few botanical studies of Ovamboland rarely, if indeed at all, include the equivalent Ovambo terms. Conversely, ethnographic sources tend mainly to discuss plants in a fragmentary, rather than systematic, manner: i.e. in terms of subsistence, or therapeutics, or ritual employment, though nevertheless both Ovambo and botanical identifications are often recorded.

The Powell-Cotton material falls somewhere between these two data types: the collection of plant specimens by no means represents the entire range of plants in Ovamboland, yet there is a significant variety of medicinal plants with botanical identification obtained for most types. The Kwanyama-English Dictionary, compiled by Turvey (1977), has proved useful in providing Ovambo and both European vernacular and systematic botanical nomenclature for the plants and plant parts/properties discussed in the following two sections on generic and specific terminology. Turvey's work also provides the translations given here for the Powell-Cotton information on medicinal plants.

The presentation here follows the guidelines recommended by Jaques Barrau (undated), and draws on the pioneering work of Conklin (1967) and Berlin et al (1964). The work of Conklin has been found to be especially useful, though of course the objective here is not to attempt a detailed and extensive ethnobotanical investigation for its own sake. Rather a basic understanding of plant classification is sought in order to

cast more light on the employment of plants in the medical domain.

GENERAL ETHNOBOTANICAL NOMENCLATURE

General Categories:

It appears that a single category, *oimeno*, denotes vegetation, all green plants and flora; this is then followed by a three-way subdivision into: a) *omiti* - trees, b) *oimbodi* - wild herbs, plants and weeds¹

and c) *omaidi* - grasses. These basic uninomials may on occasions be adjectively qualified to describe certain ecological, phenological or morphological characteristics of the plant(s) in question. Some examples include:

omti omindume: male or pollen bearing trees

omti haudi yaumuka: deciduous trees

omti ondjololo: conspicuous trees

omuti omhwelele: tall, solitary tree with long bare trunk

oshimbodi shiyahameka: noxious weed

It has been possible to elucidate from Turvey's dictionary (1977) at least 14 terms defining the habitat or situation of the above categories in the landscape; terms, in other words, indicating vegetation types such as:

elundu: savanna, conspicuous grassland on rising ground.

omwiidi: grassland, grazing area.

omufitu: mixed tree and shrub savanna/sandveld, dense bush.

oihapo: the green tree covering of a landscape.

engade: thicket, dense growth.

ofuka: general expanses of shrub, wilderness, woodland.

¹ No general term for cultivated flora yet found.

Furthermore, these general descriptive categories can be more specific in their designation, as shown in the case of *omano*: thorn bush thicket, *oxuluxwa: omufyati* (Mopane) thicket.²

Plant Parts and Plant Properties:

Comparatively more information is available for this area of Ovambo ethnobotany. A rich vocabulary exists for the various parts of plants and for their particular properties, most terms (143 out of 155 specified in Turvey) being entirely restricted to use in relation to the plant world (i.e. plant-specific in linguistic terms). In order of predominance, classification is made on the basis of shape and form, texture, colour and other properties. Following Conklin, the terms have been arranged for explanatory purposes, under four headings: stems, roots/parts underground, leaves, fruit and flowers (1967:98); a full alphabetical list can be found in Appendix 3.

By and large, terms relating to parts and properties can be said to comprise 4 broad types:

(1) Those terms offering a most basic, general description of parts and properties:

omudi: root

efo: leaf

oiimati: fruit (collective term)

onemo: flower

ekiya: thorn

epeta: cortex/rind/bark

(2) Those terms that are specifically descriptive in that they indicate particular properties or characteristics (i.e edibility, sex, colour etc):

oshipapula: strand of green cortex or bark

omatonda: pollen bearing or male flowers

ombuto: collective name for edible bulbs; it precedes the specific plant type name, thus: *ombuto yanamukuto* (*Ceropegia pygmaea*).

² Scientifically, these are not regarded as plant categories as such.

omaxuku: general name for soft kernels in fruit stones.

(3) Those terms denoting parts or properties of specific plant types:

oshadi: bark of *omushadi* tree

eeshendje: root of *omushendje* tree

ombalavande: leaves of *omulunga* palm tree

ondunga: nut of *omulunga* palm tree.

(4) Those terms which are concerned with expressing plant and plant part morphology and growth stages.

Altogether some 38 terms provide detailed formal distinctions between form and between various observable stages, the majority pertaining to fruit:

engongwa: unripe fruit

enghulya: partly ripe fruit

oshipele: shrivelling of fruit or corn by drought before fully ripe

ombeo: new leaf buds on trees

ombolo: decaying, rotting wood

eshinga: first cotyledon of *omulunga* palm tree.

NOMENCLATURE AND CATEGORIES FOR SPECIFIC PLANT TYPES³

To use Conklin's terminology (1955:114-118), Ovambo names of specific plant types are what could be defined as single, full word, basic names (appearing from the *data available* to possess no full word attributes), comprised of "simple units" (i.e. as opposed to "compound units": two hyphenated full words).

³ In addition to specific plant nomenclature, Ovambo have some collective terms for groups of related plant types. I have so far been able to elucidate four, listed as follows:

endobo: the general name for aloes

enolenghonomunghono: the general name for all thorn bushes or trees (mostly *Acacia* spp)

omboo: the general name for various balsam/balm bushes (*Commiphora* spp)

omushe: General name for raisin bushes (*Grewia* spp; also the specific plant-type name for *Grewia flavescens*).

Specific plant names occur predominantly in the form of "root morphemes": *-fimba*, *-kwiyu* (82⁴), and to a much lesser extent as "doubled disyllabic bases": *-kopakopa* (4), or "partially reduplicated bases": *-kenkena* (3).

Conklin has also drawn a distinction between what he has called "unmotivated" and "motivated" plant names: unmotivated names having no other basic meaning, as opposed to motivated names which describe morphological, ecological, phenological characteristics of plants, or else compare them with other objects (Conklin 1963:132, in Barrau pp.92-94). In the Ovambo case, specific names tend to be unmotivated, whilst general terms tend to include some motivated examples.

With regard to the latter, Conklin has argued that: "no true synonyms exist in a narrow sense, but that terms with overlapping areas of associated meanings are common in all languages". His examples from Hanunoo plant nomenclature indicate religious taboos and ritual and literary usage (1962:299-300). Of the 89 Ovambo specific plant-type names assessed here, only one appears to have a synonymous meaning: *omufimba* is the specific name for the tree *Dialium engleranum*, yet the term also designates a pregnant woman. The remaining 88 names seem to be unique to the plant world. Of the 155 terms listed, on the other hand, 12 at least can be seen to overlap in other contexts not defined as botanical (see Appendix 3), for example: *omuno*, which means germinating bud, but also embryo, or *omashini*, which means both latex and milk. The obvious semantic or symbolic association between the various meanings of one particular term is clearly evident.

Finally, a brief word regarding some examples of affixation, in particular some prefix types. Of the specific plant type names, the vast majority are distinguished by the prefixes: *omu-* or *omw-*. Both belong to what have been classified as Class 3 nouns, to which the species names of trees belong (Turvey 1977:92). Other prefixes worthy of mention relate more to the generic terms and are not necessarily confined to plant designations as such (mind you, neither are *omu/omw*):

oka- : denotes smallness (e.g. *okana*:baby), plant examples include *okamufi*: grove.

⁴ Number of occurrences.

olu- : generally a prefix of tall, slender objects, thus used of stems or tall, thin plants: *oluhati*: thin stick; *olumbunga*: reed, rush.

oshi- : a prefix of Class 7 nouns and indicative of: a) objects, instruments, b) perjorative or derogative of persons, c) languages e.g. *oshikwanyama*. I would say that plants bear *oshi-* prefix type (a).

Nomenclature of Medicinal Plants

The ideas contained in this sub-section are very much working ones at this stage. The Powell-Cotton collection of Angolan (and Namibian) plants used therapeutically is examined in the light of information contained in the previous sub-section on specific plant nomenclature. Of the 103 specimens (see Appendix 4), 74 are complete with at least one Ovambo name, and botanical identification has been obtained from Kew for just 28.

An examination of Ovambo plant terms has shown the majority of them to be unique to the plant world (i.e. not used in other contexts), with the small group of overlapping terms expressing explicit symbolic or metaphoric association. On the other hand, however, names for medicinal plants reveal quite a different picture. For instance, the majority of names relate to the realms of illness and healing, or to (seemingly) dissociated phenomena, and not to the plant world as such.⁵ The following examples may generate some notion of the kind of patterns emerging:

- (a) The name is identical to that in the botanical context.
- (b) The name relates to the body part affected, for example: *omutima*, meaning heart (cf below).
- (c) The name is used in other contexts to denote certain material objects: *oshikomba*: broom, brush; *oshiumbo*: name of dwelling when owner has died; *eposha*: wire.
- (d) The name implies a desired effect of the cure, or else perhaps indicates a characteristic of the illness, for example: *odiva* means speed or haste (four different plants used as remedies bear this name and

⁵ The exceptions here are names for medicine in general. These are strongly plant associated: *omuti* = tree and medicine, *omeva omuti* (tree water) = tree sap and medicine.

they treat different illnesses also).

- (e) The name is also that given to an insect, for example: *omhuka* is the general name for an ant.
- (f) The name describes a physical condition, for example: *onhunda*: hunchback, hump; *onghadi* is derived from the noun stem *nghadi* implying 'female', and is usually used in relation to mated or bearing females (Turvey 1977). Interestingly, this particular remedy is used to treat pregnancy pains.
- (g) The name describes a 'psychological' experience: *omhumakani* refers to conflict, clash of personalities, or disagreement. Used in the context of therapeutics, this term may be referring to the experience of illness itself, to the *cause* of the illness, i.e. a dissatisfied ancestral spirit, or perhaps to the anticipated conflict between the illness and the treatment.

The above list is thus far being regarded as open-ended, as it has not yet been possible to obtain translations for all 74 names. The problems encountered with translation attempts can be summarised as follows:

- (a) I only have access to Kwanyama and Ondonga vocabularies and so am unable to check and translate other Ovambo (i.e. Dombondola or Ombandja) terms, unless these are offered in secondary sources elsewhere.
- (b) It is quite probable that equivalent translations may not actually be possible (cf Conklin 1962, who has stressed the dangers of forcing this).
- (c) Some of the plant names may in fact be those of neighbouring societies, with whom the Ovambo trade - such as the Tchokwe of mid-Angola who trade *mutololo* (medicinal powder) with the Ovakwanyama.
- (d) Another possibility is that the names of medicinal plants may represent a kind of ritual or sacred knowledge used only by the *endudu*. More likely, perhaps, all members of society may attribute medicinal names to therapeutic plants that are quite different from the names used in botanical or other contexts. An example of this might be the medicinal plant part, *omutima*, mentioned earlier. *Omutima* actually means 'heart', and the plant part so named (a palm nut), is known botanically as *ondunga*; the palm nuts are used to treat lack of appetite due to depression, which is defined by the

Ovambo as 'illness of the heart'.

In this regard it is useful to turn to Conklin, who has shown for Hanunoo plant classification that hierarchies of generalisation exist within the structure of plant nomenclature. Thus, depending on the context in which a question is asked, and the degree of specificity required, a whole range of answers may be offered about one particular plant (1962:299). This is the situation that may in fact be operating in the Ovambo case, whereby the Powell-Cottons, enquiring about plant names in the context of therapeutics, perhaps received the medicinal name of a particular specimen but failed to record names at other levels. Moreover, it should be borne in mind that the dictionaries used in this analysis are by no means complete in terms of plant vocabulary; no doubt a great many 'hierarchical' terms have been unintentionally excluded.

PART II

The Use of Particular Plant Parts

Ovambo medicaments basically comprise the following: the whole plant (including fungi), leaves, stems, roots, root skins, bark, pods, nuts, flowerheads, and fruit. A survey of the data shows that on average the whole plant and the roots are those most frequently employed.

Most plant parts are used singly to create remedies, although there are some symptoms which require treatment based on a combination of two or more parts (either from the same or from different plants). To give an example, the type of treatment for *oudu odila* (febrile convulsions) involves use of the whole plant *oghnyadila*, whereupon the various parts are grouped into three definite therapeutic stages (distinguished by the *ondudu's* methods of preparation and administration).

Plant Preparation

The chosen plant parts are prepared using a variety of methods, which may themselves involve a number of stages. Briefly, initial preparations include: drying, cutting, peeling, breaking, pounding, crushing and crumbling. The resulting pieces, skins, powders and pulp, may then be either roasted or added to liquids such as water or beer. To a lesser extent the substances can be masticated, reduced to charcoal or ashes, or added to foodstuffs (porridge, butter).

The following section consists of an inventory of Ovambo medicine types, based on the Powell-Cotton botanical data for Ovamboland, Angola, together with summaries of the preparatory and administrative procedures pertaining respectively to each. For each medicine type the plants used will be listed, against the symptoms for which the remedy is designed (following Conklin 1955). The Powell-Cotton evidence is supplemented in Part III by information from secondary sources.

Medicine Types

There are at least eight different kinds of medicine used by the Ovambo (recorded in Turvey (1977)): *omuti wokukofifa* (sedative), *omuti wokupanuna* (laxative), *omuti wokupanukwa* (purgative), *omuti wokukoleka* (tonic), *omuti wombundu* (medicinal powder), *omuti wokuvelule* (curative medicine), *omeva omuti* (liquid medicine), and *omuti uokuvaua komunaudu* (embrocation). For analytical purposes, the various medicines will be discussed according to the form in which they are administered to the patient. Very broadly, medicines can be divided into two main groups: internally administered and externally applied.

Internal Administration

(a) Enemas

Enemas are undoubtedly the most popular form of administered medicine. They may be employed as part of regular health practice (i.e. a 'wash out'), or as an enema proper, wherein the liquid is retained for some length of time in order to: a) allow beneficial herbal properties to permeate the bowel walls for therapeutic effect, or b) induce purgative action (not necessarily of the bowels, for e.g. the genitals). The liquid is administered using gourds and cattle horns in the case of adults (see Plates 20, 21), or small hollow reeds in the case of children (see Plate 22). The Powell-Cotton catalogue notes for enema appliances A37/357, A37/924, A36/351 and A36/352, suggest that adults administer their own, although the medicinal contents are normally prescribed by an *ondudu*.

Although no precise details are yielded in the Powell-Cotton material, Turvey does provide us with some insight into the procedure. To give an enema is known as *xupila omoodimba*: *xupila* = enema, whilst *omoodimba* indicates a crouching or kneeling position with the posterior uppermost (Turvey 1977). Both the *ondudu* and the child's mother administer enemas for children. The child lies face down across his or

her mother's lap, and the mother inserts a tiny reed into the rectum. She next fills her mouth with medicated fluid from a gourd container, and proceeds to blow the fluid through the reed into the child's bowels. Soon after, the enema takes effect (see Plates 3, 4). Constipation is perhaps the most common reason for the employment of enemas, though a wide range of other symptomatic disorders are also treated.

The use of enemas does appear to be a pre-missionary practice. The Finnish missionaries were incredibly anti-enema, regarding their use as dangerous medical practice - particularly in the case of babies and children. Since the Finns were always the main missionary contingent in northern Namibia (the Germans were expelled early on) it seems unlikely then that enema-use was inspired by other missionary groups. There is no evidence pertaining to French missionary attitude regarding enema-use in Angolan Ovamboland. The use of enemas seems to be very deep rooted in Ovambo culture. For example, enemas are the most popular way in which medicines are administered, for treatment of a whole variety of different conditions. Enemas also fulfil an important role in ritual: for example, ritual purification and ritual strengthening which are a necessary part of rites of initiation, large scale hunting, cattle raiding and so forth. In the ritual context the transmission of *enghono* ('positive energy') is facilitated by the use of enemas.

The Ovambo are by no means alone in esteeming the enema. Elsewhere in Africa, the enema has been used from "comparatively early times" (Lillico 1941:55). Lillico writes the enema-use is common to much of western, central and southern Africa. She discusses the various types of enema appliances, held at the Wellcome Historical Medical Museum, from West Africa and the Belgian Congo. These wooden, ivory and gourd appliances were gradually being replaced by European syringes (1941: 56, 57). This would suggest that enema-use in these regions pre-dates any possible missionary influence, though nonetheless aspects of European enema-use were clearly being incorporated into the existing 'traditional' usage of enemas.

The Zulu were keen users of enemas for health maintenance, having recourse to about thirty different kinds of appliance (Bryant 1909). Loudon (1975: 4) also notes the Zulu's predisposition towards enema-use for health reasons, personal hygiene and sometimes to encourage an aphrodisiac effect. He states, however, that a link between African enema-use and the Victorian influences of missionaries regard-

ing the bowels is unlikely.

Preparatory Methods

29 different plants are used to make enematic liquid. Aside from the whole plant, specific parts used include: roots, root bark, wood, wood bark, leaves and flowerheads. These are almost all pounded first, then added to water which is normally hot to produce an infusion. Should the liquid be boiled (a decoction), it tends to be left to cool before administering. Some plant parts may be 'cooked' a little in water in order to release their properties successfully (see Appendix 5, Table 5.1).

(b) Oral Remedies

These can be broadly divided into two groups: (1) therapeutic beverages, and (2) substances which require chewing and/or ingestion.

(1) Therapeutic beverages:

These consist of:

- (a) Tisanes (boiling water poured over plants to release extracts)
- (b) Infusions (plant properties extracted by soaking in water)
- (c) Decoctions (plants added to cold water and boiled to release extracts)
- (d) Macerations (plant parts added to alcohol).

Some beverages are used either to soothe or fortify, having general beneficial effect. Most, however, display particular functions, such as emetics (causing vomiting), and purgatives and febrifuges (abating fever). Emetics and purgatives can be mild or strong, depending on requirements.

Preparatory Methods

28 plants are used to make beverages. In addition to the whole plant, specific parts include: roots, root skin, wood, wood bark, and twigs. The preparatory procedure is very similar to that for enema fluid, with the majority of plants being initially pounded. Exceptions include fungus, which is crumbled, and the twigs, which are used as they are - tied in a small bundle and added thus to the water. The plants are predom-

inantly added to water, followed to a lesser extent by millet beer. In one instance cow's milk is added to the water, and the 'milk' from palm nuts is drunk as it is. Whereas most enemas seem to be of warm/hot liquid, beverages tend to be cool, and are administered under the supervision of the *ondudu* (see Appendix 5, Table 5.2).

(2) Chewed and Ingested Substances

10 plants are used for this type of remedy, the specific plant parts being mainly roots and wood. Some require little or no preparation prior to use, for example wood may be eaten dry, roots eaten when fresh and raw to release juices. Others may be specially dried or require soaking prior to eating, whilst there are those that are pounded and mixed with butter or millet or sorghum porridge (see Appendix 5, Table 5.3).

Externally Applied Remedies

This broad group includes ointments, pulps, powders and other mixtures used externally on the body. They are used particularly for visible disorders such as wounds, sores, swellings and rashes. Treatment is applied either specifically to the area affected or to the body as a whole. In addition to the whole plant (including fungus), specific plant parts used include: stalks, twigs, wood, bark, flowers, roots, root cortex, leaves and pods.

Preparatory Methods and Administration:

24 plants are used to create a variety of dressings - 6 main methods of preparation being distinguishable:

- (1) The plant/part is pounded to powder or crumbled, then mixed with either a small amount of water (cold or warm) to form a paste, or a larger amount to be used as a 'wash'.
- (2) The plant/part is pounded to powder and this is used dry to cover wounds, or is applied to wet skin.
- (3) The plant/part is roasted until rendered to charcoal, then this is used. If rendered further to ashes, these are used.
- (4) The plant/part is chewed to a pulp (by the *ondudu*) and spat onto the patient (usually into orifices).
- (5) The pounded plant substance may be mixed with butter to form an ointment.

- (6) The plant/part may be crushed or pounded slightly, then soaked until supple and rubbed over the body or affected area (see Appendix 5, Table 5.4).

Fumigants and Vapourisers

28 plants/parts are used as treatment in the form of: (a) smoke fume baths, or (b) vapour steam baths. The patient receives these aromatic forms of treatment either by inhalation, or by absorption through the skin, or envelopment of the particular body parts affected (head, eyes, limbs and so forth).

Preparatory Methods and Application

Aside from the whole plant, parts used include: leaves, roots, stalks, pods, and twigs. Of the 28 plants/parts used for this type of healing, the majority (26) are used to create smoke fumes and the remaining 2 for steam baths.

Fumigants

The plants/parts are normally left whole, but may be pounded or broken up somewhat. Twigs tend to be added whole, tied in a small bunch. Next the plant substance is placed on a large pot sherd (or redundant hoe blade) together with glowing embers. The plant matter naturally smoulders, thereby producing the desired fumes (the fact that the plants are usually fresh helps to accentuate the density of smoke produced). The fumes are primarily inhaled by the patient, however they can also be used to envelope or be 'absorbed' by an affected body part. In the case of the latter, the ondudu holds the sherd with smouldering herbs below or near the area concerned, e.g. under an aching knee joint. Many of the plants/parts are aromatic.

Vapourisers/Steam Baths

Here the plant parts (stalks) are pounded initially before being added to a large clay pot containing water, which is then boiled. During the boiling stage the pot is normally kept covered, in order to contain the steam. The patient sits over the pot, head covered with skins to form a steam tent, allowing vapours to penetrate the area of concern. Incidentally, both vapourisers are used to treat disorders of the eyes, probably because they are rather more gentle than smoke (see Appendix 5, Table 5.5).

Mechanical Medical Devices:

Plant-based remedies are administered with the aid of certain receptacles forming part of every *ondudu's* essential paraphernalia: enema gourds and reeds, gourd ladles, tortoise shell containers, bivalve shells and clay pots (and sherds). Other material objects seen to feature in healing sessions include cupping horns (for *sata*, blood-letting), snake-skin headbands and smooth, round pebbles. *Endudu* are normally adorned with various objects imbued with power and denoting ritual authority. All the above items are referred to further in Part III, in the context of specific treatment procedures for illness; for a list of objects see Appendix 4. Charms are frequently employed in healing and will be discussed briefly in the following section, and more fully in Chapter 6.

The Powell-Cotton material contains no reference to any form of surgery, other than the extraction and chipping of teeth (see Plates 5 & 6) for purposes of bodily adornment, and the secondary sources have yielded nothing in this regard. The absence of any surgical techniques, or at least the dearth of evidence in the available source material, is quite unusual for a cattle-owning culture. There is also, as far as I am aware, no available information to say why this is so.

Prophylactic Charms

In the case of certain types of illness, the healer may think it necessary to provide the patient with a 'charm' which will afford protection against the recurrence of illness, or perhaps impart strengthening qualities. Such objects usually take the form of wristlets or necklets: leather thongs, threaded with chosen pieces of roots or wood, together with feathers, claws, animal teeth and so on. Other charms take the form of belts made from flowers, or from strips of cattle hide folded over and sewn containing medicinal herbs. Another example is a type of hair ornament constructed from wildebeest mane. The *ondudu* will usually construct the charm to suit individual requirements at the time of healing, and the patient will wear it continually thenceforth for a specified length of time (anything from a few days to permanently). Alternatively, the *ondudu* may offer one of her or his own personal devices on the basis of short term loan.

The main use of charms, however, lies not in relation to illness as such, but in relation to the wider sphere of misfortune and fortune. Briefly, such charms are material objects - usually worn or carried upon

the person - imbued with certain forces believed capable of generating particular favourable results for the bearer. They are commissioned from *endudu* by individuals, usually at a high price (i.e. one head of cattle), and fall broadly into two types: (a) those concerned with the prevention of misfortune, and (b) those concerned with the induction of fortune.

A more detailed discussion of these types of charms can be found in the following chapter, where I examine the relationships between misfortune and fortune, and propitiation of the spirits in the context of social relationships. Those preventive or protective charms used specifically in association with the treatment of illness will be included in Part III, which deals with the treatment of specific symptoms.

PART III

The Treatment of Specific Symptoms and Illness

Having described the distinctive medicine types and material objects used in healing, I now propose to situate this information in the context of specific illness. This is primarily to demonstrate the variability in types of remedy that may be employed to treat one particular illness or set of symptoms (Part II dealt with the various symptoms/illnesses treated by one particular type of remedy). Furthermore, it may allow for some insight into the ways in which the plant-based remedies, ritual objects and actions of the healers combine to be operative.

As the treatment of illness appears to be predominantly curative in character, these remedy types will be presented first, followed by any prophylactic measures taken. The therapeutics relating to each particular illness are organised according to the Ovambo sub-group employing them, beginning usually with the Kwanyama since it is on these people that this thesis is predominantly focussed. This way the reader may achieve some notion of the variety and availability of therapeutics within Ovamboland.

References in the Powell-Cotton material on symptoms/illnesses are not always very specific, for example there may be a remedy recorded for 'chest illness' which could be anything from influenza to tuberculosis. Where specific illnesses are identified, they are provided with the equivalent Ovambo name. As mentioned earlier, it should be borne in mind that the following are essentially *symptoms*, as opposed to *diseases* in the biomedical sense of the word. Following an umbrella term, i.e. 'stomach illnesses', 'chest illnesses', is a list of possible recognised and named symptoms/illnesses. Not all Ovambo illnesses can be neatly equated with European definitions of illness, e.g. *oudu odila* or *akwamungu*. In the case of the former, a number of symptoms from different diseases (epilepsy, malaria etc.) are classified as one illness.

Chest Illness: Taiveli Ohnulo (Also Disorders of Nose and Throat)

Kwanyama:

- [a] The root *oshidumisadumb* is chewed by patient when fresh, both day and night, allowing the juices to relieve cough symptoms (*omukolo*).

- [b] The root *omhumakani* is chewed by the patient, and the juices swallowed to cure coughing (*omukolo*).
- [c] Dung (*etudo*) is roasted by an *ondudu* and the smoke fumes (*omwifi*) are inhaled by the patient for illness of the chest (*taiveli ohnulo*).
- [d] To cure sore throat, an *ondudu* may proceed to whirl animal skins (usually that of **Genet genet**) above and around the patient, and to mark the latter's face and limbs with chalk. *Omina* tusks of the wart hog are then clapped together over various parts of the patient's body. Next the *ondudu* begins to 'dance', shaking her gourd rattle (*osashi*). The patient is given yellow powder, *emova*, or wood, *makindu*, to eat.
- [e] The claw of a chicken is made into a charm (*oshiketi*) by an *ondudu*, to be worn by a woman with difficulty in breathing. Medicinal wood (not named by the Powell-Cottons) is given to her as well, together with the marking of her temples with chalk.

Ombadja (kambaja/Kwamatwi):

- [f] A healer takes the root *omhukuludi*, from which a small piece is removed and pounded. A glowing ember is placed on the piece and the resultant fumes inhaled by the patient to aid difficult breathing.
- [g] To cure a severe case of sore throat which prevents swallowing, an emetic may be administered. The plant chosen is not named in the Powell-Cotton notes, but it causes the patient to vomit (*osiundo*). It is possible that the purpose of the emetic is to re-open the throat.
- [h] A charm, *ochikeli*, consisting of a small wooden piece on a hide thong, was made by an *ondudu* for one man with a chesty cough (*taiveli ohnula*), to be worn around the neck.
- [i] Ordinary water may be drunk from a large bivalve shell (*okambo ko komolonga*), as a remedy for chest illness.

Dombondola:

- [j] A bivalve shell (*onholo kofia*) is used to administer water, containing herbal medicine, to children with chest complaints.

Oudu Omtwe: Illness of the Head/Headache

Kwanyama:

- [a] The plant *okaunjaghuti* is toasted with embers and the smoke fumes (*omwifo*) inhaled by the patient.
- [b] The plant *omjaleli* is broken up into small pieces, then placed on a pot sherd with embers and roasted. The smoke is inhaled and is regarded as a cure for both adults and children.
- [c] A small, round smooth stone (*emanya*) is soaked in cold water, then the solution is daubed by a healer on the forehead and temples of one suffering from headache.

Kwanyama/Evale:

- [d] Two plants (*omti wovimbungo* and *ochowa sinika*) are used to treat problems of the head. In both cases the plants/parts are smouldered with embers on a pot sherd, the patient inhaling the smoke fumes.

Ukwambi:

- [e] The root of *omohongo* is pounded, then added to cold water and drunk by the patient.

Dombondola:

- [f] The plant/part *okafetati/okatati* is broken up somewhat then burnt; the smoke produced is inhaled by the patient.
- [g] A cupping horn (see Plate 26) may be employed by an *ondudu*, if it becomes necessary to release pressure from the head region. Small incisions are made in the temples and the horns applied.
- [h] A head band of snake skin (*omwia ombomi*), bearing also protective woods against lion, may be tied tightly around the patient's head (see Plate 27).

Omukota: Nasal Haemorrhage, anaemia (Ancylostomiasis.)

Kwanyama:

- [a] The plant/part *okadimeti* is pounded and given in water, then a pod is roasted and the fumes inhaled

by patient.

- [b] The pod *omkornati* is burnt, and the smoke inhaled.
- [c] The leaves of the plant *okimadali/okundali* are roasted and the smoke inhaled by the patient.
- [d] The plant *om'londeka* is roasted with embers on a pot sherd, the patient inhaling the smoke. Similarly, *omkor* (pod) and *omtutu* (twigs), are burnt and inhaled.

Dombondola:

- [e] *Omukota* is treated using *omti hatuli* - a kind of wood. Firstly, the bark is bitten off by the patient and chewed (it is not made clear whether the substance is swallowed). Twigs are then added to the fire and the smoke is inhaled.

Ondonga:

- [f] The *onganga* (healer) makes small incisions (1-1.5cm) over the whole, or part, of the patient's body. This procedure is carried out at regular intervals so that the blood is allowed to seep out slowly. This method of treatment is known in Ondonga as *sata*.
- [g] The plant *okazimeti* may also be used in conjunction with *sata* treatment. Branches of the plant are either chewed or else pounded, mixed with water and then drunk by the patient⁶
- [h] Nosebleeding, quite often *omukota*, may be cured by cupping (Justina Shivuta 1981:9).

Eye Disorders (Often symptoms of conjunctivitis, measles, gonorrhoea)

Kwanyama:

- [a] A small bundle of twigs is added to a ceramic pot containing glowing embers; the smoke produced is used as a remedy for sore eyes (the patient sits over the fumes).
- [b] For eye-related problems the plant *oluweti* may be used by the healer in two stages of treatment. Firstly, the healer chews the green leaves and stems to a fine pulp, which he then proceeds to spit into

⁶ Both (f) and (g) from Dr. Aino Soini 1953:33-34.

the eyes of the patient. This part of the treatment is carried out morning and evening for one day. Secondly, the remainder of the plant is pounded and then boiled in water. The patient sits over the pot, head covered, to allow the steam to penetrate or envelope the eyes.

- [c] The plant/part *omte kauki* is used in a way similar to (b) above. The plant is pounded, added to water and boiled (with the pot covered to contain the steam). The patient sits over the pot, head covered, allowing the steam to penetrate or envelope the eyes. Next the eyeballs are felt (by the healer) causing "tears to fall" and the eyes thus become better.
- [d] An *ondudu* uses the plant/part *omtentati* to cure sore eyes. The plant is smouldered and the smoke allowed to envelope the eyes.

Vale:

- [e] The scented stalk, *odiva*, is pounded and added to water. This liquid is used by an old woman for sore eyes (the Powell-Cotton notes unfortunately do not record any method of application).

Dombondola:

- [f] When a person suffers from sore, weeping eyes (conjunctivitis), duck bones or small pieces of finely woven cloth (worn around the neck on a hide thong) are used to wipe away any matter.

Ondonga:

- [g] People who had sore eyes as a result of measles (*okakuenjene*) used various cures to alleviate the problem: soap, juice from aloe leaves, milk and cow dung (Dr. Aino Soini 1953:25).

Earache:

Kwanyama:

- [a] A fibrous type of wood (no Ovambo name recorded) is pounded and added to a little cold water to form a paste. This is then inserted into the patient's ear(s) by the *ondudu*.
- [b] A creeping plant may be used to cure earache: the white juice it produces is dripped into the ear hole (Erastus Shamena 1989, interview with author, FELM, Helsinki).

Ombandja:

- [c] The bark *ompopo* is pounded and added to cold water. No details regarding method of administration have been recorded by the Powell-Cottons.

Dombondola:

Female potters observe certain ritual procedures prior to the first potting session of the season. These prophylactic or propitious procedures involve the use of herbs to ward off illness, including deafness among others. For more on this see the section below dealing with charms and prophylaxis and propitiation.

Ondonga:

The following sources relate details of the curing procedures for earache used by *Oonganga*; the first is by Justine Shivuta, an Ondonga woman of the Finnish Evangelical Lutheran Mission, in Helsinki, and the second by Närhi, a Finnish missionary writing in the late 1920's.

- [d] "Earache: it is cured with the axe and the stick of the diviner. The sick one sits with his brother by the fire. The diviner strikes the ground in front of the sick one with his axe and stick, watching the latter carefully. Then the diviner takes some ash and some water and smears the palm and index finger of his right hand. He points to all four directions and says: 'Did you notice? Your neighbour cursed the spirits of your mother, and made them rise from their graves to harm your sister'. Then the diviner locates the person who has caused the earache and tells him that 'gravy' has to be prepared from cakes of the oil plant. When the diviner receives the gravy, he throws it to the east saying: 'Take, the spirits of the east, take your food!' He then throws some to the west saying: 'Take, the spirits of shortage of the west, take your food'. When he leaves the place the diviner strikes the ground and says: 'You great spirits of the ground, take your food'! Finally, he takes gravy in both hands and throws it over the head of the sick one, so that it is running on his face and neck, saying: 'Spirits, take your food!' In this manner it was believed that the bad spirits of the disease would leave the ears and the diviner could return home. If, however, the earache continued then another diviner would be consulted and different treatment applied (Shivuta 1981:8-9).

- [e] Närhi has recorded a procedure almost identical to Shivuta's latter account, only with the following additional details: If the first cure (i.e. like that above (d)) has no effect, then the patient is seen to have *iipakua* - a terrible animal that the spirit has left inside the patient's body. The healer proceeds to suck this from the patient - it may, for example, be a snake. A neighbour is accused of this by the *onganga* and is enticed into the home of the afflicted the following day. The neighbour will then be accused of being a witch and then killed if he does not flee (Närhi 1929:86-87).

Problems and disorders of the skin

Kwanyama:

- [a] For a spotty skin disease, two types of treatment may be employed: (1) the stalk of a low plant *echip-cenda*, is pounded to powder and mixed with salt and *aejelala* (the rind of wild pumpkin: *Curcubita moschata*). This mixture is soaked in cold water, then the resulting paste-like substance is rubbed over the patient's body by the healer. Alternatively, (2) the stalk of the plant *eumbua dambuda* is pounded with wild pumpkin *aejelala*, and added to cold water. The paste is then rubbed or massaged over the patient's body.
- [b] For the treatment of pustules a knotty type of wood is employed (no name has been recorded). First of all this wood is charred before being rubbed over the affected area(s).
- [c] For a swollen arm, a thorny twig of *okumin ninowa* is used. First of all the twig is chopped up into small pieces, then pounded. The powder is added to a little warm water to form a paste, which is applied to the swollen area.
- [d] Swollen sores (*oshipute*) are treated with *shiveta*, a plant with tiny leaves and fruits. It is toasted whole until rendered to charcoal. This is then rubbed into the affected area to reduce the swelling; it is used best when dry.
- [e] Open wounds or sores (*oshilonda*) are treated with the root of *oshikomba*. It is pounded slightly and added to warm water, before being carefully applied directly to the wound or sore. Finally the affected area is covered with a little fine, dry powder.

- [f] Unbroken swellings require the use of the plant *okaghono*. This is roasted with embers on a pot sherd owned by the *ondudu*. The resulting smoke fumes are held under, or up to, the swollen area. When the plant remains have been reduced to charcoal, they are then massaged into the affected area.
- [g] In the case of head sores (*ombole*: contusion on the head, *oufuma*: ringworm of head), *okundali* is roasted on a pot sherd with glowing embers until reduced to ashes; these are then applied to the sores.
- [h] For swelling of the face (*ompindiowa*), a particular root (no Ovambo name recorded) is crushed when fresh, soaked in water, then rubbed over the swollen area.
- [i] *Enongo*, a species of aloe, produces a white sap which is used to treat wounds (*oshiveta*) (E. Shamena 1989).
- [j] Aloe pieces are used to heal gums after extraction of lower incisors.
- [k] Sores may be covered with powder made from pounded twigs, *lulu*.
- [l] *songo*, a prickly type of flowering plant, is used to heal very swollen feet (most likely the result of stepping on thorns - a common hazard in Ovamboland).

Ombadja:

- [m] For skin sores the root of *opapa*, is chosen by the *ondudu*. The cortex of the root is removed, dried and pounded to powder. The skin of the patient is wet with water and the powder applied.

Dombondola:

- [n] One particular *ondudu* carried *omwifu wendudu werokulia*, a yellow tomato-like fruit, which was kept in a tortoise shell (see Plate 23). He used it for sores in general, but in particular he split and squeezed the fruit into his own cracked heels (*olufindja*). The fruit leaves a yellow stain behind (*etululu*)

Odonga:

Certain mechanical devices may be employed in the healing of wounds. The following examples are from the Martti Rautanen Collection, National Museum of Finland, Helsinki (NMF.MRC), and the Ovambo Collection of the Finnish Evangelical Lutheran Mission Museum, Helsinki (FELMM.OC).

- [o] *Omuti guosilalo* is 'wood that heals wounds'. In this case a few are strung on hide thong and worn on some part of the body. The twigs are believed to possess a healing 'force'. The spirits of witches are blamed as the cause of people injuring themselves against objects, and in order to remove their effect powder, scraped from the wood, is placed in the wounds until the danger passes (NMF.MRC:115).
- [p] *Ositi siilalo* are 'wooden pieces for wounds' having the same effect as (o) above, although the method of use is different. Wooden pieces such as these are heated in the fire, then pressed into the wound to cauterize it. They are used especially for spear or arrow wounds (i.e. small but deep). (NMF.MRC:124, FELMM.OC:50).

Internal Aches/Pains in Bones

Kwanyama:

- [a] For internal pains in the leg (*haivela omaulu*) the plant/part *oshingokoto* is roasted. The leg is positioned over the smoke fumes to allow them to envelope the painful area. The charcoal remains of the roasted plant are then massaged (*fula*) into the skin.

Dombondola:

- [b] The plant *ohomo* is roasted for "pain in the bones", the smoke fumes being allowed to penetrate aching legs, knees and groin.
- [c] For pain in the lumbar region (*haivela ombuda*) flowers, *etope*, are first of all warmed by the fire before being massaged over the painful area. Any remaining flowers are worn around the waist with some hanging down behind.

For prevention of *emhiakani* (illness of the knee joints) see the section on 'prophylaxis and propitiation'; for stomach ache and menstrual cramp and pregnancy pain please see relevant sub-sections below.

"Illness of the Heart": Omutima and Ondurudi

There are a number of symptoms: lack of appetite, depression, lethargy, fatigue, that are known as "illness of the heart": *omutima*. The heart is recognised as the seat of the emotions - both good and bad. Physical heart conditions and hypertension are also not uncommon among the Ovambo (Odendaal Report

1962-3: 133, 135, paras 524-529), thus "illness of the heart" may refer either to emotional or to physical pain (including palpitations and heart burn).

Kwanyama:

- [a] Lack of appetite, due to the 'heart', is treated by pounding the root of a ground creeper *oshikanda shefuma*, and adding the powder to water. The liquid is heated in a clay pot, then added to more warm water and drunk by the patient. The liquid acts as an emetic, thus causing the patient to vomit. If the remedy is administered in the morning, the patient will be well by the evening. This could be a form of depression (e.g. *eudifonya*: melancholy, low spirits, depression), or perhaps heart-burn (*xuexuema, oshingulila*).
- [b] The plant/part *dindilula* is pounded and added to water. The herbal liquid is then used to wash the patient's body, and some is administered as an enema. This remedy is employed to cure people feeling run-down or depressed.

Dombondola:

- [c] For "heart sickness", two palm nuts, *omtima*, are taken and cut in half by the *ondudu*, who hands them to the patient so that she or he may drink the 'milk' they contain. Following this the *ondudu* taps the patient's body from head to toe with the nut shells. The Powell-Cottons also record that ordinary water may be drunk from the palm nut shells as a remedy.
- [d] A certain root (Ovambo name not recorded) can be either chewed, or taken in hot water (presumably as a beverage), by a person suffering from *ondurudi*: 'heart'.
- [e] The plant/part *omwifo* is pounded and mixed with butter; this mixture is then eaten for the 'heart'.

Fever: Oludi, Epupialo:

Usually fever is treated in association with other illnesses (i.e. *oudu odila*); nevertheless, the following cases stand out:

Kwanyama:

- [a] A female *ondudu* collects grass, *omwatagnwota*, which is burnt and the smoke fumes inhaled by the patient.
- [b] *Matiunto* wood is used as a febrifuge: it is added to water and drunk by the patient in order to reduce feverishness.
- [c] The plant/part *elwiai/elwidi*, is pounded and added to hot water. The medicated liquid is then administered as an enema to feverish babies.
- [d] A necklace made of seeds and prescribed by an *ondudu*, was worn by an Ondonga woman living among the Kwanyama near Mupa.

Oudu Odila: 'Bird Illness' - Febrile Convulsions

The treatment of *oudu odila* in small children is rather intensive and involves a number a different curing procedures, both curative and preventive.

Kwanyama:

- [a] *Ohunda*, a species of aloe, is chosen by the *ondudu*. It must be the main plant growing (i.e. not one of the plantlets growing nearby). First, the leaves are stripped from the stem and pounded to a pulp which is added to hot water. Using an enema (a hollow reed) the medicated liquid is administered to the child. Next the root is separated from the plant and chewed by the *ondudu* until soft and pulpy. This pulp is then spat into the nostrils of the unconscious child, who then hopefully sneezes (*ontwanhisa*) and revives. The enema and liquid are left with the child's mother.
- [b] The plant *oghnanyadila* may also be employed. To begin with, the *ondudu* places some of the plant on a pot sherd together with glowing embers; the smoke fumes are inhaled by the afflicted child. Next some of the plant is chewed to a pulp by the *ondudu*, and this is placed in the ears and nostrils of the child. Finally, the remainder of the plant is pounded and added to warm water to be used as a purgative enema.
- [c] *Oshikanda shognoshi* is pounded and added to warm water. Some of the liquid is administered using

an enema, whilst the rest is given to the child to drink.

- [d] The plant/part *musengi* may be used to treat *oudu odila*, but unfortunately the Powell-Cottons have recorded no further information about this.
- [e] *Kapata* is added to boiling water in order to create vapours, which are inhaled by the child. When the same liquid has cooled somewhat, it is administered using an enema.
- [f] The plant named *odiva* (meaning 'quickly') is pounded and placed on a pot sherd with glowing embers; the fumes are inhaled by the child.
- [g] A protective charm imbued with prophylactic qualities can be constructed for children by *endudu*, in order to protect them from *oudu odila*. For example portions of the plant *ohunda*, together with feathers of the *onghombe* bird (Ground Hornbill) are bound together and worn at the neck on hide thong.

A male *ondudu* named Kaweda (from the Kalondo district near Onjeva), divulged that many forms of remedy are used to treat *oudu odila*, and that it is often necessary for an *ondudu* to employ several before achieving therapeutic results (D. & A. Powell-Cotton 1936/7a:7).

Dombondola:

In the event of a child becoming afflicted by the *onghombe* bird, an *ondudu* will be requested and the following healing procedure employed:

- [h] First of all the thick, knobbly stalk of the *omatwi okalimba* plant is selected. When green this is chewed by the *ondudu* and the pulp spat into the child's ears, nostrils and mouth. If the stalk is dry, then it would be pounded first, then chewed as above. Next, *om'pindo wongali* and *ombada* (meaning 'paralysis') are roasted together in a clay pot, the child inhaling the smoke fumes. Finally, a pair of wart hog tusks (*ominda*) (see Plate 29) are placed in the pot containing the smouldering plants. The *ondudu* then removes the tusks and, clapping them together, passes them over the child's body saying: "*Oghombe pitamo mokana!*" (Bird, leave the child!").
- [i] The single claw of a river bird, *onyundu* (stork), may be used by the *ondudu* to gently scratch the afflicted child's face, whilst at the same time whistling softly with a small duiker horn to cure.

Evale:

[j] Wart hog tusks (*omajlominda*) are used to treat *oudu odila*.

Ombadja:

[k] Wart hog tusks are used by the *ondudu*, also the claw of an *onghombe* bird. The claw is gently stroked down the cheeks of the afflicted child.

Ondonga:

The following information comes from Finnish missionary sources relating to *onzila*: "illness of the cramps". It is possible that *onzila* is a different illness from *oudu odila*. However, it is discussed within the same section because of the profound similarities:

[l] Justine Shivuta relates that when a child has 'cramps', a diviner is called to the household. He will arrive the following day since he has to have intercourse with his wife that night. If he has no wife then the parents of the ill child must have intercourse. According to the diviner, the illness called 'cramps' only fears sexual intercourse. Arriving at the household the diviner announces that meat cannot be eaten because this exacerbates the problem. He then proceeds to take the ill child and throw him/her many times into the air, catching as he/she falls. Next the child is thrown on to the roof of the sleeping hut, so that he/she will slide down the thatch to be caught at the bottom. The diviner then takes the child with one hand, and with the other he holds the 'cramp whistle' into which he blows. In addition he spits high into the air.

Furthermore, the diviner takes palm leaves ("...there is a belief that spiritual power resides in palm leaves"), and waves them in front of the child; at this very moment, the spirit of convulsion (the cramps) is leaving the child. When the diviner stands at the outer entrance to the household, he lets the child pass twice between his legs before handing him/her over to the parents. Finally, the child's face is covered with ashes, then he/she is given an enema of water that has been boiled with herbs (Shivuta 1981:7-8).

[m] Närhi (1929) reports the curing of *onzila* in almost exactly the same way as Shivuta, with one noticeable difference: tobacco and some kind of strong herb (not named in the source) are placed on a pot sherd and roasted; the smoke is allowed to waft over the child's face.

Okandongo: syphilis and Oshinena: gonorrhoea

Kwanyama:

- [a] For males with venereal disease, the root *omohongo* is powdered and mixed with porridge. This is then eaten by the patient.
- [b] For men with urine containing pus (*otuila*), the root of the creeper *om'popola* is pounded, added to water in a clay pot and then boiled. The liquid is left to cool a little before being administered via an enema. This remedy acts as a very strong purge, draining out all the pus.
- [c] For men "ill in the penis", the tree root *omdiku* is dried, pounded to powder and mixed with beer. This maceration is then placed under the sun for an entire day and drunk by the afflicted man in the evening. The remedy is reputed to purge well.
- [d] The root of the plant *onolulu* is pounded and added to hot water. It is administered using an enema, to women suffering pain from 'blood in urine'.

'Blood in urine' (hematuria) need not necessarily be a symptom of venereal disease, as it can also denote Bilharziasis and Ancylostomiasis - both common in Ovamboland, particularly near the *oshanas*. Another symptom of Bilharzia is the presence of blood in the stools, a symptom which the Ovambo recognise and have a name for: *oshingholokwa*. However, no curative procedures for this have been recorded by the Powell-Cottons, despite the fact that the occurrence of these symptoms is quite common.

Menstruation, Pregnancy and Childbirth

Kwanyama:

- [a] A woman who has suffered many miscarriages (*epitililepo*) and who is about to bear another child, will go to an *ondudu* for help. At the household of the *ondudu* the following treatment is received. Firstly the pregnant woman is given some medicated water, from a clay pot half sunk into the floor area. The liquid contains the following herbs or plant parts: *imodi* and *omfikamekia* (leaves), *omolifia* (root) and *ombongululu* (the wood of a spreading ground plant). Alongside the sunken clay pot, two fairly large holes had been dug, joined together by a narrow channel. In one hole burns a fire, whilst

in the other sits the woman with her legs apart, facing the former. The smoke from the fire travels along the channel, enters her womb, and thereby effects a cure (A. Powell-Cotton 1936b:86).

- [b] For pains experienced during pregnancy, the plant/part *onhadi* is pounded and added to warm water. An *ondudu* leaves the plant with the woman, with instructions for it to be used with an enema when she wakes with pains. *Ngola* may also be used in a similar way; it is added to cold water and administered via an enema.
- [c] If the foetus (*omtelefi*) is found to be malpresented in the womb, then the root of *omhilo yoghnadi* is pounded and added to water. The liquid is drunk by the pregnant woman.
- [d] If, following the birth (*edalo*), the placenta (*oshitungo*) is slow in discharging, the plant *edulumwifi* is chosen. The root is pounded, then added to cold water and drunk by the new mother. The placenta should then be quickly expelled from the womb. Estermann (1976:58) also mentions the use of dried aloe blossoms for hasty expulsion of the placenta, together with the fact that the infant's navel is 'washed' with the roasted fruit of the shrub *omupeke* (*Ximenia americana*)
- [e] For menstrual cramp *okatululu* may be pounded, added to hot water and given as an enema.

Ombalantu:

- [f] Hahn recorded that if the placenta is not expelled satisfactorily, the mother is given a therapeutic beverage containing the outside or underbark of the green Kameeldoorn tree. The bark is first pounded and stamped before being soaked in hot water. The resulting sap-based infusion is drunk, causing coughing and "billious heavings of the stomach". The root-bark of the Kameeldoorn tree may also be used for the same purpose, according to the choice of the midwife, *omlungeri*. There are also alternatives to the Kameeldoorn tree, but Hahn was unable to obtain any information relating to them (Hahn, Abortion MS:3-4).

Ombadja:

- [g] For a young girl with abdominal pains (menstrual cramp), an *ondudu* made a necklet (*eshundu*) consisting of a leather thong, bearing a fibre-bound wooden piece smeared with red *olukula*.

[h] Saheus Iikutu (one of Emil Liljeblad's informants) states the following names of plants used to make a powder to expel the placenta: *enongo* (wood), *nisinys* (tree root), *ompundu* (tree root), a type of aloe, and *omugola* (tree root). (E.Liljeblad Collection 1954, item 262:606).

Abortion

Although not an illness, abortion requires certain medical supervision and various plants and mechanical devices are employed in the process of procuring miscarriage. The most comprehensive documentary account of abortion has so far come from the unpublished work of the Native Commissioner for Ovambo-land, C. Hahn. The practice of abortion was actually quite a secretive one, usually taking place in a neighbouring district or even sub-group area (i.e. Kwanyama girls going to Ondonga). The secrecy is especially crucial in the case of pre- *efundula* women, because of the fact that inclusion in the transition rite depends on their having had no pregnancies (the *efundula* 'legitimises' female generative power). It is not untoward to suppose that abortion is rather a last resort, given that: a) mothers impart much information to their daughters on how to evade pregnancy whilst sleeping with men, and b) that female fertility and offspring are so highly regarded in the Ovambo matrilineal system.

Ondonga and Kwanyama:

"A sharp stick was inserted and as soon as contact was established with the foetus it was prodded and pierced. This operation was generally undertaken after the foetus had formed and was about four months old, but often before reaching that age according to its development. If it did not come away of its own accord after this operation, the patient was given herbs to drink" (Hahn, Abortion MS:2).

Hahn is of the opinion that the above method is perhaps one of the oldest (although he gives no clear indication of how old), and that women often suffered detrimental after effects. More satisfactory, and certainly less hazardous, was the method practiced among the Ombalantu described below.

Ombalantu:

When pregnancy is in the third or fourth month (or more) the following steps are taken:

"1) The patient is at first starved for approximately one day. She is allowed to take a little water only

and is then examined by the *omulungeri* (abortionist) so as to ascertain the position and state of development of the foetus. For this examination she must lie on her back with her knees drawn up. 2) After the *omulungeri* has satisfied herself she commences massaging and pressing, the fingers of both hands held stiffly and closely together. This always in an upward direction. This pressing and prodding gently becomes harder and more severe. The patient remains lying in the position already described. After this the *omlungeri* employs her thumbs on either side of the patient working from the outside, namely from the liver on the one side and the spleen on the other towards the regions around the navel. This operation is at first employed gently but more and more pressure is gradually exerted. The object being to work and massage in such a way so as to procure the foetus, if this is palpable, between the thumbs and to squash it. This operation is repeated at intervals and the patient, while in the hands of the *omlungeri*, is not allowed to eat. She is kept under close observation at the time. When the patient is attacked with severe pains and there is bleeding, the *omlungeri* prepares to assist the patient to abort by further rubbing and massaging of the abdominal parts. A patient is sometimes in the hands of the *omlungeri* for one to five days" (Hahn, Abortion MS:2-3).

Birth

During a normal birth, a woman would be attended by her mother, a close matri-kinswoman and perhaps a 'midwife' (these have various names from group to group). Hahn records that prior to and after the confinement, expectant and new mothers are placed in a hole in the ground filled with hot water. Bunches of grass are made into a rough sponge then dipped into the water and held around her abdominal region and other parts of the body. This is done in order to soothe and strengthen her (Hahn, Abortion MS:5-6).

Charms are frequently used by women during pregnancy and during lactation; they are also worn by the newborn. The majority of the charms appear to be for strength and protection, as well as for ensuring the prevention of illness. Unfortunately, the information pertaining to these objects is not more specific (i.e. what exactly do they seek to protect mothers and babies from? What kind of illness do they attempt to prevent?):

Kwanyama:

- [a] The root of *onuhanana* is worn by women during pregnancy and then by the new born child for strength and protection.
- [b] A wristlet (*ehangi*) is worn by mothers for the duration of lactation (hide thong with wood threaded [P-C.A36/1136]).
- [c] Women may use a certain plant during labour to save their lives should they have slept with another man during pregnancy (Loeb 1956:151).

Evale:

- [d] Women wear coloured beads (*oshilanda*) during pregnancy as some sort of charm. However, the specific purpose is not recorded. Yellow and green trade beads decorate one end [P-C.A36/880].

Ombadja:

- [e] Women wear a belt, *oshipunduka*, decorated with medicinal woods, eggshell beads (*onjiva*) and iron beads (*oputu*) etc. It is made for a woman by an *ondudu* for her to wear during her pregnancy and while the child is young [P-C.A36/777].
- [f] Hide belt tapering from centre towards narrow ends. It is decorated with five fibre plaques and *onjiva* beads and discs. Made for a pregnant woman by an *ondudu*. She may also wear it while the child is young [P-C.A36/774].

Oudu Medimo: Disorders of the Stomach

Perhaps the most common of all Ovambo illness complaints relate to the stomach; the remedies are numerous and equally variable in character.

Kwanyama:

- [a] For severe constipation (*enjadja*) and distension of the stomach a bi-part remedy may be employed. Firstly *m'dime* (the root) is dried over a fire. The cortex is then peeled away with a knife and pounded in a mortar. Next the powder is added to a little warm milk and water, then drunk by the patient. This

constitutes a half dose and acts as both an emetic and a purgative. When the patient has been thoroughly purged, the second part of the treatment is administered. Here the root *katadidi* is used. It is a root that pounds well and the powder is added to cold water, stirred, then drunk by the patient. This liquid contains no purgative qualities, perhaps being employed to counteract those of *m' dime*.

- [b] For a more gentle purgative for constipation (*enjadja*), the plant/part *andu* is pounded and added to hot water, then administered via an enema. Alternatively, the plant powder can be added to warm water and drunk.
- [c] The root of *onjangwa* can be pounded whole and added to hot water. The liquid is administered via an enema, and exudes a mild purgative effect.
- [d] The bark of *shifuku* (root) is pounded and added to hot water. This is administered using an enema, having a mild but not purgative effect.
- [e] The plant *okatululu* is pounded whole and added to hot water, the liquid then being administered as an enema. The notes say this remedy is for both an enema and for menstrual cramp.
- [f] Another mild purgative is obtained using the root of the creeper *omnyangashe*. The root is initially pounded, then added to hot water and given as an enema.
- [g] For constipation in children the plant *efeta* is pounded, added to hot water and given as an enema.
- [h] For lack of appetite *oshikanda shefuma* (creeper root) is used as an emetic.
- [i] For constipation in children the small plant *onjangwa* is pounded, added to hot water and given as an enema.
- [j] Babies that are especially thin are given a purgative enema of the root *oshimham'tende*. The root is pounded and added to warm water. Next the leaves are pounded and mixed with butter to form ointment, which is then massaged over the child's body.
- [k] For stomach ache *eposha* (wood) is pounded and added to hot water to be given as an enema. It is not a purgative, so perhaps relieves pain.
- [l] For stomach trouble a bundle of *ochitenda* roots are boiled in water and taken (?drunk) as a purgative.

[m] Medicinal powder, *mutololo*, was obtained from Tchokwe traders in the Mupa/Evale area. It is eaten for stomach ache (*kesaulua*), though it does not contain purgative properties.

[n] A necklet bearing two *endow* roots, fruits and eggshell, *onjiva*, beads. The roots are nibbled for sickness when required. Such necklaces are made for people by *endudu*. (P-C.A36/826).

Ukwambi (Namibia)

[o] A plant root (no name in the notes) is cut slightly, then added to millet beer and drunk when sick in the stomach (*ekishi nananga*).

Dombondola

[p] Illness in the sides (as opposed to centre) of the stomach is treated by an *ondudu*, who scratches the patient's sides with a clawed foot of the *ekakala* bird. The foot is then given to the patient to wear for a few days.

[q] *Omhuka*, a fungus-like hard crumbly substance, is found near the site of a river. A piece is broken off and crumbled into a palm of water. Some of this mixture is supped, the remainder is massaged into the abdomen. This treatment is for pain from 'cold food' or from overeating (?indigestion, *onondodo*).

[r] Small pieces of wood and roots worn on thongs around the neck are very popular among the Dombondola. Used especially by herdsboys and travellers, the medicinal pieces can be nibbled when suffering from stomach sickness - notably constipation (Powell-Cotton specimens: A36/1433, A36/808, A36/804, A36/813, A36/1122). These necklaces bear other objects such as duck bones for cleaning weeping eyes (conjunctivitis), or tweezers for the removal of thorns, splinters etc.

Akwamungu: (spirit affliction/possession)

Treatment for this varies greatly depending on the scale of affliction. Symptoms vary also with the circumstances in which *akwamungu* occurs. For instance, those people who manufacture pots and iron will be at risk from deafness, blindness, arthritis etc. Neglect of calendrical rites can invite *akwamungu* in the form of arthritic knees. Most domestic and economic tasks run the risk of being disrupted by either ancestral or

malevolent free spirits. In this case the water pot would be upset, rather than the person made ill. All of the above mentioned are normally dealt with using *preventive* means: propitious acts, the wearing of charms, maintaining appropriate behaviour and so forth. Serious spirit possession, requires *curative* treatment. Because spirit possession is also regarded as a sign of being chosen as an *ondudu*, the full process of treatment-cum-initiation is discussed in Chapter 4. For those afflicted who do not wish to become *endudu*, the healing procedures will be presented below. Preventive measures employed against *akwamungu* are dealt with in the following chapter.

Akwamungu can affect women during labour, causing difficulty with the birth. An *ondudu* is engaged to divine the cause of the problem and name the displeased spirit. In one case, witnessed by the Powell-Cottons, the spirit of Hamunjungo's father had entered the former's wife. As soon as the child was born, Hamunjungo said: "*Tu (ritual spit), akwa mungu*", and named his baby son *Kaiyamiso*, after his father. No mention is made in the field notes of any herbal medicines being used, yet the possibility that they are should not be ruled out.

The curing of actual possession involves the type of offering to the ancestral spirits known as *ohula*. *Ohula* is literally a blood offering, as opposed to the inanimate, grain-based, offering known as *esaagelo*. *Ohula* is the ultimate in 'food' for the ancestral spirits, and is normally offered only in cases of serious illness or misfortune. Curing of *akwamungu* for non-initiates involves the sacrifice of a fowl only as *ohula*. Those who welcome the call to the healing profession, and who pass certain preliminary tests (i.e. perceiving the hidden monkey-nut), must embark on a four-part healing/initiation sequence involving four types of *ohula*: fowl, dog, goat and ox. The ox, pure black in colour, is the the most prestigious animal offered, and certainly someone aspiring to this level of initiation would be regarded as exceedingly powerful, enjoying similar status to the rainmakers (*alokithi*).

Returning to the curing of non-initiates, the procedure runs briefly as follows. The *ondudu* is requested to divine the spirit's identity and determine the reason for affliction. This discovered, there follows a complex ritual involving the administration of herbal medicines, trancing, and animal (blood) offerings. The *ondudu* draws the spirit out of the afflicted person (not in control) into herself to be controlled and dealt with (appeased and returned to the spirit world). Mediumism allows for *exposure* of the spirit, the

ondudu 'miming' the character for the benefit of observers (usually kin and close neighbours).

Much of the treatment following transference of the spirit seems to be restorative: the drinking of blood, massage, the wearing of protective and strengthening charms and so on. During the healing session the *ekola* is played. These are huge musical instruments used only during the curing of spirit possession, and are made from two joined calabashes acting as deep resonators for the rasp bow. No use is made of drums proper (insofar as I know), unlike the neighbouring peoples such as the Himba, Vakwandu, etc. Once 'exorcised' the spirit cannot re-possess the person, but is free to possess someone else. As stated above, the meaning and symbolism of this elaborate healing procedure has been more closely examined in Chapter 3.

ANALYSIS AND CONCLUSIONS

An investigation of Ovambo plant nomenclature has shown that the terms used for specific (terminal) plant names tend to be confined exclusively to the plant domain, and are not used for other categories. In the case of general botanical nomenclature, however, especially those terms describing morphological or phenological characteristics, some overlapping use of terms in other contexts does exist. However, even though a general botanical terms may be used in another context, obvious semantic association is revealed in terms of the respective designations. Generally though, the majority of general terms are used only with reference to the plant domain.

When considering the nomenclature of medicinal plants one is confronted with a rather different situation, in that the occurrence of synonymous (overlapping) terms is widely prevalent. Contrasting greatly with general plant nomenclature, and to a large extent with general ethnobotanical terms, the names of medicinal plants bear little or no relation at all to the Ovambo botanical domain (except in the case of certain 'umbrella' terms: *oshimbodi*: medicinal herbs; *oiwanga endudu*: healing herbs). A possible explanation for such an apparent discrepancy might be that which Conklin found for Hanunoo plant nomenclature: namely that hierarchies of generalisation within the structure of plant nomenclature are operative (Conklin 1962). Thus the name of particular plant may vary, depending on the context in which it is either referred to or used (i.e. domestic or therapeutic for example). Berlin et al (1964), for example, have highlighted the fact the Tzeltal may name the same plants more than once, for general-purpose and for special-purpose (e.g. medical) classifications. Until more evidence has been gathered regarding the translation of Ovambo terms

on the one hand, and the identification of specimens in systematic botanical terms on the other, the application of Conklin's hypothesis to the Ovambo data will remain largely unproven.

The body of plant data analysed here is noticeably small when measured, for example, against the wealth of information discussed by Conklin and Berlin, who worked in the humid, flora-rich tropics.⁷ This is the result of two main factors. First of all, the field objectives of the Powell-Cottons did not include a complete ethnographical survey of Ovamboland. Secondly, the availability of plants in Ovamboland is undoubtedly governed to a large extent by the often extreme ecological conditions of the area - south Ovamboland (Namibia) in particular is largely semi-desert and the victim of frequent drought.

Climate and topography play a crucial role in the determination of an area's flora. The Bie Plateau, Angola, for example, is rich in highland flora. It is not a high plateau, but the fact that it drops away to an Atlantic coast means that several unique species are sheltered on the ecologically stratified escarpment - two very different habitats have produced interesting flora at the point where those habitats meet (Kingdon 1990:167). Similarly, the fantastic flora of the Cape is the product of "peculiar and diverse soils, fire and relatively moderate Pleistocene climatic fluctuations" (Cowling 1992:viii), with the present day climate - interaction between dry cold from the west, moist warmth from the east and winter rain and snow in the extreme south - continuing to have effect. Only the most adaptable of plants (and animals) have overcome the natural barriers which isolate the Cape from tropical Africa (Kingdon 1990:50).

In Namibia, the climate changes little from north to south, but rapidly from west to east: the west coast is cold and foggy, whereas inland it is hot and arid. Between these two extremes is a zone characterised by hot days and cold, foggy nights with little rainfall (Kingdon 1990:65-66). Most Namibian Ovambo live within this zone. Rainfall is crucial, and its effect on vegetation in this part of Africa means that the boundary between green areas and semi-desert are always changing from season to season (Kingdon 1990:19-20). Indeed, the effect of seasonal climatic conditions on subsistence vegetation (both wild and cultivated) is particularly well reflected in the attributive plant vocabulary pertaining to plant and plant-part

⁷ The Hanunoo people (tropics), for example, have 1,879 labelled botanical taxa, compared with the !Kung (south western Africa) who have only 193 (Brown 1985:44, table 1).

morphology and development - most notably that of fruit and grain (i.e. overripening, premature ripening, withering, scorching, wilting).

Turning to plant-based medicines, the Ovambo refer generally to medicine as *omuti* (also meaning tree) or *oshivelulifo* (literally 'that which cures'). Of the two, *omuti* occurs more commonly in the literature. There also exist accompanying attributive terms which serve to convey the specific character, or function, of a particular medicine: *omuti wokukoffa*, sedative, or *omuti wokanuna*, purgative. Seven such attributes in Oshikwanyama have been enlisted from Turvey (1977) and it is reasonable to suppose that: (a) further types may have gone unrecorded, and (b) different attributes may be used among other Ovambo peoples. For the purpose of evaluation here, the various medicine types were grouped according to their main form of administration to the patient: enemas, therapeutic beverages, fumigants and so forth.

Victor Turner has described all Ndembu medicines as being essentially symbolic (1967:343). More recently, Ngubane (1977) has highlighted the fact that not *all* Nyuswa-Zulu medicines are symbolic, but rather that a distinction exists between those that are and those that are not. Herbal remedies, for instance, used to cure somatic symptoms without ritual accompaniment are non-symbolic. Symbolic medicines, on the other hand, are prepared and administered by professional healers and are used mainly for prophylactic purposes, or "to correct the *cause* of illness rather than cure somatic symptoms" (1977:109, my emphasis).

Ovambo medicines, like those of the Ndembu, all appear to possess some degree of symbolic significance and ritual association. However, it is necessary to point out that most of the available documentary evidence pertaining to Ovambo therapeutics relates solely to the 'professional', as opposed to the 'lay', healing sphere. Thus one would perhaps expect to encounter bias in favour of symbolic content. Indeed, it is interesting to note that Turner formed his conclusion that all Ndembu medicines were symbolic from an analysis of evidence from the professional sphere only. Of course, when considering the Zulu case, it seems logical to speculate that lay Ovambo healing practices - especially for minor ailments - might co-exist with professional ones, given that professional healers such as *endudu* were generally expensive to engage (in terms of requiring cattle for payment), with the result that consultation occurred only in relation to 'serious' illness.⁸

⁸ Not all established healers charged heavily. For example female healers in Ondonga, *Okakulukdhi*, specialised in treat-

Such supposition is, however, rather speculative at this stage with regard to lay-healing proper. This is because the evidence available suggests that even where self-administration of medicines occurs (i.e. enemas or the chewing of stomach illness roots whilst herding or travelling), the medicines themselves have nevertheless been prescribed by a professional healer at some point; thus the treatment is not totally outside of the professional domain.

One thing that is clear from all of this is that the more severe (or serious) an illness episode or its cause, then the higher the symbolic content of the medicines employed and the more ritualised the whole therapeutic procedure (consider *ohula* healing, for example, or the treatment of *oudu odila*). Illness, as we have seen, can represent itself as either the "loss of something essential, or the gain of something harmful" (John Jervis, unpublished MS). It is this undesirable state of imbalance or disharmony that medicines, within the formal context of therapy, ultimately attempt to redress.

A principle function of medicines is to 'cleanse' the body of illness, or of the cause of illness (or indeed both), thereby enabling the return to a harmonious state of good health and, in a broader sense, to normality. Ngubane (1977:109) has already demonstrated this to be a salient feature of Zulu 'symbolic' medicines, which seek to expel the "bad" from the body, discard it outside of the system and re-introduce good health. Such Ovambo 'cleansing' medicines occur chiefly in the form of enemas and emetics, whose often dramatic effects arguably symbolise the exposure and expulsion of the symptoms in terms of their exit from the body in the form of excreta, vomit, pus or blood.⁹ Fumigants and vapourisers, as well as

ing women and children for very little in terms of actual payment (A. Ranchen 1959:266-269, in Kaarto Rakel 1976:2). There is no further information on these healers, making it difficult to assess their actual position vis-a-vis *endudu* for example. Do they belong more to the lay than to the professional sphere? Do they provide essential services in terms of treating somatic symptoms only, thus belonging to the sphere of 'non-symbolic' medicine (hence low fees)? *Endudu* do treat serious illness in women and children, though perhaps the healers are in fact *Okakulukdhi* rather than the former? The various kinds of healers need to be explored in much more depth, in order to establish their particular roles and relation to each other (if any). For a closer look see Chapter 4.

⁹ Turner (1967:302-303) has drawn attention to the way in which Ndembu therapy concentrates on symbolically making invisible illness 'visible', and therefore far less dangerous and easier to deal with. This aspect of therapeutics is however more a part of healing action, than of medicines themselves, and the same can be said of the Ovambo situation.

herbal 'washes', also serve to symbolically eradicate illness (or its cause). The cathartic action of medicines complements the symbolic removal by the *ondudu*, e.g. in terms of sucking, of malign objects (witches' 'lumps' or sharp objects) or forces (spirits in the guise of beetles, snakes etc).

Not all medicines, however, engender health by means of cathartic action alone. There are a small number which operate instead by *contributing* something beneficial to the body. These kinds of medicine act either (a) by counteracting illness in their own right: in a soothing, restorative or strengthening manner (e.g. *oshikomba* paste used on open sores and wounds), or else (b) they may be employed in conjunction with particular cathartic medicines, in order to counterpoise the latter's powerful and sometimes weakening effects (e.g. the stabilising beverage of *katadidi*, taken following the results of a strong emetic of *m'dime*, for constipation). Indeed, not only do such medicines counterpoise, they also signify a crucial psychological turning point: viz. the movement away from purgation, towards the more positive embracement of recovery and ultimately of health itself.

It is perhaps worth mentioning that the notion of 'strengthening' can be seen to exist in other areas of Ovambo therapeutics, as will be revealed in the following chapter. Suffice to say at this point that it is certainly evident in the healing actions of practitioners, with emphasis resting on the transference of strength from healer to patient (expressed largely in physical terms: massage, actual or simulated sexual intercourse etc).

With regard to isolable patterns in terms of the administration of medicines, internal disorders tend to be treated with medicines that are themselves internally received by the patient (either anally or orally). Strongly apparent are the cathartic qualities mentioned above. A comparatively similar situation is revealed as far as external disorders are concerned. Skin-related problems or inflicted injuries are predominantly treated with medicated concoctions, or ritually imbued material objects, that are externally applied directly to the affected area. Again, the notional element of 'cleansing' is strongly present, with many such external remedies taking the form of washes, or substances applied during massage (manual removal of symptoms). Internal medicines are not normally administered for external disorders, although certain external treatment - massage for example - may be employed in the healing of internally located problems such as rheumatism, headache or constipation.¹⁰

¹⁰ Gonorrhoea in males is treated with internally taken medicines (beverages and enemas), though although the symp-

Indeed, when considering the notion of internal and external healing, it is worth exploring the use of smoke fumes and steam vapours. Fumigants and vapourizers are essentially external in their form of administration to the patient, but are designed to alleviate predominantly internal symptoms (the only exception here being eye disorders). What is intriguing is the apparent conceptualisation of the body as a 'porous' entity. Fumes and vapours, for instance, cannot only be seen to *envelope* an area of concern (i.e. an arthritic knee), but also to either *penetrate* or be *absorbed* by it. Such action on behalf of the fumes/vapours is, in a sense, necessary given the internal nature of the symptoms. In other words, one could only really argue for envelopment alone if the disorder was simply an external one.

Moreover, the notion of penetration or absorption is further supported by the fact that fumes and vapours are also frequently *inhaled* as a curative measure for internal conditions such as headache, nosebleeding, *omukota*, and disorders of the respiratory system. Penetration or absorption, thus, appear to occur *where no properly defined entry (or exit) to the body is available, in relation to the location of the internal disorder*. In other words, internal head and chest disorders are for argument's sake near the mouth, nose and ears, stomach disorders can be treated via either the mouth or the anus, whereas limbs, joints and muscles have only the pores.

In essence, many Ovambo medicines are found to express sympathetic, contagious or homeopathic elements of a symbolic nature. To take some of the various remedies for skin disorders as an example: gnarled, knobbly, wood is rubbed over pustules; the prickly, flowering plant *songo* is used to treat swollen feet most likely caused by thorns and prickles in the sand; split fruit is used to treat heels that are themselves cracked and split. Furthermore, the cortex of roots, bark of trees and rind of fruit and vegetables are used predominantly in the healing of skin disorders. In another sense the medicinal substance used may reflect the desired result of the treatment; thus, for example, the smoothness of wild pumpkin rind (used in healing spotty skin diseases) may represent the normal, healthy, condition of the skin to which a return is sought. Similarly, the fine powder made from the cortex of *opapa* (root) and applied over an area of skin sores, wet with water, may symbolise the overlaying of an 'unblemished skin' designed to counteract that

toms become visible externally (i.e. pus in urine) they nevertheless emerge from inside the penis.

which is actually blemished.

Other examples in this vein not related to the treatment of the skin include, a medicinal beverage designed to expel a tardy placenta from the womb. The various components of the beverage are mainly vines and roots, the twining, clinging and hidden (in the case of roots) nature of these perhaps symbolising the retentive behaviour of the placenta. It appears that roots are the only type of plant parts used in medicines for symptoms relating visibly to the penis (i.e. pus or blood in urine). Thus it might be that on a metaphorical level, roots and penes are linked: roots being to plants what penes are to men. Certainly elsewhere in Kwanyama thought, explicit association is made between peanuts (shells containing seeds), stamens (bearing pollen) and testicles (containing human/animal 'seeds'), since they all bear the same name *omatondo* (Turvey, 1977).

As far as the colour symbolism of medicines is concerned, much more evidence is needed before any satisfactory analysis can be conducted. There are some points that are nevertheless worth making. The significant colour triad - red, black and white - is certainly apparent in medicines. However, the particular nature of the symbolic character pertaining respectively to each is rather difficult to ascertain at this stage in the analysis. Some medicines are quite literally red, black or white in Ovambo terms (including for example colours like brown or dark grey/blue, that are classified as red and black respectively). Others, however, may belong to the colour triad in a more metaphorical sense, since they have no *visual* connection with the triad, but might be conceptualized thus on the basis of their particular qualities or properties. In other words, strengthening, positive medicines may be identified as 'white' because white represents what is unequivocally good, strong and pure.

Principally, though, colour is a powerful visual medium, and through it certain features like 'order' and 'status' are conveyed. For instance, it appears that during healing sessions different colours serve to demarcate various stages, or highlight significant turning points, thereby emphasising the progression from illness towards recovery. Moreover, it is possible that the Ovambo, like the Zulu, administer different coloured medicines in a particular given relationship to each other, thus enhancing the notion of order. Yet until the symbolic connotations mentioned above are determined it is practically impossible to comment on the meaning and significance of any order observed.

As regards colour and status, the triad may be employed (to an extent) to signify certain ritual states of being (in human terms), as well as the 'value' of particular levels or stages of treatment (or indeed entire individual treatment procedures). Of course, this is an area extending outside the confines of herbal medicines, including other *materia medica* such as blood, fire, chalk, animal skins, foodstuff and so on. The use of white chalk on the body, for example, signifies the liminal and at the same time auspicious status of the bearer. In the context of therapeutics, it symbolises the interstice between illness and health and signifies the patient's position there clearly (i.e. as not so ill as to receive treatment, but not cured yet either). Additionally, white body decoration may signify ritually protected status. The lines painted on vulnerable areas of the body are in a sense barriers against invasive negative forces. Interestingly, houses, pots and other objects may also be protected in this manner.

Black is a highly esteemed colour: the verb *laula* describes darkness, gloom and blackness, and is used when talking of dark skies and rain clouds (a welcome sign: rain is equated with fertility and life generally). *Laula* means to be gorgeously coloured and dazzling. Pure black cattle are highly prestigious and valued enormously; only they can be sacrificed in propitiation of the ancestral spirits, and when used in the context of healing (i.e. curing of *akwamungu* and the initiation of *endudu*) they can be regarded as the ultimate in healing and harmonising measures. If black cattle are sacrificed, either the illness must be very serious or the patient a very important person.

Finally, a note concerning efficacy. To talk only of the symbolic aspects of medicines is to deny any actual efficacious benefit they may impart. Nevertheless, determining or measuring efficacy can be an analytical task fraught with difficulties in terms of evaluation (Young 1982:39). This is due to a great extent to the pathological aspects of disease: -

- (a) Visible or experienced symptoms may disappear, giving the appearance of a return to health, when in fact the disease remains strongly present (albeit outwardly 'dormant') in the body. Syphilis in women is a good example of this, hookworm is another.
- (b) Many minor ailments will disappear from the body without any medical aid, given time, indigestion for example.

- (c) There is the whole area of the placebo effect to consider. Turner has shown that faith in the healer and in the course of treatment provided is often vital to the success of Ndembu therapeutics.

There are some scholars who believe it is erroneous to discuss the efficacy of ethnomedicine, and that to be concerned with it is ethnocentric. Young (1982:39-40), for example, has argued that it is insufficient to limit "effects" to the impact made by medical practices on illness, since intentions to control illness are frequently harnessed to other less obvious intentions and effects (such as choice of healer and therapy, in order to avoid unwanted social consequences). Furthermore, there is the problem of specifying exactly *what* effects on exactly *whom* we ought to be talking about, because to draw the line at the healer and the patient is too limiting.

The subject of efficacy has been raised here primarily because certain confusion arising from the documentary sources concerning this aspect of Ovambo medicine needs to be confronted. On the one hand, the South African Medical Officer J.H. Loots, for all his usual negative aspersions about Ovambo health and hygiene, actually acknowledges the "clear efficacy of the pharmaceutical action of plants used to cure gonorrhoeal pus and the primary and tertiary skin disorders of syphilis (Loots 1930:11-12). He was, however, unable to obtain any further details of the medicines, no doubt due to mistrust of his South African government connection. The medical missionaries, on the other hand, appear from the documentary sources to have formed a downright negative opinion of indigenous medical techniques.

H. Kyronseppa has dismissed Ovambo therapeutics as "often harmful quackery" (1970:7). And indeed, it is this very notion of traditional medicines being harmful and dangerous that prevails in other accounts. Enemas are regarded as being worst of all - the liquid being thought poisonous, and the practice of forcing reeds and gourds up the anus highly dangerous (and perhaps no doubt immoral). The Ovambo, however, regard enemas as vital to health maintenance and in the eradication of illness (Erastus Shamena, interview - FELM Helsinki, 1989). It is true that some reported hospital cases do stand as examples of incidences where traditional treatment has proved rather detrimental to the patient (see Soini 1953:23). However, it should be borne in mind here that Missionary clinics were often used as a last resort after all traditional attempts had failed. Thus, missionaries would only be aware of this side of traditional medicine, seeing none of the successful results.

An analysis of the chemical components of the plants used as medicines would prove extremely interesting, in order to determine the active pharmaceutical properties of indigenous medicines. Clearly some medicines have chemical effects, even if these are not always regarded by observers as beneficial. Medical missionary sources commonly accuse indigenous medicines of poisoning or burning the recipient, yet this may be specifically intended as a way of 'killing' the illness. The alternative, Western biomedicine, is by no means regarded as perfect by the Ovambo. In her paper on *Traditional Healing in Ovamboland*, Justine Shivuta remarked that:

"There are some diseases for which the Ovambo people still think that western medicine has no cure for. Those are epilepsy, paralysis, the bite of a dog with rabies, poisoning and mental illness. Till this day the Ovambo people have turned to traditional healers for curing these ailments" (1981:12).¹¹

¹¹ Shivuta does not give a precise reason why the Ovambo believe there is no European cure for epilepsy. It may be that the drugs for controlling the condition were unavailable in the mission clinics, or perhaps that the drugs were available, but continuity of treatment in the rural areas was poor. There is no information in the sources on Ovambo about presentation, or possible stigmatisation, of epilepsy (except for the descriptions of febrile convulsions: *oudu odila*).

Generally speaking, epilepsy certainly appears to be extensive in Africa (Carothers 1970:136-7), with the prevalence of 1 in 200 in Botswana fitting the continent generally (brain damage to babies during delivery or the neonatal period could be the reason for such a high rate) (Ben-Tovim 1987:118, 119). However, there is a low rate of epileptics presenting to doctors in Botswana, which Ben-Tovim (1987:119) suggests may be due to the widespread belief that indigenous healing methods can cope with it (unlike schizophrenia). In any case, it is difficult for doctors to make accurate diagnosis unless a fit is actually witnessed. Epilepsy is seen to be contagious (children are excluded from schooling), and caused by witchcraft, poison, breaking taboos, contagion or alcohol.

Chapter Six

PROPHYLAXIS AND PROPITIATION

This chapter is concerned with the various prophylactic (i.e. preventive), protective and propitiatory measures used in connection with illness and health and with misfortune and fortune. Indeed, it seeks to evaluate illness in the wider context of misfortune, rather than regard it as an isolated phenomenon.

The first section is concerned with the use of charms, either worn on the person or (to a lesser extent) placed in the household area, as a *preventive* and thereby *protective* measure against affliction of various kinds. Moreover, the majority of charms are dual or multi-purpose in character, in that they also seek to promote fortunate circumstances. Section two concerns propitiation, which in the case of the Ovambo involves votive offerings to the ancestral clan spirits. Such sacrificial offerings (conducted on a small and large scale) are performed either as a means of promoting good luck (ie success, health etc), or as a placatory measure (in cases where affliction has already occurred, and where those affected wish to stop the process by appeasing the spirits). Propitiatory measures, therefore, are not so prophylactic in character as are the charms. Section three deals with Ovambo social norms and values expressed and reinforced through the observance of certain prohibitions and precepts. Violation or neglect of these (whether voluntarily or involuntarily) is believed to invite illness, misfortune or death, unless the protagonist(s) undergoes ritual purification. The latter is in itself a kind of healing, with the emphasis on becoming cleansed and 'whole' again.

Of course, in actuality the above three sections cannot be strictly demarcated, and the interrelationships between them will be examined in the final section, where I will also consider how the above 'coping' measures relate to illness/misfortune, and what an analysis of the former can tell us of the latter.

CHARMS: PREVENTION, PROTECTION AND PROMOTION

Charms are very commonly used, and for almost all aspects of life, with a view to warding-off misfortune and to influence 'fate' favourably. The Ovambo are quite realistic about the longevity of good fortune and have a proverb about it (Estermann 1976:164). Much of the available literature on charms tends to be vague about precise usage, but this may be because their purpose is, after all, quite general. The German missionary Sckär, who has written an early ethnographic manuscript on the Ovakwanyama, has named three types of charms: *oiketi*, *odimbo* and *oshiva*. *Oiketi* are little wooden twigs and claws of birds, wild animals etc, threaded on hide thongs. These are supposed to help against "anything unpleasant". They also help the *odimbo* (knob-kerrie stick) and *oshiva* (whistle charm), in all likely and unlikely situations (Sckär 1916:3).

Charms are usually made for individuals by a diviner-healer (*ondudu* or *onganga*) on request, to suit a person's needs at the time. Such particular needs may be, as we have seen in chapter 5, additional strength and protection following illness; alternatively, special protection may be required during pregnancy, or for a dangerous journey, and so forth. A great number of the Ovambo charms incorporate the dual purpose of preventing: protecting, whilst simultaneously inviting good luck, health, happiness and so forth. Charms of this nature may be used for more than one kind of situation, as I hope will be shown below. There are some charms which are used by people who find themselves already in unfortunate circumstances, and who wish to manipulate the situation towards a more favourable outcome; debtors are one example.

Basically, then, charms can be said to deal with the following (not in any special order):

- [a] the promotion of general fortune: health, happiness.
- [b] the prevention of illness and misfortune (including witchcraft and sorcery).
- [c] the prevention of negative social relations; promotion of good ones.
- [d] protection in vulnerable situations: journeys, initiation, manufacturing.
- [e] the protection of household, inhabitants and livestock, crops etc.

As mentioned earlier, any one particular charm could deal with more than one of the above, if specially constructed and imbued with the necessary 'power' to do so.

As well as manufacturing charms for people, the *endudu* also wear a great many themselves. On completion of their initiation into the profession, they receive certain charms that serve to signify the wearer's status in the healing hierarchy, and act as visual symbols of power and healing ability. Often these charms are used in the healing of the sick, and may even be lent to patients to provide strengthening or protective qualities (A.Powell-Cotton 1936b:5).

The Promotion of Happiness and Good Fortune

Some charms are quite general in their purpose, and may be used either on a daily basis, or prior to a given situation.

[a] *Omupja* (chalk-of-happiness): Chalk is used on the body each morning, to stave off general unhappiness and bad luck, and to draw happiness to a person. Warriors and hunters also use it for this purpose when in the forest. Used by Ondonga people, obtained through trade with the Ovakwanyama [Angola] (NMF.MRC:113)¹

[b] *Ositi selago akuiseta mosipala*: This charm (3 short twigs threaded on hide thong) is used to stroke the face in order for luck to follow (NMF.MRC:118).

[c] *Oonondo*: Lemon-smelling roots, on a thong around neck, are worn for their pleasant aroma and for good luck (NMF.MRC:122).

[d] *Omumakani* (big-stranger): If one carries a stick of this tree (*Rhigozum brevispinosum*) it will bring good luck (Canon Gabriel Nameuja, in Rodin 1985:52).

[e] *Omufiati/omusati* (*Colophospermum mopane*): Good luck charms are made from this tree, and worn by women at fishing parties, and by herdsboys at cattle round-ups (Loeb et al 1956:150, in Rodin 1985:96). The Powell-Cottons also mention that men wear strings of *C. mopane* leaves down their backs at the Cattle Ceremony, *engobe tadidane* (see Plate 7).

[f] Sckär records two charms made from oxen skin, known as *omia*. Those made from the neck of a bull impart strength to the wearer, whereas those made from the hide of an old cow are thought to promote longevity (Sckär, 1916:3).

¹ National Museum of Finland (Helsinki), Martti Rautanen Collection (1870).

[g] A leather thong, bearing the claws of a large bird of prey, is worn about the neck. It is believed that just as the bird catches plenty of prey, then the charm will ensure "much property and wealth" for the wearer (FELMM.OC:51)².

[h] *omupena* (the-one-that-is-given): This amulet influences exchange in a positive way so that goods will accrue to the wearer. It consists of woods hanging on a leather thong and is worn around the neck. The Ondonga explanation for its use is: 'if you go somewhere you will be given things, or if exchanging you will give a small item but receive a large one' (NMF.MRC:117). If the owner of an *oshiva* goes to ask a favour of someone, the eating of a little *oumwifo* (leaf ash and fat) contained in the *oshiva* horn is believed to make the other person more amenable and likely to grant the request (Tönjes 1910, in Turvey 1977).

[i] *Ekakatalekanjatela*: This herb is used to make one rich or to preserve and increase ones growing riches; obtained from a diviner (Tomas Uukunde, ELC 1932, item 90 page 219)³.

[j] *Ositi somagono* (the-stick-of-gifts): This charm, two roots on a leather thong, influences other people to feel concern, so that when a person needs it they will receive it without hesitation on the part of those offering help. The name refers to the act of giving (NMF.MRC:119).

[k] *Omapeua ouala*: This herb is given by a diviner to someone who cannot support himself. The latter gives all he has to the diviner then, having acquired the herb, no-one will refuse his requests - be they for grain, cattle or anything else (Tomas Uukunde, ELC 1932, item 90:219).

[l] *Nyolotola*: On the day on which a creditor summons a debtor, the latter holds a piece of *nyolotola* root in his/her mouth. The creditor will then let the debt slide (P-C.A37/1037)⁴.

In support of the above example, Estermann noted that great respect was held for another persons property within the community. The main exception was cattle raiding but this was practised on neighbouring communities, or else within the community as a form of retribution. *Oufonya* (meaning 'poverty'), says Estermann, served as a justification for transgression of laws regarding stealing, and people would turn a blind eye. Alternatively debts would be waived, as above. A number of proverbs refer to the pitfalls of

² Finnish Evangelical Lutheran Mission Museum, Ovambo Collection.

³ Emil Liljeblad Collection, Helsinki.

⁴ Powell-Cotton Collection, Angola 1937.

avarice and excessive wealth, for example: *Uuyamba okambwa, ka lumata mwene*, 'Wealth is a dog that bites its master' (Wealth brings worry and sorrow) [h217]; or *Hima nando toola, itadhi pu po*, 'Though you pick up turtles they will not end' (Don't be too greedy). Those less fortunate than others are not denigrated: *Ohima ji nuukali, omagundji jaa na*, 'The turtle has genitals but no breasts' (Poor people do have kindness but no resources)[L1188:92,P68,R50] (Matti Kuusi 1970:96, 118).

[m] *Oshiti soku engulita* (surprise-stick): If someone is robbed of something, then this charm helps to catch the thief and ensure the return of the lost goods (FELMM.OC:67).

Male-Female Relations: Lovers, wives and husbands

[a] A Kwanyama man wore a thong around his wrist bearing pieces of tortoise or ant-bear shell. The wristlet was given to him by an *ondudu* so that all the man's wives might stay and never leave him (A. Powell-Cotton 1936b:114).

[b] Men may wear the wood of the *omteholi* tree (no scientific name) bound in a piece of cotton fabric and thread and attached to a thong, in order to attract women as wives (D. Powell-Cotton 1936a:154).

[c] Scented seeds and cosmetics are worn by women to allure men as lovers and husbands. Such powders etc may also be used to mask perspiration resulting from heavy work in the fields. Prospective brides are given a small basket containing scented powder during the *efundula*. Some examples used by Dombondola women are as follows: *ochidimba* a fragrant plant (P-C.A36/2088), *masambala* seeds from *omulavi* tree (P-C.A36/2178), *ochilopi* scented seeds from Namibia, and *omwadi* a scented fungus (P-C.A36/2175).

[d] Wart hog tusks (*ompinda*) are worn by women to make themselves appear more desirable (FELMM.OC:34-38).

Favourable Social Relations

[a] The plant, *onjiolifi*, is pounded to a fine flour. A little is eaten at social gatherings by Dombondola people, and is said to cause immense popularity amongst friends. The stalk can also be chewed. It is known elsewhere in Ovamboland as the 'laughing plant', and eating it will cause crowds to flock to one's house with pleasure! (P-C.A36/2524 & 2563).

[b] The bark of *oehadi* is chewed and partly spat out. The remainder is rubbed on a man's face so that he may go to any feast and not become involved in a brawl or any other similar trouble. (P-C.A37/1038).

[c] In addition to the precautions taken by individuals, as above, an *ondudu* may ritually protect the assembly as a whole from discordant behaviour at gatherings. First of all the plant known as *etalaleka* is collected by the *ondudu* early in the morning. Then a piece of the plant is broken off and some placed in the fire of each *epata* (living area) of the women of the household where the feast is to be held. The remainder of the plant is pounded and added to cold water, then sprinkled throughout all the corridors, meeting places and the main entrance (*onu*). These procedures are thought to protect against fights and bad relations between people when under the influence of alcohol (P-C.A37/1033).

To Counteract the Wrath of the King

[a] *Ositejandjahi* herbs are used to counteract the king's wrath, should someone have transgressed a law. An *onganga*⁵ collects it. Similarly, use of the herb *osihoni* aims at making the king (or chief of a *mukunda* [district]) feel shame and thus refrain from executing punishment against a person. The herb is obtained and administered by an *onganga*. (Tomas Uukunde, ELC 1932, item 90:218).

The Prevention of Illness/Misfortune

Illness is regarded as a special kind of misfortune.⁶

It is believed to be predominantly caused by the ancestral spirits, by witchcraft and by sorcery. To a lesser extent illness is attributed to Kalunga (the supreme deity) and then it is usually of the incurable kind. Somatic symptoms are generally cured at the time of occurrence, on the whole using plant-based remedies. However, in order to *prevent* illness, or at least the recurrence of illness, certain prophylactic and/or protective measures are deemed necessary if health is to be ultimately achieved and maintained. In addition to the use of preventive and protective means, propitiatory measures and ritual purification are also regarded as important in this context, as will be seen below.

⁵ Ondonga for 'healer'.

⁶ See sub-section: Illness Terminology, Chapter 2, Part 3, for more on illness as a special kind of misfortune.

Charms used in connection with specific ailments are as follows:

[a] Fever: To prevent fever a seed necklace may be worn of the type prescribed by an *ondudu* for an Ondonga woman living among the Ovakwanyama near Mupa, Angola (P-C.A36/2066).

[b] Chesty cough: A piece of wood on a leather thong was worn by an Ombandja man for sore neck (?throat) and a chesty cough [Olutula mukunda (district), Angola], (P-C.A36/2392).

[c] Stems of *ekoka* (thing-which-drags) are worn around women's waists to prevent them from getting backache whilst hoeing (Rodin 1985:51).

[d] For the prevention of madness caused by the restless and avenging spirit of a dead enemy (killed during a cattle raid/battle), a warrior will be treated with a plant known as *yakanhoni*, *kadilahono* or *ekwatadiba* (Liliaceae *Asparagus* sp.) (P-C.A37/1042).

Loeb et al (1956:150) record that the plant *okanautoni* (little-of-hyena-call) (*Dissotis debilis*) is mixed and chewed with *eyakanhoni* (see above), then swallowed. Neither Loeb nor Rodin collected *eyakanhoni* so we have no scientific name; Estermann (1976) identifies it as a species of *Asparagus*. The Powell-Cotton material contains information about the actual method of preventive treatment, as used by the Kwanyama, though it unfortunately fails to scientifically identify the plant(s) involved. The notes say that a plant root is pounded, added to water, and given as a beverage (or alternatively as an enema). Such treatment acts against the "spirit blood of the dead man", which will cause madness (*tavele outon*) to befall the living warrior if the liquid not taken (P-C.A37/1042). For more on the protection of warriors from illness see the section below dealing with ritual purification.

[e] Poisoning: Usually this is presumed to be the result of sorcery. One Ovambo man encountered by the Powell-Cottons wore a necklace comprised of the small bones of cattle feet and some wooden pieces (not specified). In the event of him falling ill as the result of drinking poisoned beer, nibbling the wood would induce vomiting (thus cleansing of the system). Indeed, he maintained that even the mere wearing of the charm would induce vomiting (A. Powell-Cotton 1937c:40).

[f] Bewitchment: To prevent the recurrence of illness thought to be caused by witchcraft, pieces of twigs, *omuandu*, are worn on a thong around the neck. Firstly, the suspected witch's influence is 'removed' or

'driven out' by an *ondudu* who fumigates the victim with smoke from burnt bark shavings from the charm. Thenceforth, the wearing of these same twigs affords protection against re-affliction (NMF.MRC:121).

According to Hiltunen, charms are invested with protective 'power' by *Oonganga* (healers) to resist influences of witchcraft. Charms serve to counterbalance what she terms "evil force". Hiltunen also states that the very act of "casting a protective spell", as she puts it, reveals to the assumed witch an awareness of her skill and aim. Thus the protective action itself works as effective counteraction (Maija Hiltunen 1986:69).

Pregnancy and Birth

[a] Among Ukwanyama necklaces of *onuhanana* are worn by women during pregnancy, and thereafter by their newborns, for strength and protection from danger (P-C.A36/995).

[b] During lactation, a wristlet bearing medicinal wood, *ehangi*, is worn by the mother (P-C.A36/1136).

[c] Adultery by women during pregnancy is believed to invite harm to the foetus, hence women make use of a plant charm (not named in source) to save the child's life at the time of birth (P-C.A37/989).

[d] Following parturition the afterbirth is normally buried in a chosen spot within the household. In order to ward off malevolent spirits from this site, two plants: *oshinanganamwali* (look-after-the-mother-with-the-newborn-baby) [*Kleinia* sp. cf *Kleinia longiflora*], and *okatendadikwa* (carrying-skin-for-children) are grown there (Canon Gabriel Nameuja, in Rodin 1985:63).

[e] Among the Evale, women wear coloured trade beads (yellow and green) as some sort of charm (specific use not recorded in source) during pregnancy (P-C.A36/880).

[f] Ombandja women wear a hide belt, *oshipunduka*, decorated with charmed woods, ostrich eggshell beads (*enjeva*) and iron beads (*oputo*). The belt is made by an *ondudu* for the woman's use during pregnancy and whilst her child is young (P-C.A36/777). Alternatively, a tapered piece of cattle skin decorated with five plaques of fibre and *enjeva* discs may be worn. As with the *oshipunduka*, this is worn for protection whilst the child is very young (P-C.A36/774). The significance of these charms lies in the supposed transference of strength to persons more vulnerable than usual.

[g] Children themselves wear protective/preventive charms, commonly tiny 'ladders' of reeds, fibre string and *enjeva* beads. Large iron beads, *oputo*, are also worn in order to repudiate sickness (A. Powell-Cotton 1936b:111).

Among the Ondonga, the Finnish missionary Martti Rautanen observed that:

"A mother hangs amulets around the neck, on arms, around the waist and ankles of her new born baby to guard him from the destruction of the *aalodhi* (witch)" (Rautanen, MS 1902:45, translation in Hiltunen, 1986:68).

Another protective measure against the vulnerability of very young children is to be secretive about their personal name. Loeb states that among the Ovakwanyama a baby's name is not revealed to strangers, as a person's true name reveals their soul and as such renders them vulnerable to witchcraft and sorcery. Without knowledge of the baby's name the latter cannot be bewitched (Loeb 1948:25). I will be returning to the importance of names and protection later in this chapter.

Protection of the Household

[a] According to Rautanen, night is the time when witches become 'spirits' and conduct their evil. Therefore at sunset Ondonga people ritually 'close' the passages of their living areas, in order to prevent the spirits' entry. Additionally, charms are hung in the entrances of sleeping rooms which are also fumigated with smoke to "...make the spirits of witches afraid" (M. Rautanen in *Suomen Lahestyssanomia* [Finland's Mission Journal, Finnish Missionary Society], No.5, 1895:5; translation in Hiltunen, 1986:69).

[b] A branch may be placed on the top of a house in Ondonga, to dissuade malevolent spirits from entering (FELMM.OC:39).

[c] *Omupopola* [*Maeurua schinzii*] is one of the plants placed over the entrance gate of the kraal (*onu*) to keep out evil spirits (Loeb et al 1956:147, in Rodin 1985:51).

[d] *Omudime* (to-destroy-thing) [*Euclea divinorum*] stems are placed on the cross-beam of the main entrance gate to ward off evil spirits (Loeb et al 1956, see Rodin 1985:73-74 for more on this).

[e] *Etilovalodi* [*Leonotis nepetifolia*] branches are hung across the main entrance gate for good luck. Stems of this species are also placed behind the husband's sitting place for good luck (Loeb et al 1956:147, in

Rodin 1985:57).

[f] The plant known as *eposa* in Oshikwanyama is grown in households for good luck (Canon Gabriel Nameuja, Rodin 1985:113-114).

[g] *Ekoka/eschilulua* [*Orthanthera jasminiflora*] is planted by Ovakwanyama in or near their households in order to invite good luck (Simon, informant of Rodin, Rodin 1985:51).

[h] Branches of *omulavi* [*Gardenia spatulifolia*] are placed on hut roofs as protection against lightning⁷.

Travelling and Herding: Protection and Invitation of Good Fortune

[a] When travelling the Ovakwanyama keep a piece of the plant *mwenda nanjola* (no scientific identification) in their mouth. This ensures that the traveller will always receive a friendly welcome as well as sustenance along the way (P-C.A37/1037 and A37/1147).

[b] Dombondola herdsboys wear a piece of the plant *ohawn ho dodui* on their heads, to ward off lion attacks (P-C.A36/2221).

[c] Ondonga herdsboys use *omusindilo* (sticks or staffs that are ritually imbued with protective forces by *oonganga*). These sticks are used when herders and cattle are far from the owner's household - i.e. in the grazing pastures northwards. Being far away they are particularly at risk from raids by neighbouring Ovambo communities, or other groups. Herdsmen, therefore, attempt to protect their temporary camps by encircling them, swishing the *omusindilo* from side to side in order to drive away misfortune. Once complete, the area within the 'circle' is insured against malevolent forces (NMF.MRC:114).

[d] Bundles of leaf fibres obtained from the plant *ongushe* [*Sanseveira pearsonii*] are worn with the aloe costumes by female initiates during the *oihanangolo* phase of the *efundula* ceremony. According to Loeb the costumes are "...specially symbolic protective plant armour" (Loeb et al 1956:152, in Rodin 1985:109). Presumably, although Loeb does not say so, the costumes protect against the spiritual and physical dangers of the bush.

⁷ Lightning is a very frightening phenomenon because it is perceived to be the wrath of witches. People struck dead by lightning are not given normal burial, so as to prevent their spirits from returning (Loeb 1962:260). During a storm people take care not to reveal their teeth, as their whiteness is thought to attract lightning (Erastus and Magdalena Shamena, interview at FELM, Helsinki 1989).

Hunting and Cattle Raiding

Cattle raiding and organised large scale hunting expeditions were most definitely regarded as hazardous, in that both required entry into wild bush areas and into possible 'enemy' territory. Hunters and warriors were therefore rendered vulnerable, and for this reason the wearing of protective charms, together with the performance of certain empowering and propitiatory actions, became regarded as vital for both safety and success. The charms used in this context are often multi-purpose, in order to afford benefit that is all-encompassing.

Hunting

[a] The Powell-Cottons observed that Dombondola hunters made use of wooden "wands" (not named in source) to ensure an abundance of meat. The stick, bearing yellow 'medicine' (not specified) is slept on overnight by the hunter, the idea being that in the morning dead beasts will be lying all around camp (P-C.A36/2204). In other words, the hope is for an easy and profitable hunt. This same object can be used to frighten away lions, by waving it at them (ibid).

[b] Ondonga hunters use an object similar to that used by the Dombondola above, known as *omizizaakongo*. This stick has a dual purpose according to Rautanen's information: firstly it draws quarry to the hunters, and secondly it is supposed to allow hunters the power of 'seeing' animals straight away - a kind of mystical heightening of perception (also used during raiding) (NMF.MRC:116).

[c] Loeb has recorded that *onyongo* (clenched-fist) [*Geigeria schinzii*] or *okashishilila* are used as charms to improve marksmanship by Kwanyama hunters. An *ondudu* powders the plant, adds a beak tip and the brain of a duck, a humped black-billed goose, or a red-billed goose, then roasts the mixture. Five perpendicular cuts are then made on the upper and lower sides of both the hunter's wrists, as well as on the upper right shoulder and under each of his eyes (Loeb et al 1956:149). The empowering aspects of this treatment are very explicit indeed, focussing on clarity of sight, surety of aim and steadiness of limbs.

[d] Similarly, Ondonga hunters may be ritually marked with lumps of chalk, *omupya* (stave-off-unhappiness), by an *onganga* before they set out in order to promote hunting luck. The chalk bands around the arms and the eyes also serve to protect them against accidents whilst away from the home area

(FELMM.OC:64).

Cattle Raiding:

There are predominantly three charms used on raiding expeditions for protection and to promote victory and success. These charms form part of the mystical 'war' power known as *oupule*.⁸

Tönjes documents several kinds of *oupule* (pl:*omapule*) used by the Ovakwanyama:

- 1) The power which renders an individual invulnerable to bullets (this power was sought after most of all, and the possessor was called *omule*). This same power could also render incurable the wound caused by a bullet fired by an *omule*.
- 2) The power to raise a strong wind for the purpose of aiding assault on an enemy area.
- 3) The power to provoke panic among the enemy.
- 4) The power to make oneself a good marksman (Hermann Tönjes 1911: 225, translation in Estermann 1976:205).

Estermann adds two other forms:

- 1) The power to acquire an abundance of provisions and cattle.
- 2) The power to assume a physical appearance that inspires respect (Estermann 1976:205).

The main charms used in *oupule* are ritual 'wands' or staffs known as *omusindilo*, and necklets bearing horn whistles and protective charms known as *oshiva* (*ochia* in Ondonga). To a lesser extent protective waistbelts were worn, and the practise of ritual chalking with special lumps (*omupya* [*Ondonga*]) should not be forgotten.

1) *Omusindilo*

These objects are attributed various, though similar, names in the source literature. According to Rautanen, the names are derived from the verb *sindila* (Ondonga), meaning:

⁸ There are references to *uupulile* (war sorcery) in the Emil Liljeblad Collection, whereupon *omusindilo* branches, horns of antelope (*ombambi*) and cannibalism are mentioned (source:Gideon Itule, Ongandjera, item 105: 238).

a) To make a line, to circumvent, to draw, and

b) To chase away evil caused by sorcery, as well as drawing luck to the bearer (Rautanen NMF notes with artefact 114; his information is compatible with the definitions given in the Ndonga-English dictionary by Toivo Tirronen (1986); *Omufindilo* in oshikwanyama means household god, amulet or charm (Turvey 1977)).

Omusindilo may be in the form of short lengths of bark-covered wood on thongs worn around the neck or wrists, they may be 'wands' (20-25cm long), or they may be decorated ritual knob-kerries and walking staffs.⁹

[a] *Onzimbo jomusindilo* are made by prominent *Oonganga* in Ondonga from a particular type of wood (not specified in the source). They are ritual staffs, rather similar to the knob-kerries of everyday use except that they are decorated with valuable cowrie shells and strips of cattle skin. One of the specimens held at the FELM museum¹⁰ is covered with notches denoting the dry and rainy seasons - evocatively powerful information indeed. Rautanen's accompanying notes state that such staffs were used: (a) to drive out the spirits of dead persons from the living, and (b) for protection during war and hunting expeditions. If swung around the head, the staff can render persons invisible or else disguise them as a bush or termite hill (FELMM.OC:23 & 26).

[b] *Omusindilo* 'wands' are used by Ondonga warriors, and in particular by the raiding party leaders (*ondjai*), during cattle raids. The leaders stride ahead of the main party, waving the *omusindilo* from side to side in order to dispel dangerous obstacles (?spirits or forces). Two short accounts regarding the powers of *omusindilo* have been recorded by Rautanen:

1) Once an Ondonga man was being pursued by a man from Uukwambi. The latter had almost reached the former when the Ondonga man waved his *omusindilo* around his head, he was thus turned into a bush and saved.

2) A man, waving his *omusindilo* about his person, was changed into a tree stump and his pursuer searched

⁹ Sckär mentions ritual knob-kerries known as *odimbo* (in Kwanyama) which he says act as charms, and I'm assuming that *odimbo* and *omusindilo* are one and the same thing.

¹⁰ Finnish Evangelical Lutheran Mission Museum, Helsinki.

for him in vain.

These objects are regarded as incredibly valuable and are normally inherited down the matrilineal line. Having been 'fed' with powerful forces by an *Onganga*, each *omusindilo* can hold a transaction value of one head of cattle (NMF.MRC:125).

[c] A 'wand' known as *odimbo yomfindilo* is used by a Kwanyama grandfather (i.e. father of the household owner). He waves the stick around his head, then places it in his mouth when raiders are approaching. This action is designed to make the raiding party divide and pass by the household in question, without fighting. The same procedure is used in attempting to protect a herd of cattle, when grazing away from the home area (P-C.A37/963).

[d] A cattle-raiding charm (*ompunga*) made from wildebeest tail, and decorated with basket-work discs, shells and twigs, is worn by men for protection against rifle shots (P-C.A37/387, see Plate 37).

2) *Oshiva (Ochia)*

The *oshiva (eeshiva)*, as it is known in Oshikwanyama (*ochia* in Ondonga), is a charm generally consisting of small wooden pieces (3-4cm), a small duiker horn and sometimes pieces of cattle skin threaded onto hide thong which is then worn around the neck.¹¹

[a] Tönjes writes that an *oshiva (eeshiva)* is an amulet or charm made of bull's hide, which is:

"...hung around the neck so as to hang at the breast and keep the wearer immune from attack by enemy weapons. But in flight it is reversed so as to hang down the back and so keep off pursuers. On its end is a small antelope horn filled with *oumwifo* - a mixture of leaf ash and fat" (Tönjes 1910, translation in Turvey's Kwanyama-English Dictionary, 1977).

[b] The Ondonga use *eeshiva* to stroke the faces of warriors before they set out on a raid, with the aim of invoking strength and courage. The particular specimens held at the FELM museum use woods that provide protection from arrows and bullets if worn down the front or back of body (i.e. in relation to the position of the enemy) (FELMM.OC:46,47, & 48).

¹¹ A *Colophospermum mopane* leaf whistle used at weddings is also called *oshiva* according to Rodin (1985:97).

[c] One of the female *endudu* met by the Powell-Cottons wore a leather waistbelt decorated in cowries, formerly worn by a warrior when raiding. According to the *ondudu*, the belt afforded protection, so that if the wearer's head was fired at the bullets would just fall to the ground. Similarly, if the stomach was about to be speared the belt would render the spear as harmless as water (A. Powell-Cotton 1936b:57).

[d] It is possible for an *oshiva*, like an *omusindilo*, to render a person invisible. This is achieved by blowing into the duiker horn (FELMM.OC:45 & 46).

[e] Estermann describes most cattle raids as surprise attacks, with the emphasis being on the capture of cattle (and slaves) rather than violent conflict between raiders and raided. If surprise attacks are to be successful, winds are needed in order to whip-up a sand storm as camouflage. Hence *eeshiva* horns are used by Ovakwanyama in order to "raise the wind" - *ompepo* - accompanied by the warriors' song to invoke it (Estermann 1976:185).

[f] Tönjes describes another function of *oshiva yokutukula omhepo* (the amulet-to-raise-the-wind): the leader of the raiding party carries the whistle with him, so that when those that are robbed raise the alarm their cries will be drowned by the rising wind (Tonjes 1910, in Turvey 1977).

[g] The Ondonga warriors may in fact use a cow horn, complete with hide handle and finely decorated around the rim with cowries, tail of wildebeest and *oputo* (iron beads), to raise the wind. In fact, this object seems more likely to be the kind of *oshiva* used by the ritual war leaders (*ondyai*), given its prestigious nature. Rautanen's notes reveal that the cow horn was used by raiders to raise a storm during a raid, but it could also be used to alert people and gather them together if a raid was approaching (FELMM.OC:49).

[h] Hahn mentions the use of duiker horn whistles but fails to record any Ovambo name. The whistles are apparently used in times of 'war' and are filled with ashes, obtained by burning the wing feathers of a bird known as *inane ya m'koakoa*, which Hahn describes as "...a very nervous member of the Roller family". When the whistle is filled with this 'medicine' and blown, it will cause the enemy to "become nervous and shaky". Further on, Hahn also mentions the raiding whistle charm, *ochia*, stating that it is something given to sons by their father on the occasion of their first being able to walk, so that they may be clever cattle raiders when grown (Hahn 1928:22, 27).

[i] An *oshiva* charm necklet of duiker horns threaded on a hide thong, is worn by men on raids to protect them from bullet wounds (P-C.A37/389, see Plate 36).

[j] Finally, with further regard to the contents of some *eeshiva*, Estermann describes the (quite rare) situation when the whole of a raiding party is annihilated:

"This is the occasion for proceeding to prepare a powerful amulet with the hearts of the dead, removed from the bodies by a *kimbanda*.¹² For this purpose he roasts the flesh of the organ in question and puts it into duiker horns which the warriors hang around their necks (Estermann 1976:129).

PROPITIATION

Propitiation, whether performed in its own right or in conjunction with the use of herbal medicine and/or amulets, primarily serves to promote fortunate circumstances and personal well-being. In short, it invites fortune and seeks to discourage misfortune. The promotion of fortune is effected by the appeasement or placation of the ancestral spirits (living-dead), who are believed to be instrumental in causing illness and other kinds of misfortune as a result of being neglected or offended in any way.¹³ As we have already seen in Chapter 3, the ancestors are thought capable of wielding considerable influence over the lives of their descendants - so much so that they can even intervene to prevent the highly desired rains sent by Kalunga, thus causing serious affliction in the form of drought, famine and illness (Shamena 1989).

Propitious acts involve the presentation of votive offerings (usually accompanied by some form of verbal address) to the particular ancestral spirits concerned. Through such acts people hope to either maintain existing favourable relations with their living-dead (whereupon a reciprocal benevolence on the part of the latter is desired by the former), or else the offerings aim to placate angered living-dead who have subsequently sent misfortune, in the hope that the latter's benevolence will resume swiftly. Thus, in the words of Aarni, there is a dual purpose in offering sacrifices, namely: "...to make people feel calmer and to pacify threatening powers" (Aarni 1982:45).

¹² Estermann prefers to use the general S.W. Bantu word for healer-diviner instead of the Ovambo words *ondudulonganga*.

¹³ Small propitiatory measures are used to ward off "evil eyes" according to Aarni, but although witchcraft and sorcery are causes of misfortune, they are more usually dealt with at the time when trouble actually occurs - by divining sessions etc. - as opposed to being prevented in advance. See Maija Hiltunen (1986) for more on this.

Places chosen for propitiation vary, however a common site is the grave of a deceased householder¹⁴ (Loeb, 1948:79). Grave sites of kings, as well as sacred groves harbouring spirits, are also favoured. Propitious acts can be performed by household heads or by ritual specialists such as *enduduloonganga* (healers-diviners) or *alokithi* (rainmakers) - depending on the reasons for performance. Propitiation is performed for the benefit of people both at the individual and corporate levels. The offerings or sacrifices presented to the living-dead are classified by the Ovambo communities as belonging to one of two main groups:

- 1) *Esaagelo/Efiawilo* (blood-less offerings), and
- 2) *Ohula* (blood offerings/animal sacrifice) (Albin Savola 1916:182-183).

Although two separate kinds of offerings exist, they are by no means mutually exclusive in terms of use. Certainly, there are occasions when only one of the two will be chosen, however many of the more complex situations requiring propitiation seem to show an overlapping of the two to varying degrees. For the purpose of evaluation I will discuss each type separately, including examples of the circumstances requiring their use.

*Esaagelo/Efiawilo*¹⁵

These are non-bloody offerings comprised of materials such as leaves, twigs, sand, chalk, ash, beer, human saliva, tobacco, snuff, porridge and cooked beans. The normal procedure is for small individual portions of the above to be taken by the officiator, spat upon (in itself construed as an offering), then thrown in the direction of both east and west. The ancestral spirits residing in the east and west are addressed as the offerings are thrown to them.¹⁶

Esaagelo offerings are generally more common than those of *ohula* and, unlike the latter, are not usually proffered in connection with crises (serious illness, drought, pestilence etc). Rather *esaagelo* may be offered:

¹⁴ Male householders are buried in the main cattle kraal, however when the entire living structure is moved and rebuilt (every 2-4 years because of white ant destruction) the grave site is found in what has now become the gardens or crop fields (Loeb 1948:79).

¹⁵ Ondonga and Kwanyama dialects respectively.

¹⁶ Very briefly East is the side of the good spirits, and west is the side of bad ones. This is fully discussed in the final section of this chapter.

- a) for the daily invitation of good fortune in general,
- b) for the invitation of success when manufacturing or producing,
- c) as thanks to the ancestors for their benevolence in terms of the provision of abundant subsistence - healthy crops, and
- d) during the healing of minor illness.

Primarily, then, *esaagelo* offerings serve as regular and formal acknowledgement of the living-dead. That is to say, the ties between the living and the ancestors are publicly consolidated, constantly re-affirmed, in many cases on a daily basis. It is hoped by the performers that the ancestors, thus remembered and *included* in the everyday social affairs of their descendants, will continue to bestow benevolence, prevent misfortune, and so help maintain order. Having described the content of *esaagelo* it is worth elaborating on some of the contexts in which it occurs:

Daily Invitation of Good Fortune

Each morning, according to the German missionary Sckär, a Kwanyama man rises then goes to stand at the entrance of his homestead. Firstly, he spits in the direction of the rising sun, then throws a handful of leaves and grass the same way, saying aloud his hopes and desires (the nature of which are not documented by Sckär). This done, he takes a second handful of leaves and grass into his living quarters, spits onto them, and throws them into the fire. As the organic matter burns he holds out his right hand over the flames, and with his left he strokes his face, saying his hopes as before. Finally, he goes to an earthenware pot of water, spits into it, then washes himself asking aloud that all misfortune might stay in the water. Sckär states that the Ovakwanyama expected bad luck everywhere, hence the offerings hoped to repel it and invite good luck instead (Sckär 1916:1-2). Unfortunately Sckär does not say whether women performed early morning rituals as well, or whether the husband performed them on behalf of all the occupants of the household.

The Finnish missionary Martti Rautanen noted that the Ondonga rubbed their bodies with *omupja* (the chalk of happiness) each morning, in order to stave off unhappiness and draw to themselves happiness (NMF.MRC:113).

Invitation of Success in Work

Esaagelo offerings are considered important for ensuring the successful results of work, and are normally presented to the ancestral spirits prior to its commencement. Offerings range from one simple act up to a whole variety of procedures, depending on the nature of the task. Failure to offer *esaagelo* before working results in either the spoiling of goods made or produced, or the affliction of the worker with some form of illness. In some instances both are experienced at one time. Two of the most important and complex manufacturing processes involving *esaagelo* are potting and the mining, smelting and forging of iron.

Potting

Estermann maintains that potting is not tied to possession by ancestral spirits, therefore initiation into the art is not required (1976:143). He also makes no mention whatsoever of the numerous propitiatory rites preceding the first potting session of the season. By contrast, the Powell-Cotton data (D. Powell-Cotton 1936e:1) strongly suggest that whilst there may not be any rigidly defined initiation as such, there are definitely certain rules governing those who may wish to become potters, and also that the ancestral spirits feature much more prominently than Estermann would have us believe.¹⁷

The manufacture of earthenware pots is the domain of women, with skills being passed down from mothers to daughters or aunts to nieces. Women may not become potters until they have had their first child. As far as spiritual dimensions are concerned, female potters are often in communion with an ancestral spirit who was a potter when living. Moreover, propitiation of potting spirits/ancestral spirits in general is a highly central aspect of rituals performed prior to potting sessions in order to invite success.

The Powell-Cottons observed the potting process among the Dombondola people,¹⁸ and I will recount the associated propitiatory procedures in detail below, since there are many elements worth discussing. It is regarded as essential that *esaagelo* offerings are presented before potting begins, because failure to

¹⁷ Having said this, however, Diana Powell-Cotton writes that the Kwanyama women performed no rites when taking the first clay, unlike the Dombondola (D. Powell-Cotton 1936e:1). Yet this might be due to the fact that the Kwanyama potter was actually just giving a demonstration of her skills for the benefit of the photographic record (i.e. out in the open instead of the usual designated 'cave'), so may not have included all aspects of the process. Alternatively perhaps the Dombondola methods are evidence of things as they were before missionary/colonial influence discouraged ancestral respect.

¹⁸ The potter was named Shanika and was of Dombelantu parentage, but at the time lived among the Dombondola into whom she married. She was a medicine woman as well as a potter, as was her mother before her.

do so is believed to invite illness (and possible death) together with the cracking of all pots manufactured. The observance of certain precepts and prohibitions is also necessary and these will be dealt with further on in the chapter.

When taking the first clay of the potting season a number of rites are performed by the potter at the edge of the clay bed, involving the use of specially obtained plants. The provenance of the plants must be acceptable and not tainted with portents of danger (i.e. a snake skin lying across the roots). The potter, having chosen a plant (*onjo'wela*), digs gently around the roots with the shaft or loose head of an axe. When pulling up the plant she says quietly:

"Atu ende hatwi kokuti tu'kakongi oimbodi yetu yoku hongifa embia detu."

(We go to the bush to find remedies to make our pots.)

When she has collected all she needs, and having thanked Kalunga, the potter binds the plants into small, thin bundles using strips of young green palm leaves. She then travels slowly to the bed of clay she will use, and nearing the edge she begins to prepare her 'remedies' needed for the performance of the rites. In addition to her plants she pauses to collect some cow dung, which will be added to the fire. This apparently must be collected from the bush, not carried from one of the homestead cattle pens. Next she stops at a bush known as *ombu* (no scientific identification), and breaks from it three sticks. These in hand she steps over the bush, and then round it three times, saying:

"Atu hendepo, atu kaiyeta edu letu, atu kaninga embia detu, atu kahonga dembia detu."

(We walk about, we fetch our clay, we make our pots, we smooth our pots.)

Then together with some dead palm branches as extra firewood, she makes a fire of the *ombu* twigs on the edge of the clay bed. She breaks off a sprig of leaves from a branch of *omwandi* tree, and places it at the edge of the clay bed (if the clay patch is dry then the sprig will be placed on the clay itself). This rite must be performed each time clay is collected for potting, otherwise all pots made will crack and spoil.

The potter returns to her fire. She breaks off the silvery flowers and leaves of the plant *omepo* (meaning 'wind', 'breath', 'spirit') and after smelling their fragrance deeply, she places some in each ear. This is done so that she might not be smitten with earache which would lead to deafness. The dung she collected is

thrown into the fire as she refers aloud to the spirit of her cow/ox. She is a medicine-woman who has passed the cattle stage of initiation and drunk cow's blood - hence the reference to her spirit beast here and the need to offer cow dung. Following this she scrapes into her gourd red embers from her fire of *ombu* wood (supplemented by quickly burning palm leaves). Over the embers she breaks her little bundle of *onjo'wela* and also adds the remains of the *omepo* plant. The smouldering contents of the gourd are held out towards the east and the west, as she says:

Tu! Oke talidi. Tu! Tali oke.

Holding the gourd up to her face, the potter inhales the fumes with deep breaths. She opens her eyes as wide as possible, until they stream with tears, so that the smoke covers them well. This is done in order that she may not go blind.

She then sits with her left leg crooked and her right leg outstretched (the position for potting), and passes the gourd three times under the crooked left knee and three under the right knee, saying:

"Tu! Hitukili akwamongwo."

(Spit! I do not speak ill of akwamongwo.)

Each foot is then held over the gourd, then both her hands, and this is done lest she (or any woman taking clay after her) be afflicted with illness of the legs, feet or hands - that is, the parts used in digging and working the clay. The pre-potting rites are now complete. When she is actually manufacturing a pot, the potter places a piece of *omepo* plant in each ear and also puts a sprig of *etalaleka* into the water used during potting. Some of this water is taken into the mouth and spat out, saying:

"Tu!"

Her finished pots will crack if she does not do this.

Osimanya: Mining, Smelting and Forging

The striking parallels between master blacksmiths (*Tchivinda*) and healers (*endudu/Oonganga*) have already been noted (Estermann 1976, Powell-Cottons 1937f, Salokoski 1987). Both professions regard spirit possession as a calling to their vocation, and the initiation procedures for both are virtually identical. Blacksmiths and male healers are exempt from the normal male pursuits of hunting and cattle raiding. Even

the mining and smelting process itself is referred to explicitly as "the curing of the stones" (*osimanya*).¹⁹

Estermann has recorded some of the propitiatory procedures involved in *osimanya* at the smelting stage. The Powell-Cotton field notes (1937f) are rich in examples for the entire process of *osimanya*, including preparations for the expedition. *Osimanya* is regarded as a decidedly risky venture, necessitating travel through wild and potentially dangerous bush and forest areas. Exhaustive manual labour in conjunction with skillfulness and concentration are then required during the lengthy smelting process. The spiritual assistance and benevolence of the ancestral spirits during this period is believed to be crucial if the operation is to be successful.

According to the Powell-Cottons, acknowledgement of the living-dead begins with the preparations the evening before departure for the 'mines'. After the master smith's tools, himself and his assistants have been decorated with chalk (*omia*) obtained from the mining site, the mining party sing whilst several of the men venture out to cut logs of *oifonono* (the 'sacred' wood)[p2].²⁰ The master-smith prepares the spot in the *epata yakula* (first wife's area) where the logs will be placed, then he goes into the *oluvanda* (open meeting area near entrance) with his digging tool and axe, singing and calling. Here he collects a species of grass, *ombwidangowolo*, and a small plant, *ekataididi*, as the men bearing *oifonono* logs advance towards him, also singing. The master smith calls on them to halt, then striking the ground with his digging tool (*epanda*) he springs and darts around the group, stopping from time to time to throw soil over his shoulders. He then repeats this scene, cutting the ground with his axe. Finally, he gives a branch from the *omwhandi* tree to his young son, after which the whole assembly moves into the *epata yakula*.

The above actions, suggest the Powell-Cottons, are performed to engage the assistance of the ancestral spirits so that ore may be found swiftly and in one spot [p2].

The singing continues as the company form a semi-circle around the master smith, who digs a small hollow in the ground with his bare hands, throwing the sand over his shoulders. In the hole he buries the grass and the small plant, then over these he forms a pile with the *oifonono* logs, some *omutundungu* logs and the green fruit bearing branch of *omwhandi*. All axes to be used, together with the large digging tool,

¹⁹ The term *osimanya* is used to denote (a) the metal itself, (b) the site of iron ore, (c) the expedition to mine and smelt ore, and (d) the total smelting process (Salokoski 1987c:5 - based on ELC information; Turvey 1977; Tirronen 1986).

²⁰ Page numbers refer to Powell-Cotton manuscript, 1937f.

are left to rest against the wood pile throughout the night. Finally, a small mug of beer is poured by the master smith over the wood pile, saying as he does so:

"Ovakwamungu, tambuleni!"

(Ancestor spirits, take!)

Then the whole company goes to the *olupale* (central meeting place) to drink beer [p3].

During the journey to the mines the following day, the company constantly sing *okuimba oshimanya*, a song containing all the names of the previous Kwanyama blacksmiths [p4].

For the first time this particular mining season, after the evening meal in the open, the master-smith rises from the fire and goes to stand facing east. He addresses himself out loud to the spirits of his forger ancestors and to Kalunga, the Creator and all powerful. Beating his axe head on the ground to awaken the spirits, he calls out into the night, announcing his presence and the aim of the expedition, hoping to invoke the assistance of his forebears. This invocation is known as *onghava*.

On arrival at the mines (day two) the master smith kindles the first fire of their temporary seasonal camp. Theoretically, this ought to be done using a burning log taken from the main sacred fire in the *olupale* of the smith's permanent homestead, however on this occasion the log had extinguished although was still kept and used, being re-lit [p6]. In the evening, a number of night fires are kindled. In making these 'sacred' fires (*ehanangekelo*), piles of branches and logs are assembled before the places where the living huts (*onduda*) will be built. A fire is allotted to each member of the company: the master smith, his family and all his assistants. The master smith kindles his own fire first, chewing a few grains of *oidavala* millet together with leaves of *omutundungu* (Wild Seringa: *Burkea africana*). He spits the mixture into the fire, then places on the flames the usual sprig of *omtundungu* leaves and some powdered wood of the *omumonga* tree. Now he lights each fire in turn, repeating the process. The fires are kindled in this way in order that the peace of the camp may not be troubled by the inmates of the bush, and the ritual procedure is known as *ehanangekelo* [p7].

Following the main evening meal, *onghava* is performed again by the master smith. Taking his bow and his axe he stands with his back to the company, facing east. He beats the ground twice with his axe

shouting: "*Watula!*" (I am here!). He calls repeatedly, addressing himself first to the spirits of the ancient, first, Kwanyama blacksmiths: *Nanjembo*, *Shekuhumgama*, *Shafhau* and *Hauwindi*, and then to the spirits of his own forging ancestors, that they will all bless the work he is about to undertake, that the ore found may be good ore, and that his bellows nozzle of clay may not crack. After informing his family and assistants of the work they must carry out, and receiving their assent, he repeatedly strikes the ground, calling: "*Watula!*" (I am here!).

Onghava ensures that the bush and all its wild inmates are now at peace because the blacksmith has placed the traditional 'remedies' on the fires; the smith's own ancestral spirits and the spirits of the ancient Kwanyama blacksmiths, whose help he has invoked and from whom he has his smelting and forging power, and who will now bless his work [p8]. Not only is *onghava* performed in the evening, it is also done at sunrise by the master smith whilst other members of the mining party still sleep [p15].

When making clay nozzles for the bellows (on day 3), the clay is first imbued with a form of protective power so that the nozzles may not easily break. Moist red powder of pounded *oshingwidi* bark is sprinkled over the soft kneaded clay and chalk lines are drawn around the nearby wooden trough [p14].

On the fourth day, whilst the smelting shelter is being constructed, the master smith charms the entire mining camp in a ceremony known as *ehnankelero l'ovanu*. Once this has been completed, the camp is ritually protected and will not be disturbed by wild animals [p16].

Day five is the day of the search for iron ore. When the company approach a likely area of iron ore, two men run on ahead to "awaken the spirits", the main group following at a distance. During the search for ore fasting is imposed (not even pipe smoking is permitted), but by evening when ore has been collected some food is prepared. Some of the meal is offered to the spirits. The master smith walks out to the edge of the camp carrying two stirring sticks: in his right hand a stick bearing porridge dripping in butter, and in his left hand a stick bearing a lump of mashed beans. Facing east he throws one stick, calling to the ancestors to accept:

"Ovakwamungu vaoshilo, tambuleni!"

Then facing west he throws the other stick, calling:

"*Ovakwamungu vatokelo, tambuleni!*"

Finally, he dances twice around the confines of the mining site, frequently throwing small portions of porridge and shouting out "*tambuleni!*" (take!) [p21].

The day before smelting begins two lumps of ore are kept aside from the main pile and are surrounded by a small mound of earth in the same of a horseshoe. Leaves of *ongai* and *omtundungu* are placed on the ore and set alight. The two pairs of bellows are brought into use, the master smith and his family fanning the blaze until the leaves are consumed [p22]. Extra special invocations are made on this evening, inviting success in the smelting day ahead (D. & A. Powell-Cotton 1937f).

Estermann maintains that before the actual process of smelting begins the furnace fire is kindled and the spirits of the east are invoked. Taking a basin of "purifying water" the master smith sprinkles the bellows, the furnace and the ore. After pumping the bellows for a while, "...the old man makes the sacrifice of the white earth or chalk (*omia*)..." whereupon the bodies of those involved in smelting and the bellows are marked (1976:147).

When the bellows-operators are in full swing the master smith throws some ten grasses and roots successively into the fire, saying each time: "*tambula!*" (take!), addressing himself to a spirit in the singular. Finally, a few puffs of tobacco smoke are exhaled over the furnace and a few pinches of snuff are thrown into the flames. Estermann (1976:148) says that the spirits will now be benevolent: the stones are "cured" and the smelting will be successful.

The Powell-Cotton notes on mining and smelting enlighten us as to the actual plants used in "curing" the ore and to appease the *ovakwamungu*. First the master smith prepares a handful of small lengths of roots: *enghudi* (bulbous root), *mutana* (yellow/brown tree root) and *mumonga* (yellow tree root). These are placed on the stones at the edge of the fire furthest from the bellows. Next some white fibrous roots and leaves of a small plant, *elungulungu*, are thrown into the mouth of the furnace and into the centre of the fire itself [p25]. The following plants are also thrown into the fire: powdered red root of *omusenje* (Raisin bush), wood of *elamba*, a small chunk of root of *onanguwe*, a tiny root of *hamaindula* and a handful of sand. In addition, small pieces of the above (excepting the sand!) together with tiny roots of *omuhangi* and *enyati* and some chalk, are chewed together then spat onto the centre of the fire. The master smith then

chalks his body, and whilst dancing addresses the spirits.

After this a small wooden trough is brought, holding a pounded root of *olunomo* or *omkopokopo* soaking in water. The master smith rubs some of this over his face and spits into the fire. All the assistants are then anointed with this viscous liquid, the wet root being rubbed over the face, head, tongue, the palms of the hands and the soles of the feet. Some of the liquid is then poured on the outer edge of the stone and charcoal furnace surround, and some is poured on the bellows themselves. Next the bellows are chalked whilst all chant:

"Tu! Ovakwamungu, outale uhapu, uhapu, uhapu (much!)."

After which they chalk their own bodies. The enclosure hedge of the smelting area is sprinkled with the same viscous liquid as an offering to the ancestral spirits, so that the metal will not fuse and thus be wasted. Any visitors to the site must also anoint their own bodies for the same reason [p26].

Around mid-morning the women bring *oshikundu* beer. (Up until this time there has been fasting and a ban on talking to any new visitors to the site.) A little beer is poured over the bellows and the master smith takes some in his mouth which he spits into the furnace flames. The smith's small son repeats this. Then the master smith lights his pipe and puffs tobacco smoke over the fire and the bellows, saying: "*iambuleni!*" (take!). Beer is also poured around the confines of the smelting area (i.e. the hedge enclosure). Periodic invocations to the spirits are made throughout the day [p27]. If the smelting proves to be successful, then the evening propitiation of the spirits contains thanks and appreciation [p28].

EhumbolEgumbo (homestead) Construction

Owing to damage inflicted by armies of white ants, homesteads are normally moved and re-built every two to five years. Construction work, however, may not commence until after the annual *epena* (Spring) festival. C. Hahn records that when the new homestead of a king is constructed, a milk container is filled to which the *ochegona* (paternal uncle of the king) adds beer sediment and some crushed green leaves from the *eswila* bush. This mixture is known as *etalaleko*, and is sprinkled over the areas designated as new cattle pens. *Etalaleko* serves to keep the new kraal 'cool' and to fatten and bring health to the King's *mukunda* (district). The 'blessing' of the other new homestead divisions follows (Hahn 1928:12-13). Aarni notes that

among the Ondonga, "prayers and invocation" were offered during the house moving rites, especially when erecting the enclosure fence and the main entrance gate or a doorpost. Addressing Kalunga, the Ondonga say: "Let satiation be inside and starvation outside our home" (Hukka 1954, in Aarni 1982:44).

Homesteads are always constructed with the main entrance way facing east: ..."the side of all good things" (A. Powell-Cotton 1936b:46). When a homestead is moved good wood is salvaged from the old place, although the T-bar entrance gate (*ohnu*) is left standing on the old site until it rots or falls. Beer is poured over the newly erected gate, with a request to the spirits that any of a malevolent nature might stay at the old, disused entrance and not trouble the new home (A. Powell-Cotton 1936b:45). As added protection from malevolent forces, 'sacred' wooden logs of (*omfiati/omusati; ombo*) are placed in two areas of the new kraal before the main construction work begins: one log is placed in the palisade opposite the main entrance gate (*ohnu*), and the second log is placed in the *olukale* (main corridor), between the *olupale* and *oshinyanga*.

Ekongo: Salt Fetching

The *ekongo* expedition undertaken by young men from Ondonga is regarded as hazardous and, indeed, forms part of the transition from boyhood to manhood. The word *ekongo* generally means journey or expedition, but is used in this context to refer to the journey south of Ondonga territory in order to obtain salt from the Etosha Pan. As with other pursuits taking people outside their home territory, the *ekongo* members desire the protection and good will of the ancestral spirits. According to Petrus Iueluele, one of Emile Liljeblad's informants from Ondonga, the ritual leader of the expedition - the *omamunganga* - performs a grain offering ceremony for the spirits of the *ekongo* (salt field²¹) (ELC 1932, item 291:944-950, in M. Salokoski 1986:3).

At *epeke*, the first stop en route to the Etosha Pan, some porridge is ceremoniously thrown in the directions of east and west, whilst saying: "Let the old year go, let the new one come!" (ELC 1995, in Salokoski 1986:6). Then upon arrival at the salt pan heaps of leaves and sticks (*okakulukazi*) are erected close to the edge as a way of appeasing the *ekongo* spirits (Salokoski 1986:11). The first salt obtained is

²¹ The word *ekango* is used to mean the salt, the salt pan and the expedition to collect it, just as *osimanya* means the mine, the iron ore and the expedition.

considered to be rather special. Each collector must donate some of their amount to the king upon their return, who then offers the salt to the spirits of deceased kings and to protect himself from witchcraft. However, there are discrepancies in Liljeblad's source material, as there are some informants who state that the first salt was in fact presented to the old woman who cooked the *ekongo* party a ritual meal of porridge before the journey proper to the pan began (Salokoski 1986:5).

General Domestic Tasks

Other occasions when *esaagelo* might be offered include sowing and harvesting of grain and cattle herding (Aarni 1982:46). Aarni gives no indication of the precise content of the ritual acts, but does at least mention that the offerings were spat upon before being thrown to east and west. When brewing *malodo* beer (the strong version), prior to straining (through a suspended funnel of bound grass) women fill their mouths with fresh cold water and spit this into the strainer. They do this so that if *akwamungu* (spirit influence) is in their bodies it will not spoil their beer. This procedure is carried out at the start of each new day of straining (Diana Powell-Cotton 1936d:1-3).

Giving Thanks: Calendrical Rites

The source materials suggest that the most important situations requiring *esaagelo* offerings are when formally expressing gratitude to the living-dead in response to the latter's supposed benevolence. At the independent household level, thanks are expressed to the ancestors each evening following the main meal, when all the occupants of the kraal are gathered together around the fire in the *olupale* (central meeting place). Such evening offerings assume added significance when people happen to be away from their household, because in potentially dangerous surroundings people are all the more grateful for apparent fortunate circumstances (cf. mining examples above). Acknowledgement and gratitude takes the form of offering part of the evening meal to the spirits of the east and west.²²

On a much larger scale annual seasonal rituals celebrating the abundance of natural and cultivated harvests are performed. There are two main ceremonies giving thanks to the ancestors:²³

²² Estermann writes that some of the meat (i.e. chicken or fish) is also offered (1976:192). However, such offering cannot be regarded as *ohula* because no ritual sacrifice of the animals is involved.

²³ Directly following the *oshipe* festival is the feast of cattle, *oshidanno sho ongombe*, where although no explicit propitiation of the ancestors occurs, the fact that the cattle are publically displayed and revered upon their return from the grazing

1) *Oshipe*: feast of 'new things' (new grain and new beer), and

2) *Omujai*: feast of *ngongo* fruit (known also as Marula Month: Rodin 1985).

Oshipe is a noun translating literally as 'newness' (Turvey 1977) and it designates the celebrations of new grain (*oshipe shoshifima*) and of new beer brewed using the new grain (*oshipe shomalodu*). The feast of new grain occurs very shortly after the ripe crops have been harvested. A ritual meal of porridge prepared with some of the fresh grain is attended by everyone, and small portions are offered to the ancestral spirits before 'profane' use of the harvest can begin (Estermann 1976:191, Hahn 1928:3, D. & A. Powell-Cotton 1936g:2). According to Tönjes, people believed that the ancestral spirits held power over the rain - especially the *ovakwamungu veehamba*, the spirits of dead kings. Thus, the presentation of the first food made from the newly harvested grain is given in thanks to the ancestors, for their bestowal of much needed rain (Tönjes 1910, translated in Turvey 1977). On the first day of the celebrations ('the feast of the householder') porridge is made by the first wife, then on the second day ('the feast of the women') it is made by all the in a kraal. Before everyone eats, the householder takes morsels of porridge and butter from the serving dishes and throws them to the spirits of east and west. Should he refrain from offering some of the first fruits of the harvest to the ancestors who have helped to ensure the crop, then he will be smitten with illness (D. & A. Powell-Cotton 1936g:2-4).

The feast of new beer directly follows the feast of new grain. *Omhya* (chalk) and *omhalo* (salt, or powdered bark of the *omunamhalo* tree) are sprinkled with freshly brewed beer (*omalodu*, as opposed to the weak beer *oshikundu*) from the mug which the householder presents to his first wife. Then all the family and guests receive some. Should the former owner of the kraal, now deceased, be a relative of the present owner, then the latter takes to the grave site a mug containing *oshixupaela* (freshly brewed beer, still warm) and pours it over the mound (Tönjes 1910, in Turvey 1977).

Estermann writes that the invocation of the spirits is less in the feast of beer, yet they are acknowledged by the ritual throwing of chalk over the new beer before it is presented by the first wife to her husband. The throwing of chalk, he suggests, is an indication of "the participation of the spirits in the con-

pastures shows a high level of respect (Estermann 1976:138, D. & A. Powell-Cotton 1936g:1). This is important if one bears in mind the strong spiritual links said to exist between cattle and people (especially cattle and men).

sumption of beer manufactured with new grain" (Estermann 1976:191).

The ripening of *ngongo* fruit is another cause for celebration and thanksgiving. The fruit of the Marula tree ripen in January, and huge pots of intoxicating liquid are brewed from the pulp. Basically, everything stops at this time of year except for drinking parties and dance festivals. The celebrations begin with the small ritual *effino ngongo* ('sucking ngongo'), followed by the main feasting known as *omuai* (Estermann 1976:190). During the rite of consuming the first *ngongo* fruit (*effino ngongo*), the two protagonists - the householder and his first wife - have their faces marked with chalk, thus indicating the sacred character of the event. Before presenting the fruits to her husband, the first wife marks her own face and her husband's, in the firm conviction that the spirits will be satisfied at being remembered and thus accept their offering "with pleasure" (Estermann 1976:191). Estermann emphasises the point that the rites need not be explicit to show that "...thanks for favours received and supplication for the continuance of such favours..." are offered (p191). Loeb's account is similar (1962:213-214).

There seems to be some confusion in the source literature about when the various calendrical ceremonies take place, and in what order they occur in relation to each other. Loeb states that the New Year festival among the Ovakwanyama is called *omuaji* and is held at the time of *ngongo* ripening. Estermann mentions *omuai* following the rite of first *ngongo*, but does not say whether it is to mark the start of a new year. One ceremony which does seem to be connected with moving into a new season is *epena*, called the Spring festival by Loeb. It seems to be generally agreed among the sources that *epena* serves to regulate certain social and economic activities. *Epena* is actually comprised of the verbal root *-pena*, which means the taking place of something, only in its proper context. *Epena*, then, is the festival of dancing before activities such as harvesting, re-roofing, house moving and so on can take place (Turvey 1977:22, the definition possibly taken from Tönjes).

Estermann writes that among the Ombandja, when the aloe blossoms turn red (July), the chief's first wife gathers some of these flowers, and having soaked them in water rubs the chief's body with them as he sits in the *olupale* (central meeting place). This act signifies the commencement of the *epena*. There is no information to show that the Ovakwanyama also perform the aloe blossom aspect of *epena*, but the following aspects have been recorded and are shared by both Ovambo groups. Basically, *epena* is an occasion for

the reunion of all the old warriors, especially those who have killed someone during a raid. They perform the 'Dance of the Hyena' for a number of consecutive days. Estermann does stress that only after the *epena* can housemoving, the eating of harvested corn stalks by cattle, *osimanya*, and *ekongo* take place (1976:131). Aarni (1982:44) maintains that *epena* follows *omathila*, and heralds the return of the cattle herds from the grazing pastures. Drawing on the work of Hahn, Aarni classifies *epena* as the third of the calendrical rites.

Among the Uukwambi, to the west of Ovamboland, the *omathila* celebrations are most definitely concerned with the closing of the old year and the heralding of the new, and included among them is a special request to the ancestors to send rain (Hahn 1928:4). Rain is desperately needed to fertilise the new crops sown in the Spring following the *epena* festival. For more details see the section below dealing with *ohula* offerings.

Ohula

Ohula are traditionally blood sacrifices and are normally offered during times of important personal or social crisis (for example, serious illness, pestilence, rainmaking ceremonies). Of the two kinds of propitiation, *ohula* are offered far less frequently than *esaagelo*, but are nonetheless considered to be the more potent and important. Altogether there are officially four grades of *ohula* offerings: the chicken, the goat, the dog and the ox. The ox is the most prestigious of all, whilst the chicken is the least. Furthermore, there is a further distinction based on sex, with male animals possessing higher status than the females (Estermann 1976:164). Estermann writes that the animal to be slaughtered is known as *okhula*, and the corresponding rites as *okufiaulila* or *okulia okhula* (Estermann 1976:191). He maintains that although the initiation ceremony of the healers (*endudu*) has strict rules governing the choice of animal (i.e. in the order indicated above), the choice in the case of illness depends solely on the economic position of the patient. The possessing spirit, through the mediation of a diviner, in any case normally demands the type of animal necessary (ibid:192). This feature is supported by some of the Liljeblad material, whereupon sheep, beans (Filippus Uusiku, Ondonga, ELC 1932 item 210:470-474), as well as melon seeds (*etapati*), milk and dog, and tortoises (for a poor man) (Leonard Auala, Ondonga, ELC 1932 item 226:519-524) are also included as *ohula* offerings.

When trying to detect the cause of the illness (*omuankeli*), Närhi records that the Ondonga offer the following: (1) vegetables with butter, (2) chicken, and (3) beans (imitating dog) (Närhi, 1929:84-85). It is interesting to see that non-bloody offerings can be presented as *ohula* sacrifices in situations where blood is normally required, but perhaps not surprising since not everyone would be in a position to offer livestock. Moreover, Närhi's information relates only to the *divination* of the cause of illness, not to the curative procedures involving *ohula*, or even to the fees of the *ondudu* (usually in cattle). In other words, the whole business of curing serious illness can be an expensive one for the patient and a lucrative one for the healers. It may also be the case that Närhi has not distinguished between *esaagelo* and *ohula* offerings in his discussion of healing because it is acceptable to offer *esaagelo* for minor illness as mentioned above. Aarni's rather weak theory is that the spirits can be fooled into thinking they have been offered meat, when only vegetables or a very low grade animal have been presented. He claims people viewed the deceased as being 'short sighted' and very easily fooled, so that when sacrificing a "tough old chicken" one spoke of a "fat ox" and the spirits were non the wiser (Aarni 1982:62). Estermann, by contrast, argues that no-one would dare to offer below their 'material' means, for fear of ancestral retribution (Estermann 1976:192). The latter explanation is probably the most likely, whereupon poorer people are only able to offer beans in circumstances that technically require a dog. Attributing vegetables or lower grade sacrificial animals with high grade *ohula* names should not automatically be seen as deliberate deception of the ancestral spirits. It is perhaps more likely that people name their offering "ox" instead of "vegetables" because that is what they feel their ancestors deserve, even though they are perhaps not able to provide it. In short, propitiators are concerned with respect rather than deception, and of course Estermann's view that the Ovakwanyama would not wish to invite ancestral wrath unnecessarily is (to a degree) most likely also correct.

Blood seems to be the most important element (as opposed to the meat) in *ohula* offerings. On occasions where the living and the ancestors are supposed to be gathered together, the blood of the sacrifice is offered to the ancestors and the meat is consumed by the living. If the ancestors were not offered blood, then the alternative should at least be "the nice smell of flesh", if the ancestors are to be appeased (Brincker 1900:46, in Aarni 1982:46-47). The particular significance of cattle sacrifice lies in the fact that, "... the living dead were tied to the living mostly through cattle, who in turn, were a means to get in touch with the

ancestors". The 'essence of life' pertaining to the ancestors was found in the blood of the sacrificial animal, hence the meat was either left or (more likely) consumed by the living (Warneck 1910:320, in Aarni 1982:63). Going further than Warneck, one could suggest that the blood is not consumed because to do so would constitute what amounts to a form of cannibalism. Märta Salokoski mentions the special bull in a man's herd known as *oshitondekela*, where the souls of this bull and the owner are believed to unite. Through this unification, the living man gains access to the spirit world of the ancestral living-dead (Salokoski 1987b:9).²⁴

Situations Requiring Ohula

One instance requiring *ohula* is dreaming about a special ancestor. The colour of the sacrificial ox had to be pure black, since this colour symbolises the ancestors, together with the rain clouds and the earth (Warneck 1910:320, in Aarni 1982:46).

Ohula can be offered in connection with royal power. The Ovakwanyama living in Namibia were in possession of a powerful stone, gained by them during the years of migration south. Northern Namibia is devoid of stones, therefore large stones achieved a sort of mystical quality. Brought into Namibia from Angola and Zambia by *endudu*, such stones were used by *endudu* and *oonganga* and in particular by rain-makers. (I think the stones come from river beds, hence the link between the stones and rain).²⁵ The Ovakwanyama stone was propped level, then kept under surveillance by a circumcised man and his wife. If at any time the stone began to incline then a black ox was slaughtered and the stone, after being re-propped, was smeared with its blood. New kings knelt before the stone in order to obtain 'power', without which they were thought to be incapable of ruling (Hiltunen 1986:30). The 'power' in question here is most probably the ability of the king to predict and influence the falling of rain (for example see Clarence-Smith 1974).

²⁴ Cattle are credited with a number of mystical/spiritual qualities: 1) *odilika*, bull or heifer. *Odilika* means 'forbidden'. The cattle concerned are given this mystical status without the owners knowledge, and should he set eyes on them he will die (Estermann 1976:141). Salokoski argues that *odilika* bulls are actually used to foretell danger (1987b). 2) *Nangula*, the 'seeing' cow, does have a prophetic role to the advantage of her owner (Estermann 1976:141).

²⁵ A smooth, egg-shaped 'Stone of Rain' is held at the FELM Museum in Helsinki (artefact 442). The accompanying notes claim that it was most likely brought into Namibia from Angola, because of Namibia's lack of stones. The Uukwambi people are reputed to hold a great many.

The link between kingly power and rain is something which has been recorded in relatively more detail by Estermann. He talks of, but omits to name, "...a very important sacrifice of intertribal character":

"This sacrifice was once offered on the occasion of great calamities (among which droughts are conspicuous), and in response to the repeated threat of famine. The sacrificing chief was the chief of the Vale and the sacrifice was repeated each time one of the other Ovambo chiefs sent a black ox. The beast was immolated on the grave site of a dead chief and there too a cow that had recently calved was milked and her milk sprinkled over the grave" (Estermann 1976:192).²⁶

Loeb also talks of the Kwanyama expedition into Evale country to obtain rain (1962:65). Loeb's account of Namibian Ovakwanyama is quite similar to Estermann's for the Ovakwanyama of Angola. Evale territory is lush and green, and is also the source of the *efundja* (where the rivers swell and flood southwards to the Etosha Pan) in Ovamboland. Loeb writes:

"..the word got about that the *ovakwamunghu* (the ancestral spirits) were holding back the rain. The next step was to appease both the High God Kalunga and these spirits. This propitiation required a sacrifice. An old circumcised man (one of the Big Men or Priests) wearing the king's beads and shells, drove a black cow and its young calf into the sacred grove near the *ombala*.²⁷ A black cow was selected because the colour represented thunder clouds. She was supposed to drip milk along the way in imitation of rain. At the edge of the grove the calf was taken away and the cow was driven alone to the king's grave within the grove..." (Loeb 1962:62).

The cow was sacrificed by being choked to death using "...a round stone which was put into its mouth (Loeb 1962:63).²⁸ The cow was then skinned and its blood collected in a container. Blood was sprinkled over the royal grave sites as an act of propitiation to Kalunga and the royal spirits, together with requests for the spirits not to be angry and to send the much needed rain (Loeb 1962:63). This *ohula* sacrifice was

²⁶ Estermann also states that a young mother's milk was drawn and that her child, together with the calf, was killed at the grave site (ibid:192).

²⁷ *Ombala* was originally the royal household where circumcised kings lived. However, as circumcision died out only the circumcised ritual specialists: the Big Men of the *Ombala*, lived there (Loeb 1962).

²⁸ Other sources tell of the suffocation of sacrificial animals: either with earth or stones. The purpose of death by suffocation being to prevent the spillage of blood outside the ritual context. The spirit-soul is believed to reside in the blood, so spillage before the offering is properly made was avoided in order that the spirit-soul should not escape (D. Powell-Cotton 1936c:2, A. Powell-Cotton 1937d:3, Estermann 1976, Aami 1982; see Loeb (1962:260) for an account of smothering a dying king with a lambskin so that his body and spirit can enter the next world 'whole').

performed by an old circumcised man of the priestly royal clan (post 1857): the *ovakulunu*. Prior to 1857 the kings themselves performed the rite as circumcision was still practised by the Ovakwanyama (circumcision ended with the death of Haimbili in 1857) (Salokoski 1987a:5, based on information from Brincker 1899 and Loeb 1962).

The threat of drought was always hanging over the heads of Ovambo peoples, particularly those living in what is now northern Namibia.²⁹ Rainmakers were therefore regarded as very powerful and were accorded high status. They were engaged by the kings to promote rain, because the power position of the latter depended on it (Clarence-Smith 1974, Salokoski 1987a). Various ritual acts involving the symbolic simulation of rain were performed, although the offering of *ohula* signified the moment of contact with the spirits who were thought to have interfered with the rains and prevented their arrival.

Sckär (1916:3) writes that among the Ovakwanyama a black ox was slaughtered at the grave site of the ancestral chiefs. The latter's spirits are believed to reside in a nearby thick grove (*omulu*), and are concerned with the sending or withholding of rain. When the rains are overdue, some fried meat and blood is placed on the grave site as the *ovakwamungu* are called, asking that they might show pity on their successors.

Alternatively, a pure black ox can be taken to the banks of the Cunene River (i.e. a location of water and fertile earth) and there slaughtered and skinned. The carcase is left for the spirits to eat, so that when they are fed they will be appeased and not continue to withhold rain. The spirits grow jealous if they are not fed, hence their interference in the rains which Kalunga sends (Erastus Shamena (Ondonga), interview FELM, June 1989).

In Namibian Ovamboland, Hahn records that rainmakers (*alokithi*) are in high demand among the Ondonga when the season promises to be a bad one. One of the rituals performed in the hope of promoting rain involves sprinkling water and the fat of a freshly slaughtered ox (provided by the chief) over the rising smoke from a fire. The drops of water and fat symbolise the desired rain, whilst the smoke represents the thunder clouds. If the *alokithi* were successful then they received cattle from the chief and grain from

²⁹ To get an idea of how bad the droughts were see Clarence-Smith (1974) who discusses the frequency and severity of either lack of rainfall or rainfall at the wrong time.

everyone (Hahn 1928:6).

The calendrical rite of *omathila* is performed at the advent of each new year and involves *ohula* sacrifice. Hahn describes the rite as it is performed by the Uukwaluthi of Namibia (the content of the rite varies between the different Ovambo groups). *Omathila* represents the bringing of good fortune (i.e. rain) by giant birds flying over the land. Four or five male elders (*ekanjo*: men who call the clouds for rain) march eastwards in the early morning to greet the sunrise. They whirl bullroarers around their heads to create a noise similar to the huge birds wings in flight. This is maintained for four days, and during this time any small livestock encountered by the *ekanjo* become theirs. Such animals are taken and sacrificed at the *oshimbo* on the final day, to the *omathila* - spirit of the birds. This sacrificial rite is known as *oshimbo*. If no stock are encountered then the chief will provide a prime ox (Hahn 1928:4). Hahn makes no mention of the ancestors in connection with *omathila*, though other sources stress the importance of the link between the disposition of the ancestors and the abundance or lack of rain, so that one feels they must be involved in *omathila* to some extent. Or, to put it differently, for the ancestors to be completely absent from the occasion would be unusual. Certain large birds such as the *kaimbi* (type of eagle) herald the rains with their arrival in the area. But if they happen to arrive too early in the season, for instance before the rains are actually needed, then they are attacked and chased because they become a symbol of misfortune (Loeb 1962:65). Their soaring is also said to destroy the rain clouds (E & M Shamena 1989, interview, FELM, Helsinki). It is possible that the *kaimbi* acts as a visible sign of Kalunga or of ancestral power.

Illness and Spirit Possession

Sckär states that animal offerings were used by the Ovakwanyama to cure illness, and that the gravity of the illness determined the choice of animal. After slaughtering the animal, some of the meat or blood is thrown skywards in all directions and some is given to the sick person (Sckär 1916:2). Similarly Rautanen writes of the Ondonga:

"The *ohula* is a sacrifice or sacrificial meal to the spirits of the deceased... According to the nature of illness and the age of the patient, so the *ohula* differs. The principle *oohula* (*pl.*) are of six different kinds" (Rautanen 1880:68ff, translated in Aarni 1982:46).³⁰

³⁰ Aarni does not recount the six kinds in his translation!

Oohula are normally only performed in cases of illness recognised to be serious and to have been caused by a disgruntled ancestral spirit. Such propitiation is also just one element (albeit an important one) in a whole range of methods used to combat serious illness - herbal medicines and psychiatric help being two examples. Justina Shivuta's paper on traditional healing in Ovamboland contains a detailed description of how *ohula* may be used as a curative method:

"If he (i.e. the healer) finds out from the signs that the illness is caused by the spirits of the dead, then the sick one was cured through sacrifices, the help was sought by sacrificing. An animal was used, since it was believed that the relations between people and angry spirits of the dead are corrected by letting blood flow on the ground. In this manner also quarrels between people could be remedied. The connection between the antagonists could only be reached through the death of someone, or through letting blood flow on the ground. The sacrifice was in actual fact a sacrificial meal for the spirits and the sick one. The spirits had to be chased away, or rather they are enticed away from the sick one by preparing a meal for them.... The sacrificial meal consists of chicken and beans chopped into bundles which are cooked on a holy fire brought from the (king's) court. The person eats, thinking that it is dog. While eating he barks like a dog. When he stops the dog is considered to be dead. In this way the sacrifice is seen to be completed. The performers of the sacrifice are the mother of the sick person, his brothers or other relatives. Those making the sacrifice say, "Spirits of the deceased take meat that you long have been craving for. Go away from this person." Or s/he takes beans and chicken, spits on them, and throws to the east and west, saying: "Take your beans, spirits. My child is well." The sacrificer pours blood into the mouth of the sick one from both his/her hands. Once the sacrifice has been performed, the sacrificer says to the sick one: "go away from the spot where the sacrifice was made for you." When the sick one has gone, the spirits are addressed as follows: "You stay here. Do not follow us." When the meat of the sacrifice is eaten the sacrificer wipes his/her hands on the sick one. Each one who has eaten of the meat does likewise. The following day the sick one is taken to a diviner, who removes the residue of sacrificial meat by greasing the sick one's body with butter. The former returns the next day also, again to cleanse the sick one's body with his hands and grease him with butter...If the sick one begins to recover it is a sign that the spirits of the deceased

have gone away. But if the illness continues, the following sacrifices are performed: the goat sacrifice, the sheep sacrifice and the bull sacrifice" (Shivuta 1981:6-7, translation by Märta Salokoski 1989).

Shivuta here seems to be referring particularly to spirit possession, as opposed to spirit inflicted illness - such as earache. I think there is a difference between illness caused by spirit possession and that caused by spirit 'malevolence', but it is often difficult to distinguish the two in the source materials. A closer evaluation of the data is needed before any definite conclusion can be reached. Certainly, in cases of minor illness (spirit inflicted) *ohula* - blood - is not necessary, whereas it seems to be crucial in cases where actual possession by a spirit occurs. This is discussed further in chapter 3, dealing with ancestral spirits and divination.

Initiation

Ohula sacrifice is a very central aspect of the various ceremonies of initiation. Transition rites are deeply significant in that, as life crises events, they are occasions when the spiritual presence and guidance of the ancestors is regarded as paramount. When male circumcision was practised, the blood of the sacrificial animals together with that shed during the boy's operation was allowed to run into the earth, creating bonds between the men, their cattle herds, the ancestors and the land itself (Aarni 1982:39). During the female *efundula* ceremony, the sacrificial pure black oxen represent desired fertility. However, they also propitiate the ancestral spirits who are regarded as being instrumental to the fortune and fecundity of the young women (see Tuupainen 1970, for more on this).

Initiation into the professions of blacksmith and healer also require *ohula*. Indeed, spirit possession in these situations is regarded as a calling, which may or may not be followed. As above, blood is seen as the medium through which the spirits of the living and the living-dead are able to be in a state of communion - translated by diviners. (See Chapter 4 for a detailed analysis of *endudu/Oonganga* initiation.) According to Estermann, hunters too enjoy 'supernatural' office which:

"...requires the close collaboration of the spirit of an ancestor through the medium of possession. For this reason the apprenticeship includes a spiritual initiation, and the actual exercise of hunting

requires a certain number of acts of worship addressed to the possessing spirit" (Estermann 1976:144).

Unfortunately he does not elaborate on the actual content of the initiation, but it would not be unreasonable to suppose that *oohula* are offered, given that spirit possession is involved.

The ritual purification of either individuals or whole (kin) groups often entails the offering of *oohula*, for the benefit of both the living and their ancestors. Ritual purification is usually performed when the living have transgressed precepts or prohibitions, or else have been cursed by other kin members (perhaps as punishment for devious behaviour), all of which are offensive to elders and ancestors. Ritual purification does not only involve *oohula*, but also the offering of *esaagelo*, as well as many of the therapeutic actions and remedies found in Chapter 5.

PRECEPTS, PROHIBITIONS AND RITUAL PURIFICATION

There are numerous precepts and prohibitions governing the various Ovambo communities, and so I will only list a few of the more important ones here: those relating to kinship, politics, social relations and religion for instance. Among Ukwanyama a sacred precept (for example the First Ngongo Fruit Rite) is called *osikola*, and a sacred prohibition (or taboo) *oidila*. The non-fulfilment of a precept or the violation of a prohibition is known as *etimba*. *Etimba* normally entails punishment in the form of a protracted and painful illness, inflicted upon the offender by the ancestral spirits. Thus, one who neglects the rites of *oshipe* (harvest thanksgiving) will most likely be inflicted with *emiakani* (a disease of the knee-joints) (Estermann 1976:206; Hahn 1928:4; D. Powell-Cotton 1936c:1). Punishment, or at least the threat of punishment, in the form of illness or misfortune, is therefore a strong determinant of 'moral' conduct within society. If Ovambo have committed *etimba*, they may attempt to escape ancestral revenge by eating the plant known as *etamupya* (drive-out-unluckiness) [*Gomphocarpus tomentosus*] (Rodin 1985:51, based on Loeb et al 1956).

Some of the main moral codes have been recorded by Estermann, who writes that the following are avoided wherever possible:

[a] Excessive irascibility (*ehandu*).

[b] Thieving.

[c] Sexual excess

[d] Incest

[d] Avarice (*ouluva*).

[e] Sloth/indolence.

Such precepts and prohibitions are constantly expressed and reinforced in the form of riddles and proverbs (Estermann 1976:208-211). Matti Kuusi has documented some 2483 proverbs and 472 riddles (Kuusi 1970, 1974). Many precepts have been discussed in previous sections of this thesis, for example the correct performance of ritual celebrations and honouring of elders and ancestral spirits. Prohibitions (*oidala*) occur much more commonly in the everyday existence of Ovambo peoples.

Oidala operate at both the intra-group and inter-group levels. Some affect particular clans, whereas some are imposed only on particular individuals (i.e. pregnant women, ritual specialists) (Estermann 1976:207). Aarni writes that all Ondonga sacred places (grave sites, spirit groves etc), along with the human shadow, spittle and names, belonged to what he terms an "invisible mystical sphere" - and all of which were regarded as *oshidhila* (forbidden). To disregard their status would be *oshiponga* (to invite disaster, bad luck)³¹ (Aarni 1982:52). Hahn records that any person desecrating the 'holy' ground *oshimbo* (located at the edge of community territory), by cutting trees, disturbing soil or collecting firewood etc, would become blind and paralysed in the legs (1928:3). There were indeed a great many prohibitions in daily life, those of particular importance being *iidhila* (*plural*) relating to peoples' dealings with the royal family. For instance, it was *oshidhila* to enter the king's household without removing one's sandals, as this is believed to indicate the death of one of the royal inmates (Hahn 1928:2). It was also forbidden to speak to the king without first coughing. Kings themselves were forbidden to eat he-goat, viscera or pork (Hopeasalmi 1946:58, in Aarni 1982:85).

Freda-Nela Williams, in her list of "set rules and norms to ensure the maintainance of law and order", includes: no toleration of murder, except during war; no rape; no cutting down of young trees and no

³¹ Of course, these places can be visited, and saliva etc used, only this must occur in a proper context under the control of a ritual specialist.

picking of unripe fruit; and no hunting to be carried out until the season was inaugurated by the king. Transgression of these and other laws was judged through a judicial system presided over by counsellors and the king himself (Williams, 1988:107). Adherence to these laws was known as *efimaneko* (acting with honour), whereas breaking the laws was *okuhadulika* (to be without honour) and involved payment of heavy fines (*ofuto*) (Loeb 1962:68).

Strict rules governed the use of the left and right hands. It was considered quite unacceptable to use the left hand, especially when greeting someone. Using it was thought to invite the death of someone in the family on the mother's side. The left hand must not be used for eating or for offering gifts to anyone (E & M Shamena 1989).³² Loeb writes that when offering gifts, the Ovakwanyama hold the object in their right hand, arm outstretched, placing their left hand beneath their right forearm (Loeb 1962:68).

Clan members usually followed certain observations concerning food. These involved either avoiding particular kinds of food, or else the eating of special totemic foods (i.e. millet, oxen). *Endudulooganga* may have to obey certain food restrictions, depending on their position in the hierarchy of healers (Estermann 1976:193). It is considered *oshidhila* for anyone to drink beer when a king has died and his successor has not yet been inaugurated (Hahn 1928:15). Pregnant women must avoid eating certain animals: pork (*osingulu*) might make the child resemble a wart hog, hedgehog (*nikifa*) might make the child shy, and small tortoises were thought to make the child want to retreat into the womb after birth, and so forth (Loeb 1948:24).

It was most definitely considered *oshidhila* for a woman to give birth to a child before she had participated in the *efundula* transition ceremony, because the child was thus not a 'legitimate' member of the matrilineage (Loeb 1948:23, D. & A. Powell-Cotton 1937a:7). Abortion was also classified as *oshidhila* in Ukwanyama (a law enforced by King Mandume in 1913), and two head of cattle had to be paid by the prospective biological father to the girl and her kin in compensation. During pregnancy, husbands were not bound to observe any sexual restrictions, unlike their wives. For instance, women refrained from sleeping with men other than their husband, otherwise it was thought their children would die at birth (Loeb 1948:24). There are, however, sexual restrictions placed on men at other times. For instance, if a husband

³² Interview with author at the FELM, Helsinki.

does not remain solely with his first wife at the time of new harvest (*oshipe*), sleeping instead with his other wives, then this is considered *oshidila* and he will be struck by a disease where his intestines will break (Adalf ya Sidine (Ukwanyama), ELC 1932, item 323:752). Men also cannot have sexual intercourse during the daytime, or during their period of ritual purification after cattle raiding (Loeb 1962:76).

The birth of twins is an event receiving much attention in the source literature, but one which has been shrouded in confusion and contradiction. This may be due to a number of things: perhaps the various Ovambo groups deal with twin births differently; perhaps the discrepancies reflect cultural changes that were taking place within Ovamboland during the colonial period; or perhaps there were different laws applied to different people within and between Ovambo groups. Some authors state that it was *oshidhila* for anyone giving birth to twins, and that the latter should be killed at birth (Aarni 1982:50).³³ Others maintain that twin births were only of grave concern if occurring in the royal lineage (when one or both were killed). However, if born to ordinary people they were allowed to live following a purification ceremony (Hahn 1928:3). Indeed, non-royal twins have been truly regarded as a blessing from Kalunga, according to Loeb. He states that the Ovakwanyama like twin calves and twin children because they are powerful signs of fertility. However, elaborate purification ceremonies are required for twin births, and the latter must be killed at birth if the cost of such ceremonies cannot be met (i.e. as among the poorer western Ovambo groups). Nevertheless:

"The Kwanyama rejoice at the birth of such twins (of unlike sex), since they consider them to be two spirits of different sexes with one personality, who together form a complete being."

The Kwanyama apparently conceive of Kalunga as a bisexual being, and they also think it good luck to have sex with an hermaphrodite (Loeb 1962:17-18). For all their positive qualities twins were still an unusual phenomenon, and therefore the need for ritual purification is not surprising.

Ritual Purification

The transgression of social and moral laws and the neglect of precepts, was believed to invite ancestral

³³ According to Setson, an Ovambo theologian, the Ovambo sacrificed to the ancestors in order to avoid the birth of twins. (Setson, interview with Aarni 1981, footnote in Aarni 1982:58). Unfortunately Setson does not specify which particular Ovambo group or groups did this.

wrath. One way of counteracting such wrath was to offer *oohula* or *esaagelo*, as discussed above. In addition, ritual purification was also considered central and essential. Transgressing society's norms and values, whether wittingly or unwittingly, rendered a person 'unclean' or polluted in some way. Ritual purification, then, entails the ritual washing of protagonists, as well as internal cleansing with medicinal liquids (enemas and emetics) and blood-letting.

There are many situations requiring ritual purification. Only four will be dealt with here in the context of *edimba*: sexual relations after the death of a partner, the birth of twins and breach birth, the removal of a sorcerer's curse from a kin group, and finally the purification of warriors after a cattle raid. For other examples see the work of Loeb, Estermann and the Emile Liljeblad Collection.

Olusi: Mortuary Pollution

Aarni writes that among the Ondonga it was believed that a mortuary taboo, *olusi*, existed in the body of the surviving partner in marriage. "This *olusi* was the cause of the disease, which could make the survivor swell and die" (Aarni 1982:70). In order to remove *olusi* and so prevent illness, an *onganga* of the opposite sex needed to be summoned. Ritual purification was considered vital if the widow or widower wanted to remarry and have sexual intercourse without causing illness to the new partner. The object of the purification rite was to mystically break the link between married people, one of whom is deceased (Tuupainen 1970:81ff).

Among the Ovakwanyama (in Namibia), anyone who has gone through the second marriage ceremony must be purified after the death of his or her spouse. To neglect this would be *oshidhila* and death would result. Moreover, the person marrying the unclean ("ghost-ridden") widow (*omufjekadi*) or widower (*omufiluakadi*) would be the one to suffer. Thus the surviving partner is given herbs by an *ondudu*, and then must participate in a symbolic sexual act, whereby the sexual organ of the opposite sex is moulded from clay (Loeb 1948:79). Loeb's account is actually based to a large extent on that of Estermann (1976:80-81), who describes the *olusi* ritual in rather more detail. Estermann explains that the name *olufi* (pronounced *olusi*) comes from the verb *okufya*, meaning to die. The ritual itself is comprised of two parts, involving:

1) General washing of the whole body by the *ondudu* a few days after the death of the spouse, and

2) Performance of sexual intercourse using genitals of the opposite sex moulded from clay. This is done with the assistance of the *ondudu*, in a consecrated place in the bush. Following this the *ondudu* rolls the clay organ into the shape of a ball, then hides it either in a hole in a termite hill, or else in a thicket of *omidime* bushes. Both for men and women, the *olusi* rite is performed in close proximity to these bushes if possible. According to Estermann the Kwanyama name for the plant, *omidime* [*Euclea lanceolata*], is connected with the verbal root *-dima*, meaning 'extinguish'. This is, of course, directly related to the purpose of the rite: to extinguish past ties in order that new ones may be created. This second part of the rite is performed shortly before the new marriage is contracted.

The botanical work of Loeb and his assistant Rodin allow further insight into the kinds of plants used in the *olusi* rite. The plant *omudime* (to-destroy-thing) has been identified by Rodin as *Euclea divinatorum* (rather than *Euclea lanceolata*) and apparently has many uses in connection with repelling misfortune. In the context of *olusi*, the leaves are stamped and boiled in water. The new widow is then washed with the mixture by an *ondudu*, to extinguish the negative effects of her husband's death (Rodin, based on commca-tion with Estermann, 1985:73-74). Following the death of her husband, a wife drinks a potion made from the plant *oshinanganamwali* (*okatendadikwa*) [*Kleinia* sp. cf *Kleinia longiflora*]. Rodin is doubtful about Loeb's observation, however, because of the toxicity of the plant's latex and its emetic qualities (Rodin 1985:63, based on Loeb 1955a). I would argue that such "emetic qualities" may in fact be the key to its use in this particular context, since the aim is to *cleanse* the protagonist. *Okaxupilaunona/xypila* (to-give-an-enema) [*Rubiaceae Borreria* sp.] leaves and stems may be used to brew an infusion, to be used as a vaginal douche during the purification of a new widow. The douche is used in conjunction with the clay phallus given by the *ondudu* (Loeb et al 1956, in Rodin 1985:125). Finally, an infusion is made from the bitter leaves of *oshiyooseuta* [*Clerodendrum unciatum*] which is then drunk by men who have intercourse with new widows before the latter have been ritually purified. Without drinking the infusion it is believed that the men's intestines will rot away (Loeb 1956, in Rodin 1985:133).

Twin and Breach Birth: epasha and oupili

Hahn describes the procedure of purifying mothers who have given birth to twins. First a hole in the ground is prepared by the *ondudulonganga* and the midwives, which is filled with water. Then, in order to rid her

of the 'bad' blood within her body (regarded as *oshidhila*), the mother's entire skin surface is scraped with an iron razor (*oshimbi*) to create the flow of blood (a process known as *okushatua*). She is afterwards thoroughly washed all over with water. On being led back to her house the mother must stumble over a pestle laid purposefully in her path; this upsets a small pot of water over a grass fire, causing smoke to rise. As the woman passes through the smoke it is thought to take the last of the 'evil' with it. Her husband must also be cleansed in a similar fashion. Incisions are made on his thighs, wrists, forearms and tongue. Twins of the chief are smothered at birth, then wrapped in the skin of a freshly slaughtered black ox and buried in the calves pen (Hahn 1928:26).

The Powell-Cottons recorded that purification measures were necessary for some time following the birth of twins. A bowl of water containing a charm plant (not named in source) was left at the *ohnu* (main entrance), and all those entering were required to sprinkle their feet, lest they may swell upon entering the household (Diana Powell-Cotton 1937b:84). Rodin names the plant *oshiyooseuta* [*Clerodendrum uncinatum*], as being made into a sprinkling infusion called *ondipa*, used in a special purification ceremony performed on all entering a household where twins have been born. The infusion is sprinkled on the face and feet (Rodin 1985:133). Lastly, a purifying medicine made from *oshimhelewene* [*Portulaca oleracea*] and the roots of *Entada arenaria*, is used by Ovakwanyama in Namibia to prevent mothers or members of her family from swelling after the birth of twins (Rodin 1985:122-123).

Breach birth (*oupili*) is considered the same as a twin birth because two legs emerge instead of one head (Magdalena Shamena, Ondonga, personal interview FELM 1989). In Ombandja, purification akin to the *olusi* rite must be undergone after the birth of twins or a breach birth, before sexual relations can safely resume. Iitulu also mentions a drink made from the root of *epaha*, together with the fact that the payment exacted by the diviner was a bull (Sakeus Iitulu, ELC 1932, item 262:612-620).

Purification of Warriors

Loeb gives a good detailed account of the purification warriors must undergo upon their return, should they have killed someone. The word *outoni* has a double meaning: first it can denote a man who has killed someone, and second it is the name of the hyena call the killer must make. The hyena call is uttered as the man approaches his homestead. *Outoni* warriors need ritual purification, because without it they are

regarded as a danger to themselves and to others. In particular, the ghost of the victim is believed to attack unpurified killers, sending the latter insane. Warriors who have not killed whilst on a raid are simply washed by an *ondudu*, given herbs to drink, then have their backs sprinkled with ashes by their first wives, thus freeing them of any misfortune.

When an *outoni* returns, however, he must give the cry of the hyena and all his family will rush out to greet him. His father engages in a mock struggle with him. As soon as the warrior has entered the household, and before he is allowed to talk with anyone, he is given the herb *ejakanoni*, which he has to chew whenever he sits on the logs by the sacred fire during his period of purification. If the warrior has brought back a slave or a head of cattle then the latter is taken to the cattle pen and the former must squat at the feet of the warrior and his father. All the household members bring the *outoni* welcoming gifts. A pot of butter is brought to the group and the father and son proceed to rub everyone present with the substance. Some of those present then hang hoops made from the roots of the *omusendje* bush [*Combretum calocarpeum*]³⁴, bound at intervals with aloe cord, around the *outoni's* neck. In addition, any siblings of the warrior had to wear the necklaces, as did his wife or lover. They also fastened tail hairs of the captured animal in their hair.

The next morning, at dawn, the *outoni* and the slave he captured are rubbed with a thick mixture of millet by the pre-pubescent girl who had cooked the ritual pre-raid meal. The *outoni* then spends four days and nights in isolation, either in the gardens under a tree or in the main meeting area of the household - sleeping on the log seats. During this time he must sleep alone and have no sexual intercourse; when he eats it must be from special utensils. His war weapons (belt, bow and arrows³⁵) were hung on a bush in the entrance of the household. Each morning the *outoni* went out and directed the hyena cry at these objects. People customarily tried to avoid meeting the warrior, but if they did then they were obliged to offer him gifts. Eventually, after four days, the *outoni's* weapons are brought to the *olupale* (central meeting place) and hung on the cattle skull rack there. Then the final purificatory rites are performed: the *outoni's* father gives him special herbs in water to drink, and the pre-pubescent girl rubs his body with herbs. The wooden

³⁴ Rodin identifies *omusendje* as *Combretum zeyheri* (1985:60-61).

³⁵ This shows how relatively early this account is, the information no doubt coming from Sckär, because guns very quickly replaced bows and arrows - even during the latter's time (early 1900s).

beer cup and the food dishes used during the period of impurity are burnt, the warrior receiving new ones. Now he is considered cleansed and safe, and can be reunited properly with people (Loeb 1962:89-92).

Bruwer writes that a Kwanyama man who has killed a turkey buzzard (*epumumu*) must undergo some form of ritual purification, similar in some respects to that necessary for *outoni*. The hunter must wear roots of *omusendje* [*Combretum zeyheri*] and give the hyena cry in the bush every morning. He must eat and sleep alone until purified by being rubbed with water and herbs by a healer (Bruwer, in Rodin 1985:60-61).

Collective Purification: Etikululo (the removal of curses)

Affliction may not always be the result of dissatisfied ancestral spirits. Witchcraft and sorcery are also instrumental in causing illness or other kinds of misfortune. Sorcery can be practised by the living upon their neighbours or relatives, usually with the assistance of medicine-men or women. Sorcery need not be conducted purely out of malice, unlike witchcraft for example, but may in fact be used to teach someone a lesson. Just as offended ancestors respond by sending misfortune, then offended living (kin) members respond by cursing the person they have particular issue with. Indeed, not only is the 'deviant' cursed, but his or her entire kin also.

Hiltunen has described some interesting cases of sorcery documented in the Liljeblad Collection. Cursing the fecundity of women is apparently very frequent. For instance, it is regarded as a great insult if certain kinship obligations are not publically honoured during the female transition ceremony, the *efundula*. If these obligations are not met (i.e. the girl's mother, or the mother's brother or sister, not receiving their proper share of the wedding ox [donated by the girl's father]), then those offended may decide to curse the future marriage and future fertility of the initiate. A mother never directly curses her daughter, but the mother's brother and sister will curse their niece: "While pregnant, may she give birth to earth" (Hiltunen 1986:138).

Removal of the curse in this situation can be orchestrated by the cursed woman and her new husband visiting the curser, and apologising for their offensive actions at the wedding by offering gifts. The curser may also be by this stage under general public pressure to lift the curse, and resume friendly relations.

Eventually after grievances have been aired, and a compromise reached, the curser withdraws the curse by making *esaagelo* offerings to the ancestral spirits at sunrise. She (or he) wishes for her niece's fertility and demands that a girl-child be her namesake. The couple themselves make a ritual spit in the direction of east (i.e. at the sun) and ask for happiness. All three then share in a meal, symbolising their reunion (Hiltunen 1986:138-141).

Of course, there is no ritual washing or rubbing with purifying herbs in this case, unlike the purification of warriors. However, it is still ritual purification in that during a special meeting between the antagonists the curse is removed and the ambience restored. Whilst under the effects of the curse the couple could be regarded as being in a somewhat impure state. Through the reformed opinion and actions of both themselves and their curser the couple have their impurity or contamination removed. There are, nonetheless, examples of curse removal that do include washing or fumigation, and here the whole kin group can be involved.

The cleansing of the whole kin group occurs when the misdeeds of one of the members are believed to have repercussions for everyone. Hiltunen relates many examples of such cleansing, *etikululo*, as it occurs among the various Ovambo peoples.

"Sakeus Iiteua from Ondonga writes: The kin of a cursed person fetches the *onganga*. He is in the house overnight. The next morning he gets up early and makes a fire outside the house. He puts herbs (*iimbondi*) into the fire. After this he goes into the house to invite people. He orders them to take off all their clothes and put on only a string with a small front-cover.

Then he takes them to his fire to warm themselves. All kin must be present, even small children. The smell of the herbs burning in the fire removes the curse from them. They then throw their covers and strings into the fire and leave the place as naked as they were born. In the house they dress in their own clothes again. After that they are given herb-drinks from the horn of a wild animal and they are tapped on their heads with a stone. When the *onganga* leaves he gives them herb-flour to be mixed into food. Once they have eaten it they are no longer in mortal danger" (ELC 1932, item 1566; in Hiltunen 1986:144).

Also among the Ondonga the curse can be removed by a mixture of water and blood. According to Konsa Niilonga, a pit resembling a cave is dug. The *onganga* slaughters a pure black ox, and its blood is mixed with the water in the pit. The kin of the cursed person gather at the pit's edge one by one are guided through the water: first the men, followed by the women and finally the children. Having gone through the water each person receives a leather band. It is *oshidhila* (taboo) for any person who does not go into the pit, and as a result he or she will die (ELC 1932, 409, in Hiltunen 1986:144).

Tönjes writes that in Ukwanyama the kin group sits around a pit, in the bottom of which a fire has been kindled by a female *ondudu*. The *ondudu*, using the skin of a freshly slaughtered black ox, rubs the back of each person in turn, whilst at the same time giving that person herbal medicine to drink. The *ondudu's* assistant follows clapping two iron hoe blades together. The backs of the kin are then rubbed a second time, after which they may all lift their faces. The group then remove their clothes and run away naked, whilst the men and boys shoot arrows into the pit without turning to look round (Tönjes 1911:224, in Hiltunen 1986:146). Also in Ukwanyama, the kin may be asked to sit inside the pit itself (adults first, followed by children), covered with a fresh ox skin in order to be fumigated with roasted herbs. After fumigation the people are washed with water and are made to roll on the skin. Their old attire is removed by the *ondudu*, who presents them all with charms to wear instead, as well as some medicinal powder to take with them. If some relatives are not present, then some medicine is kept specially for them. This mixture should be eaten by the absent person as soon as he or she returns - even before speaking with anyone, because to speak first will cause death (Mateus Shehama, ELC 1932:1089-1090, in Hiltunen 1986:148).

The importance of treating absent kin members, no matter how many years lapse before they return, is also mentioned by Moses of Ukwanyama (Loeb 1955c:293), by Sakeus Iituku of Ombandja (ELC 1932:579-580, in Hiltunen 1986:151-2) and by Saara Silongo of Ukwanyama (Liina Lindström notes, in Hiltunen 1986:150).

In Ongandjera an *onganga* is summoned if a kin group believes itself to be cursed. The removal of the curse takes place in the forest. As in the case among other Ovambo peoples, a pit is dug and the blood and pancreatic dregs of an ox are added to the water. The kin remove their clothes and it is these, rather than the people themselves, that are washed by the healer. Following this the kin are considered cleansed,

and no more deaths as a result of the curse will occur (ELC 1932:1387-1389, in Hiltunen 1986:150).

CONCLUDING REMARKS

In the previous chapter it was shown that Ovambo herbal medicines are primarily cathartic in character, being resorative and strengthening to a lesser extent. Similarly, charms, propitiation and ritual purification also exhibit a dual function: that of repelling or dissuading negative forces, whilst at the same time encouraging positive ones. There is one significant difference which is worthy of note. Herbal medicines and associated *materia medica* are predominantly (though not exclusively) administered in response to cases of illness, whereas charms, propitiation and ritual purification respond to a whole variety of affliction - illness constituting one aspect only.

Furthermore, herbal medicines are principally curative, whilst charms, propitiation and purification can be either curative or prophylactic or indeed both. All of the above are concerned with maintaining or achieving a harmonious state of affairs, whether it be in terms of good health, or of amicable social relations, or of economic success, or whatever. Nevertheless, it must be said that what might signify good fortune for one person, may actually signify misfortune for another. For instance, charms used to guarantee success on a cattle raid are obviously not working advantageously for those about to be raided! Furthermore, one must beware of confusing those charms or actions employed to promote fortune, with acts of sorcery which benefit the curser but not the cursed. Most good-luck charms or actions are designed to benefit the user without causing damage to another. It is true that cattle-raiding is a glaring exception, but then killing and theft are not regarded as crimes in this context.

With regard to the physical appearance of charms, usually they consist of seeds, nuts, bulbs or corms, bark covered twigs, strips of cattle skin and sometimes parts of wild animals (horns, claws, teeth etc). Important charms might be decorated with ostrich eggshell or iron beads and cowries. Except for the dolls used to promote fertility in women during the *efundula* transition ceremony, and the clay phallus used in the *olusi* ritual, there are no anthropomorphic figurines or other forms of plastic art used by the Ovambo as charms (for example in contrast with the Tchokwe of mid-Angola or the Azande of Sudan).

What is of importance here is not the actual physical form of these Ovambo objects, but rather that

they serve as tangible, portable receptacles for the *endudu'sloonganga's* 'powers'. Aarni states that healers invest some of their healing and protective ability in charms - they "feed" them. Such power is not permanent and can indeed wane if the charms are not "fed" on a fairly regular basis (not specified in the sources) (Aarni 1982:54). Whilst design may not be overtly significant, other characteristics such as smell, the type of animal remains, or the particular plant part used, seem to be.

For example, the charm bearing the claw of a bird of prey is worn so that the wearer will catch his or her own 'prey' in terms of wealth. Indeed, the charms worn by *enduduloonganga* provide good examples of 'contagious magic'. Hyena skin, for instance, is worn because the hyena is cunning, as the diviner needs to be. Dog noses are also worn by diviners as they assist that latter in "smelling out" witches. Hahn's (1928:22) description of the *oshiva* war whistle containing the wing feathers of a nervous bird, designed to render the enemy nervous, is also a good example.

Many of the charms seem to have been designed for re-use. Those often used by hunters, for example, consisting of a length of bark covered twig, may be used many times over because only a little of the bark is shaved away and burnt at each occasion. Thus charms can be quite practical as well as symbolic. Certainly, charms tend to be relatively expensive (often as much as an ox) when first obtained from a healer, thus re-usable artefacts would no doubt have been popular. Particularly valuable charms (i.e. *omusindilo*) are normally inherited within the lineage.

Acts of propitiation are both an expression by the living of the mutual obligations existing between the ancestral spirits and themselves, and protective measures directed at the ancestral spirits. Indeed Aarni describes an occasion where one man actually scolded his ancestors for not being benevolent, despite the fact they had been well appeased (Aarni 1982:57). Propitiation of the ancestors is, in a sense, a more ritualised version of the way in which mutual obligations and protective measures are conducted between the living themselves.

For instance, the presentation of votive offerings to the ancestral spirits is comparable with the fines paid to the king and the compensation paid to the 'injured' party. Loeb, for example, records that if a man is attacked and loses an eye, then his assailant must pay the king the usual fine for murder (8 - 10 cattle) and pay him a certain yearly amount (Loeb 1962:45). Propitiation is also necessary if a killing occurred during a

cattle raid by Ovakwanyama upon another Kwanyama household (i.e. a punishment raid), even if the raid was carried out under the orders of the king (Loeb 1962:83, 90).

Propitious acts are employed as both preventive and curative measures. They are used as a prophylactic measure against affliction, performed prior to the event when good fortune is desired (good fortune will also be actively encouraged at this point). Alternatively, such acts are performed when misfortune has already struck, and where the emphasis is now upon the swift restoration of good relations between the living and the ancestors, as well as on the return to good health or a trouble-free existence.

The need for ritual purification in the counteraction of affliction was referred to in the previous chapter. The cathartic action of many of the medicines administered as enemas or emetics is a strong indication of the purging element in Ovambo therapeutics. This chapter has dealt more with actual rites of purification, involving the transition of people from an impure (dirty) to a pure (cleansed) state. Impurity or pollution is a severe consequence of affliction, therefore ritual purification becomes an essential component of the healing process. Purification involves cleansing and restorative elements. As with the cathartic medicines, there is the removal of the undesired negative forces complemented by the introduction of those forces that are good, so that a kind of equilibrium is achieved³⁶.

I also agree with Hiltunen that purification rites are transition rites, where the polluted persons move from their impure state, through a period of cleansing, to emerge as unpolluted and able to live a normal, healthy way of life (Hiltunen 1986:153). It is necessary for total compliance during purification, because failure to complete the treatment or failure to have purification at all is believed to result in extreme misfortune, usually death. In association with ritual purification, the importance of the need to follow specific precepts and prohibitions becomes quite evident. Compliance will deter further wrath from the ancestors, and will assist in preventing the further contamination of others (e.g. why separation is crucial, and the ban on talking etc). The correct observance of precepts and prohibitions in general does much to alleviate the possibility of affliction in the first place.

Thus, to summarise briefly: charms, propitiation, ritual purification and the observance of social and

³⁶ Ngubane's argument for the operation of Zulu therapeutics (1977).

religious codes, are all - to a greater or lesser degree - concerned with the following areas: preventing illness, preventing other forms of misfortune, providing protection, promoting good fortune, managing social relations, and ultimately (and perhaps only ideally) with establishing equilibrium.

CONCLUSION

On Methodology

Two kinds of source material have been analysed with regard to Ovambo medical culture: (a) published and archival documents, and (b) museum collections of material culture and ethnobotany. Secondary source material from various Finnish, French, Portuguese and British institutions has been used to supplement my primary source material: the Powell-Cotton Angola Collection (1936 & 1937), held at the Powell-Cotton Museum, Kent. This museum-library based approach has been adopted in place of fieldwork, mainly because the political situation in Angola and Namibia has rendered fieldwork an impractical option, but also because the source material held in the various institutions is richly diverse and informative, and worthy of attention therefore. Source material of this kind is particularly useful for researchers wishing to provide a diachronic perspective. The Powell-Cotton collection is annotated and reasonably systematic, and is especially important for its *materia medica* and ethnobotanical components. I chose to supplement this material with relevant secondary sources, in order to create as detailed a picture of Ovambo medical culture as possible.

Much of the secondary source material is of either missionary or colonial government origin, and has therefore been used with caution. Analysis of these sources has, for instance, revealed as much about missionary and government attitudes (predominantly negative) towards indigenous medical beliefs and practices, as it has information relating to these. On the whole, Finnish and French missionary records proved richer in ethnographic detail than did the colonial government records of Germany, South Africa and Portugal, which tended to be more militaristic. Nevertheless, the ethnographic evidence, such as it is, is generally fragmentary and partial. Naturally this limits many lines of enquiry, but the situation is not an impossible one. Another significant limiting factor, is that sources relating to the Ovambo are available in at least seven

different languages.

Although certain sources contain ethnographic information, there is strikingly little in the way of explicit analytical interpretation. Authors make no real attempt to locate the ethnographic details in relation to the wider socio-cultural context, for instance. However, it was the detail rather than the interpretation that predominantly interested me, and it is in this sense that I feel justified in relying heavily upon missionary sources, so often regarded by anthropologists as suspect. From the point of view of ethnographic detail they are rich and valid sources, but in terms of interpretation they are indeed questionable.

Material culture collections have helped to fill some of the gaps in our knowledge of Ovambo left by documentary sources. *Materia medica* and ritual objects in general, many of which may be used in a healing context, are well represented in the Powell-Cotton Museum and the Finnish museums. Ethnobotanical data from the Ovambo region have also been extremely useful, in connection with the analysis of Ovambo medicines. Information supplied by material culture collections is seen here as a valid source, in that it supports the written record and may often provide additional insight as well. The importance of prophylaxis, for example, is revealed in Ovambo material culture, yet receives little comment in the source literature.

The important point to be borne in mind whilst using secondary sources, is that the information they contain cannot be taken as 'true fact', but must rather be regarded as 'personal observations' of the particular author. This is especially the case in the absence of fieldwork, since the researcher is not able to check the details in sources at first hand.

On Notions of Cosmic Balance

The various elements comprising Ovambo medical culture are all concerned, in one way or another, with maintaining, or inviting, or reintroducing harmony. Harmony, or balance, represents the desired norm for Ovambo, but is nonetheless acknowledged as an ideal which is often difficult to achieve and maintain. Anything which deviates from their conception of normality - affliction, for example - constitutes disorder and imbalance, and is clearly regarded as undesirable and to be avoided wherever possible. The medical domain is an area of Ovambo culture which deals expressly with deviation from the prescribed norm, resolving problematic issues and situations, and reintroducing equilibrium.¹

¹ I have used these terms (harmony, balance, disorder, normality etc) in an attempt to explain Ovambo thought - the evidence I have relating to health, illness, social conduct, relations with the ancestors etc, suggests that the notion of 'balance'

In response to the ever-present threat of illness and misfortune, the Ovambo are proactive as well as reactive; they actively seek to pre-empt affliction having recourse to a number of different methods related to health maintainance: personal hygiene, morally upright behaviour, ancestral propitiation and the use of prophylactic devices (charms). In the event of affliction occurring, the reactive response involves soliciting one or more of the wide range of curative procedures offered by various healers.

The Ovambo regard illness as being a special kind of misfortune in the widest sense. It is but one way, though arguably the most pertinent one, in which people are afflicted. Illness is the experience of misfortune at a very direct and personal level. Generally, illness is conceived as something intrusive or invasive, expressed in terms of the gain of something alien and harmful which needs to be expelled. To a much lesser extent is illness perceived as the loss of something vital (soul-loss, caused by witchcraft, being the main example). Illness (and affliction generally) represents the replacement of harmony with disorder; it signifies a departure from a healthy existence (*kola*), which constitutes normality. Afflicted persons, are thus automatically placed outside the boundaries of normality. Their association with abnormality renders them ambiguous, and they require special attention in order that balance may be restored and their re-incorporation into society (i.e. normality) effected.

One of the ways in which the Ovambo cope with the chaos and disorder that affliction brings is to name and classify illness symptoms and conditions, and assign these causes. They thus impose cultural order upon disorder, which has the effect of making affliction less mysterious, more tangible, and much easier to confront and deal with. Symptoms or conditions are named according to: (a) the type of relevant treatment, (b) the particular body part affected, (c) the effects of illness, or the chief symptoms, or (d) the causal agents. Major illnesses tend to have multi-causal explanations - both real ('natural', 'instrumental') causes and surreal ('supernatural', 'effective') causes, whereas minor ailments are attributed instrumental causes only. The Ovambo have a notion of contagion as a cause of affliction, expressed in terms of pollution or impurity.

The Ovambo concept of the 'person' is itself based on the idea of three essential elements - body, free-soul, body-soul - existing in a state of equilibrium, which is experienced and observed as good health.

is all important and disequilibrium undesirable.

Should one of the trio become imbalanced in some way, threatening the overall state of personal harmony, then illness and misfortune are believed to be inevitable. The sort of things leading to imbalance include poor attention to personal hygiene and immoral, anti-social behaviour. Disruption of personal harmony is not always self-inflicted, however, since it may also be caused by external agents of affliction; and affliction itself results in destabilisation of the 'person'.

External agents of affliction are classified by Ovambo as pertaining to the East or to the West. Those of the East are principally the royal and lineage ancestral spirits, who are regarded as essentially benevolent. Because they are lineage spirits, they are socially-oriented, concerned with maintaining some semblance of order and general wellbeing. The affliction they cause is of course disruptive, but is ultimately intended to be corrective and stabilising, since it is delivered in response to disharmonious behaviour of the living within the group. Generally speaking, the cardinal direction 'East' symbolises sanity, order, balance, harmony, 'society', health and wellbeing (private and public).

By contrast, 'West' stands for all that 'East' is not. Spirits of the West, including witches, are the antithesis of those of the 'East' in every sense. The misfortune they cause is not based upon reason, but is random and malicious - which is why the 'West' is strongly associated with insanity. Together, both 'East' and 'West' constitute a whole; it is inconceivable that one could exist without the other. This idea is evident elsewhere in Ovambo culture, for example every person is born with the capacity to be either good or bad during his or her lifetime, and Kalunga (God) is regarded as being both supreme creator and destroyer in one. Thus, although disharmony is generally avoided at all costs it does have its place, and as such must be acknowledged. The point of importance here, is that although disharmony does have its place, it must not exceed it.

Those formally responsible for maintaining, and particularly re-establishing or re-introducing health and wellbeing, are the various healers. Altogether, eight types of healer specialise in a particular area of therapeutics, in addition to herbalism and general healing. In terms of their skills, specialists tend to complement each other, rather than compete - all regarding the security of private and public harmony as their ultimate goal. They, through their actions, are the chief exponents of harmony, in terms of order and stability.

In certain circumstances healers may operate in association with legitimate sorcerers - men who have been initiated by instructor-healers, and who work mainly to counteract illegitimate sorcery, or to mount revenge on their clients' behalf. Legitimate sorcery deals with affliction caused by living, as opposed to spiritual, agents, which usually manifests itself in the form of kinship disputes. Legitimate sorcerers adhere to a strict ethical code of conduct, only cursing when thorough prior investigations have proved that the intended victim is actually guilty of misdemeanor. Cursing by sorcerers is thus an effective means of dealing with social tensions. Like the affliction sent by ancestral spirits, cursing is intended to be corrective. Healers are engaged to counteract the effects of sorcery, thereby bringing the re-establishment of social harmony (i.e. amity) to completion. Between them, then, the *healer and the sorcerer expose discordant social situations, setting in motion procedures for resolving them and re-introducing social stability and harmony.*

Analysis of Ovambo healers has shown that the Ovambo conceive of a third gender category. Those belonging to the third gender find a niche in the medical culture; for in this context they are socially acceptable and fulfil an important role. Their importance stems from their purported combined, or dual, sexuality, which allows them to be closely identified with Kalunga. Kalunga is conceived of as being both male and female, signifying the ultimate in generative power and fertility and wellbeing. The third gender, thus, symbolically represent disorder within order: their mixed gender status nevertheless having a 'balancing' role, holding opposites together. Because of this association, the third gender are charged with initiating novice healers - investing them with strengthening, healing forces that will be used to challenge disorder and re-introduce harmony. On a different level, the incorporation of the third gender into the structure of the medical culture satisfactorily deals with the otherwise ambiguous position of third gender persons in everyday existence. In other words, through the medical culture the third gender status becomes legitimised and thereby socially tolerated; a harmonious outcome is achieved.

With regard to the restoration of harmony to afflicted persons, the use of medicines derived from plants is central. They are usually, but not always, employed in conjunction with other *materia medica*. The Ovambo have at least seven different types of medicine, distinguished on the basis of their form of administration. Enemas and beverages are the most popular forms, closely followed by externally applied remedies and fumigants/vapourisers, and to a lesser extent by chewed and ingested remedies. A principle

function of herbal medicines is catharsis: they are designed to 'cleanse' the body of illness, or the cause of illness, or indeed both. This is because illness is mainly perceived as something invasive and unwanted, and which needs to be expelled if a return to health is to become possible. Enemas and emetics are particularly valuable in this regard, because of the dramatic visual effects they create. Fumigants/vapourisers and herbal washes also symbolically remove the contaminating effects of affliction. Cathartic medicines are often complemented by the expulsive actions of the healer (e.g. sucking out, blowing away, brushing off).

Alternatively, balance may be restored by using medicines which are essentially restorative in character. Medicines of this kind are normally administered for their soothing and strengthening value. They may be offered as treatment in their own right, or may be given in conjunction with cathartic medicines, in order to counter-balance the latter's dramatic and often devastating effects. Restorative medicines herald a crucial turning point in therapy: a conscious shifting away from illness and purgation towards the positive state of health once more. Persons placed outside the 'norm' by affliction are particularly weak and vulnerable, which is why herbal medicines and healers' techniques designed to rejuvenate and strengthen are so important to therapy as a whole.

In view of the centrality of the notion of 'spirit' with regard to Ovambo conceptions of personhood, it would be misleading to see medicines as being employed in relation to treatment of the physical body only. Certainly, it is the case that somatic symptoms are very often the focus of treatment involving herbal medicines. However, the healing process entails much more than this. The spiritual elements of a person also require therapeutic attention if true restoration of balance and harmony (health) is to be achieved. This appears to be a feature of African therapeutics in general, yet one which it seems has been frequently ignored or dismissed by advocates of biomedicine working in the field (e.g. missionary doctors). Kiteme (1976:414), for instance, maintains that 'traditional' healers "...seek to create harmony between body and mind and with the world around us...(and) they are responsible for the sane and orderly existence of our communal societies". Indeed, 'traditional' African medicine has been noted for its persistence in the treatment of non-somatic ('mental') illness - an area where biomedicine is seen by many Africans to have failed (Twumasi 1979; Shivuta 1981; Hammond-Tooke 1989:151).

Propitiation, the use of charms, and ritual purification are also important aspects of Ovambo therapy,

where there is less emphasis on curing *per se* and more on prophylaxis and protection. These forms of therapy exhibit a dual function: that of repelling negative forces (affliction), whilst simultaneously encouraging positive ones (wellbeing). The basic idea behind their use is to prevent affliction by maintaining health and harmony in the first place, as well as to safeguard against re-affliction following curative therapy. Sometimes charms may be used to strengthen a patient following treatment, in order to guarantee full recovery. Propitiation represents open acknowledgement by the living of mutual ties and obligations existing between themselves and the ancestors. Relations must be harmonious - both between the living and the ancestors, and between the living themselves, otherwise the ancestors may cause affliction. Propitiation thus pre-empts affliction attacks, but may also be relied upon in order to restore already damaged relations, recreating a harmonious atmosphere.

Impurity or pollution is dangerous in that it gives rise to affliction, but is equally a severe consequence of it. Special cleansing rites are therefore needed to transform a person from an impure, afflicted state, back to a pure, healthy, balanced state. Failure to undergo ritual purification can result in even worse misfortune, with death as the ultimate threat. Polluted persons can also contaminate others, thereby perpetuating misfortune. Maintaining, or re-establishing one's purity (health/wellbeing) is therefore vital to the harmony of society in general, not just at the personal level.

Overall, the important point is that illness and health are not regarded and dealt with by Ovambo as isolated phenomena. Instead, they are linked to wider, more embracing, concepts of wellbeing and harmony: affliction and disequilibrium. The medical culture thus deals with both private misfortune and public calamity; it is responsible for ensuring harmony both at the level of personal wellbeing, and at that of social stability and prosperity. The medical culture provides a suitable context for the expression and resolution of social tensions and ambiguities.

On Medical Culture

I have referred to Ovambo beliefs and practices associated with wellbeing and affliction as their 'medical culture' - a term borrowed from Last (1981). It is intended to replace the more frequently used term 'medical system', since there is insufficient evidence to be able to properly determine whether or not an Ovambo 'system' *per se* exists. Certainly, medical culture - which Last (1981:388) uses to mean "...all things

medical that go on in a particular geographic area" - is much more appropriate to this analysis. Although I am unable to argue for the existence of an Ovambo system of medicine, I have nonetheless managed to highlight the salient features of their medical culture - features that indicate formal organisation of this domain.

For example, healers form a well-defined category in Ovambo society, who are hierarchically positioned according to their level and degree of specialisation. Healers are chosen by the ancestral spirits, and must progress through various stages of initiation and instruction, in order to move through the hierarchy. A person's gender and economic standing can influence the extent of progression. It is not clear from the evidence whether healers are recognised by Ovambo as being a corporate group, who adhere to "a common consistent body of theory" which is used to explain and treat affliction - criteria which Last (1981:389) gives for assessing how far a people's medical practice is systematised.

The Ovambo certainly appear to recognise the existence of a body of healers, who are commonly linked by their ancestral calling and their initiation. However, beyond this, healers operate independently and do not seem to base their therapy on a commonly held theory. Rather, healers in each particular class have their own explanations and special healing techniques, in addition to some shared ones, and patients and/or kin chose one whose specialisms are likely to be most appropriate. Thus, in response to a particular incident of affliction, a number of different healers may be consulted until the most appropriate - and successful - one is found. Last (1981:390) argues that the non-corporate characterisation of healers, together with a lack of common consistent theory, indicates possible de-systematisation (if not non-systematisation) of a people's medical beliefs and practices.

Another salient feature of Ovambo medical culture suggesting formal organisation, if not systematisation, is the prominence of the notion of legitimacy. The legitimisation, of medical personnel and sorcerers (achieved through initiation), of the third gender (through incorporation into the medical domain), and of spirit possession (by permanent mediums) serves to guarantee formal social recognition and acceptance. Illegitimate versions of the above (malicious sorcerers, homosexuals, and spirit possession as an illness) are not tolerated, and regarded as disharmonious. By being based upon legitimate, as opposed to illegitimate elements, and furthermore being able to *confer* legitimacy (e.g. the third gender), Ovambo medical culture

assumes an orderly and logical character.

Also, there is a certain degree of consistency with regard to Ovambo nosology, aetiology, nomenclature of medicinal plants and particular forms of treatment. For example, a number of authors (the Powell-Cottons, Estermann, Loeb, and Rodin), whose work spans almost forty years (1930 to 1970), have recorded the same plants being used for treating the same disorders - such as *odiva* for *oudu odila* (child epilepsy). Obviously, consistency is not absolute, since change of a kind is inevitable, and individual healers often add their own personal aetiologies or methods of treatment to the generally accepted versions. Nevertheless, the consistency observed suggests *formalisation* of the medical culture, which could be evidence of one-time systematisation.

Because Ovambo medical culture is multi-faceted, exhibiting influences from both neighbouring peoples (e.g. medicines from Tchokwe traders) and Europeans, it is impossible to establish for certain whether or not it constitutes a 'system'. Their medical culture is open to change, although there is evidence of discrimination in this regard. That certain aspects of external medical culture(s) are incorporated into Ovambo culture, whilst others are rejected, suggests that they are chosen because of their appropriateness to 'traditional' Ovambo notions of therapy (e.g. injections are seen to be comparable with enemas). Some external influences usefully fill gaps in Ovambo culture: for example, European hospitals were often preferred as centres of treatment if afflicted persons wished to seek protection from causal agents. Women who had committed adultery during pregnancy were particularly keen to deliver in the clinics, since their behaviour was believed to invite ancestral wrath in the form of a difficult labour. Outside influences clearly at variance with Ovambo notions of medical normality are rejected (e.g. anaesthesia, regarded by Ovambo as a mini-death). Such a discerning attitude also represents further evidence in support of the formal organisation of their medical culture.

BIBLIOGRAPHY

Published Sources

- Aarni, Teddy (1982) *The Kalunga Concept in Ovambo Religion (from 1870 onwards)* (Almqvist & Wicksell International: Stockholm).
- Ackerknecht, E. H. (1946) Natural Disease and Rational Treatment in Primitive Medicine, in *Bulletin of the History of Medicine* XXI (5).
- Andersson, C.J. (1856) *Lake Ngami* (Hurst and Blackett: London).
- Andersson, C.J. (1875) *Notes on Travel in South Africa* (London).
- Ayensu, E. S. (1978) *Medicinal Plants of West Africa* (Algunac: Michigan).
- Bandeira, Jose Ramos (1941) A Farmacia E O Imperio Portugues, in *Boletim Geral Das Colonias*, Lisboa, Ano 17 No.197 pp3-42.
- Barrau, Jacques (no date) *An Ethnobotanical Guide for Anthropological Research in Malayo-Oceania*, Unesco Science Co-operation Office for Southeast Asia.
- Beidleman, T. O. (1961) Right and Left Among the Kaguru, in *Africa* vol 31 (3).
- Ben-Tovim, D. I. (1987) *Development Psychiatry: Mental Health and Primary Health Care in Botswana*, (Tavistock Press: London).
- Berlin, Brent et al (1964) *Principles of Tzeltal Plant Classification* (Academic press: London).
- Bibeau, Gilles (1982) A Systems Approach to Ngbandi Medicine, in *African Health and Healing Systems* ed. P. Stanley Yoder, pp43-85 (Crossroads Press: LA).
- Brain, James L. (1973) Ancestors as Elders in Africa - Further Thoughts, in *Africa* XLIII (2), pp122-133.

- Brasio, Antonio (1934) Missões Protestantes em Angola, in *Boletim Geral das Colonias* Lisboa, Ano 10, No. 105, pp3-17.
- Brincker, P.H. (1899) *Die Eingeborenen von Deutsch-Sudwest-Afrika*, Mitteilungen des Seminars für Orientalische Sprachen, Bd. II, Berlin.
- Brown, Cecil H. (1985) Mode of Subsistence and Folk Biological Taxonomy, in *Current Anthropology*, Vol. 26, no.1.
- Bruwer, J.P. (1966) *South West Africa: The Disputed Land*, Nasionale Boekhandel Beperk., Bloemfontein, South Africa.
- Bryan, A.T. (1909) *Annals of the Natal Government Museum*, Vol.2, Part 1, July.
- Callender, C. & Kochems, L. M. (1986) Men and Not-Men: Male Gender Mixing Statuses and Homosexuality, in E. Blackwood (ed.) *Anthropology of Homosexual Behaviour* pp 165-179 (Haworth Press: London).
- Carothers, J. C. (1970, originally 1953) *The African Mind in Health and Disease: A study in Ethnopsychiatry*, (Negro Universities Press).
- Chilivumbo, A. B. (1976) The Social Basis of Illness: A Search For Therapeutic Meaning, in *Medical Anthropology* eds. Francis X. Grollig & Harold B. Haley, pp67-81 (Mouton & Co.: The Hague).
- Clarence-Smith, W.G. & Moorsom, R. (1977) Underdevelopment and Class Formation in Ovamboland 1844-1917, in *The Roots of Rural Poverty in Central and Southern Africa*, eds. R. Palmer & Q. N. Parsons (London).
- Clarence-Smith, W. G. (1979) *Slaves, Peasants and Capitalists in Southern Angola 1840-1826* (CUP).
- Clarence-Smith, W. G. (1974) Drought in Southern Angola and Northern Namibia 1837-1945, SOAS African History Seminar, MS, pp1-8.
- Comaroff, Joan (1982) Medicine, Symbol and Ideology, in *The Problem of Medical Knowledge*, eds. P. Wright & A. Treacher (EUP: Edinburgh).
- Conklin, Harold C. (1962) Ethnobotanical Problems in the Comparative Study of Folk Taxonomy, in *Proceedings of the Ninth Pacific Science Congress, 1957* vol 4, pp.299-301.

- Conklin, Harold C. (1963) The Oceanic-African Hypotheses and the Sweet Potato, in *Plants and Migrations of Pacific Peoples*, J. Barrau (ed.), Honolulu.
- Conklin, Harold C. (1967) *The Relation of Hanunoo Culture to the Plant World*, PhD. Thesis 1955 (pub. 1967, Yale Uni.).
- Constantinides, P. (1977) Ill at ease and sick at heart: Symbolic Behaviour in a Sudanese healing cult, in I.M. Lewis (ed.) *Symbols and Sentiments: Cross-cultural Studies in Symbolism* (Academic Press: New York).
- Correia, Joaquim Alves (1945) Acção Medica nas Colonias e a dos Missionarios Cristãos/Catolicos, in *Portugal em Africa*, Vol.II, No.11, pp279-83.
- Costa, A. Gomes da (1935) Assistência Medica ao Indigena e Combate à Doença do Sono, in *Generalidades Sôbre Angola (para a 1o. Cruzeiro de Férias às Colonias Portuguesas)*.
- Costa, Eduardo da (1906) *A Questão do Cuanhama (sul da Angola)*, (Lisbon).
- Cowling, Richard (ed.) (1992) *The Ecology of Fynbos: Nutrients, Fire and Diversity* (Oxford University Press: Cape Town).
- Cunha, M. Alves da (1935) Missões Catolicas, in *Generalidades Sôbre Angola*, pp 65-78.
- Dalziel, J.M. (1937) *Useful Plants of West Tropical Africa* (Crown Agents: London).
- Delachaux, Theodore (1940-41) Omakola (ekola) Instrument de Musique du Sud-ouest de l'Angola, in *Anthropos* Vol.35-36, pp341-345.
- Delachaux, T. & Thiébaud (1933) *Pays et Peuples d'Angola* (Neuchatel).
- Delachaux, T. (1936) *Ethnographie de la Region du Cunene* (Neuchatel).
- Drummond, R.B. (1981) *Common Trees of the Central Watershed Woodlands of Zimbabwe* (Natural Resources Board: Salisbury).
- Duparquet, C. (1935) *Viagens na Cimbebasia (Luanda)*.
- Eirola, Martti (1985) *Namibiana in Finland I. Guide to Archival Sources Concerning Namibia before 1938 (no.2)*. (Uni. of Joensuu, Faculty of Arts).

- Elvin-Lewis, Memory (1986) The Antibiotic and Healing Potential of Plants Used in Teeth Cleaning, in *The Anthropology of Medicine, From Culture To Method*, ed. Lola Romanucci-Ross et al, pp201-220 (Praeger: NY).
- Estermann, C. (1934) La Tribu Kwanyama en Face de la Civilisation Europeene, in *Africa* Vol. 7, pp431-443.
- Estermann, C. (1947) Missiologia e Etnologia, in *Portugal em Africa*, vol. IV pp20-29.
- Estermann, C. (1950) Le Bétail Sacre Chez Quelques Tribus du Sud-Ouest de l'Angola, in *Anthropos* Vol. 45, pp 721-732.
- Estermann, C. (1950) Sangue Cuanhama, *Portugal em Africa* vol.VII, No. 40, pp223-230.
- Estermann, C. (1953) Superstição e Assistência Médica, in *Separata dos Anais do Instituto de Medicina Tropical* Vol.X (4), pp2563-2568.
- Estermann, C. (1954) Culte des Esprits et Magie chez les Bantous du Sud-ouest de l'Angola, in *Anthropos*, vol. 49, pp1-26.
- Estermann, C. (1976) *The Ethnography of Southwest Angola Vol. 1: The Non-Bantu Peoples, the Ambo Ethnic Group*, (English translation by G. Gibson) (London African Pub. Co.: London).
- Evans-Pritchard, E. E. (1937) *Witchcraft, Oracles and Magic Among the Azande* (Clarendon Press: Oxford).
- Evans-Pritchard, E. E. (1967) The Nuer Concept of Spirit and its Relation to the Social Order, in J. Middleton (ed.) *Myth and Cosmos*, pp 109-27 (Uni. Texas Press: London).
- Fabrega, Horacio (1982) Commentary on African Systems of Medicine, in *African Health and Healing Systems*, ed. P. Stanley Yoder, pp237-252, (Crossroads Press: LA).
- Fanon, F. (1967) *The Wretched of the Earth* (Harmondsworth: Penguin).
- Fortes, Meyer (1959) *Oedipus and Job in West African Religion* (Cambridge).
- Fortes, Meyer (1987) *Religion, Morality and the Person* (CUP).
- Foster, G. (1976) Disease Etiologies in Non-western Medical Systems, in *American Anthropologist*, vol.

78, pp773-782.

Fürst, Hans Jörg (1989) Material Culture Research and the Curation Process, in *Museum Studies in Material Culture*, ed. S. Pearce, pp 97-110 (Leicester Uni. Press).

Galton, F. (1853, 1890) *The Narrative of an Explorer in Tropical Southern Africa*

Gelfand, M. & S. Mavi, R.B. Drummond and B. Ndemera (1985) *The Traditional Medical Practitioner of Zimbabwe: His Principles of Practice and Pharmacopoeia* (Mambo Press: Zimbabwe).

Gilles, Eva (1976) Causal Criteria in African Classifications of Disease in, J. B. Loudon (ed.) *Social Anthropology and Medicine* (AP: London).

Githens, T. S. (1949) *Drug Plants of Africa (African Handbooks 8)* (Uni. of Philadelphia Press: Philadelphia).

Gluckman, Max (1937) Mortuary Customs and the Belief in Survival After Death Among the Southeastern Bantu, in *Bantu Studies*, xi.

Gluckman, Max (1965) *Politics, Law and Ritual in Tribal Society* (Basil Blackwell: Oxford).

Gomm, R. (1975) Bargaining from Weakness: Spirit Possession on the south Kenya coast, in *Man* Vol 10 (4).

Hackland, B. (1984) Health in Contemporary Namibia, in *Namibia: Reclaiming the Peoples' Health* ed. Tim Lobstein.

Hahn, C. H. L. (1928) The Ovambo, in *The Native Tribes of South West Africa*, ed. H. P. Smit, pp1-36 (Cape Times Ltd: Johannesburg).

Hahn, C. H. L. (undated) Abortion MS, *Accession A450*, Staatsargief Archives, Windhoek.

Hammond-Tooke, D. (1989) *Rituals and Medicines, Indigenous Healing in South Africa* (A. D. Donker: Johannesburg).

Hayes, P. (1988) Cambridge University Registration Paper on Ovambo, unpublished MS.

Heinz, H. J. (1975) Hygienic Attitudes and Practises of the !Ko Bushmen, in *Ethnomedicine and Social Medicine in Tropical Africa*, ed. Sigrid Paul, pp95-167 (Hamburg).

- Heusch, Luc de (1981) *Why Marry Her? Society and Symbolic Structures* (CUP).
- Hiltunen, Maija (1986) *Witchcraft and Sorcery in Ovambo* (Transactions of the Finnish Anthropology Society No. 17, Helsinki).
- Hunt, S. & Loewenson, R. (1984) Part four: Nutrition and Underdevelopment, in Chapter Six: Reorganising Health Care, in Tim Lobstein (ed.) *Namibia: Reclaiming the People's Health* pp.73-79. (AON Publications, NSC: London).
- Hutchinson, J. & Dalziel, J.M. (1954-58) *Flora of West Tropical Africa*.
- Janzen, J. (1981) The Need For a Taxonomy of Health in the Study of African Therapeutics, in *Social Science and Medicine* vol 15B.
- Katjavivi, P. (1988) *A History of Resistance in Namibia* (James Currey: London).
- Kavanagh, G. (1989) Objects as Evidence, Or Not?, in *Museum Studies In Material Culture*, ed. Susan Pearce, pp 125-137 (Leicester Uni. Press).
- King, A. & Nicol, C. (1969) *Venereal Diseases* (Bailliere, Tindall & Cassel Ltd: London).
- Kingdon, J. (1990) *Island Africa* (Collins: London).
- Kirby, Percival R. (1942) A Secret Musical Instrument; the Ekola of the Ovakwanyama of Ovamboland, in *South African Journal of Science* vol xxxviii, pp345-351.
- Kiteme, Kamuti (1976) Traditional African Medicine, in *Medical Anthropology* ed. F. X. Grollig & H. B. Haley, pp413-417 (Mouton & Co.: The Hague).
- Konig, B. (1984) Namibian Women: Battling for Survival, in T. Lobstein (ed.) *Namibia: Reclaiming the People's Health*, pp. 19-25 (AON Publications, NSC: London).
- Kopytoff, Igor (1971) Ancestors as Elders in Africa, in *Africa*, xii 2, pp129-142.
- Koran, Henry J. (1958) *The Spiritans: A History of the Congregation of the Holy Ghost, Vol. 1*, (Duquesne Uni: Pittsburg).
- Kuusi, Matti (1970) *Ovambo Proverbs with African Parallels*, FF Communications No. 208, Academia Scientarium fennica, Helsinki.

- Kyrönseppä, H. (1970) *Sixty Years of Finnish Medical Mission, 1908-1968* (Finnish Mission Press: Oniipa, Ovamboland).
- La Fontaine, J. (1985) Person and Individual: Some Anthropological Reflections, in *The Category of the Person* eds. M. Carrithers et al, pp123-140.
- Lan, David (1985) *Guns and Rain: Guerillas and Spirit Mediums in Zimbabwe* (James Currey: London).
- Last, Murray (1976) The Presentation of Sickness in a Community of Non-Muslim Hausa, in *Social Anthropology and Medicine*, ed. J. B. Loudon, pp104-149 (AP:London).
- Last, Murray (1981) The Importance of Knowing About Not-Knowing, in *Social Science and Medicine* vol. 15B, pp387-392.
- Lazlo, H. de & Henshaw, P. (1954) Plant Materials Used by Primitive Peoples to Affect Fertility, in *Science* vol. 119, pp 626-631.
- Lebzelter Viktor (1934) *Eingeborenenkulturen in Sudwest und Sudafrika. Wissenschaftliche Ergebnisse einer Forschungsreise nach Sud-und Sudwestafrika in den Jahren 1926-28*. Leipzig.
- Lewis, Gilbert (1975) *Knowledge of Illness in a Sepik Society: A Study of the Gnau, New Guinea* (Athlone Press: London).
- Lewis, G. (1976) A View of Sickness in New Guinea, in *Social Anthropology and Medicine* ed. J. Loudon, pp49-103 (Academic Press: London).
- Lewis, Ioan M. (1986) *Religion in Context* (CUP).
- Lewis, I. M. (1989) *Ecstatic Religion* 2nd edition (Routledge: London).
- Liljeblad, Emil (1932) *Kansatieteellinen Kokoelma (Ethnographic Collection)*, housed at the Finnish Academy of Science and Letters, Archives, Helsinki.
- Lillico, J. (1941) The Use of Enemata by Primitive Peoples, in *Annals of Medical History (USA)*, Vol NS.3, pp55-59.
- Lima, Maria H. F. (1977) *Nação Ovambo* (Aster:Lisboa).
- Loeb, Edwin Meyer (1948) The Kwanyama Ambo, in *Anthropos* vol. 41-44, pp848-852.

- Loeb, E. M. (1955a) Kwanyama Ambo Magic 1: Kwanyama Witchcraft, in *Journal of American Folklore (JAF)*, R vol. 68, pp35-50.
- Loeb, E. M. (1955b) Kwanyama Ambo Magic 2: Kwanyama Doctors, in *JAF* vol.68, pp153-168.
- Loeb, E. M. (1955c) Kwanyama Ambo Magic 3: Kwanyama Magicians, 4: Kraal Moving Magic, 5: Sacred Animals and Omens, in *JAF* vol. 68 pp291-331.
- Loeb, E. M., Koch, C. & Loeb, Ella Marie (1956) Kwanyama Ambo Magic 6: Medicinal, Cosmetical and Charm Flora and Fauna, in *JAF* pp 147-174.
- Loeb, E. M. (1962) *In Feudal Africa* (Bloomington).
- Loots, J. H. (1930) *The Health Conditions of the Northern Population in Ovamboland and its Bearing on the Development of South West Africa*, (Medical Thesis, Edinburgh University).
- Loudon, J. B. (1975) Stools, Mansions and Syndromes, in *R.A.I.N.* No.10, pp1-5.
- Loudon, J. B. (1976) Introduction, in J. B. Loudon (ed) *Social Anthropology and Medicine*, pp 1-49 (Academic Press:London).
- Mannoni, O. (1956) *Prospero and Caliban: The Psychology of Colonization* (Methuen).
- Mbiti, John S. (1969) *African Religions and Philosophy* (Heinemann: London).
- McLachlan, G. R. & Liversidge, R. (1970) *Robert's Birds of Southern Africa* (3rd edition).
- Middleton, John (1960) *Lugbara Religion* (O.U.P:London).
- Mittleberger, C. (1968) A Religião Primitiva Entre os Cuanhamas, in *Portugal em Africa* (pp257-272).
- Moore, Henrietta L. (1988) *Feminism and Anthropology* (Polity Press: Oxford).
- Mudimbe, V. Y. (1988) *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge* (Indiana Uni. Press: Bloomington).
- Murdock, G. P. (1959) *The Ethnographic Atlas*.
- Närhi, O. E. (1929) *The Magic Wand and the Cross (Taikasauva ja Risti)* (Helsinki).
- Needham, R. (1960) The Left Hand of the Mugwe: an Analytical Note on the Structure of Meru Symbolism, in *Africa* 30 (1), pp20-33.

- Newell, W. H. (1976) Good and Bad Ancestors, in *Ancestors* ed. W. Newell, pp17-29 (Mouton & Co.: The Hague).
- Ngubane, Harriet (1977) *Body and Mind in Zulu Medicine* (Academic Press: London).
- Odendaal Commission Report (1962-3) *Report of the Commission of Enquiry into South West African Affairs* (various contributors), Part F: Health pp123-205 (Republic of South Africa: Pretoria).
- Oliver-Bever, Bep (1986) *Medicinal Plants in Tropical West Africa* (CUP).
- Orley, J. (1970) African Medical Taxonomy, in *Journal of the Anthropological Society of Oxford*, vol. 1, pp137-150.
- Osei, Yaw (1975) The Fundamental Basis of African Traditional Medicine, in *Ethnomedicine and Social Medicine in Tropical Africa*, ed. S. Paul, pp35-55 (Hamburg).
- Packard, R. (1989) *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in S. Africa* (California University Press: Berkeley).
- Palgrave, K.C. (1977) *Trees of Southern Africa* (C. Struik Publishers, Cape Town, Johannesburg).
- Pears Cyclopaedia 85th edition (1976-77) ed. L. Mary Barker & C. Cook. (London).
- Pina, Luiz de (1938) Notas Para a Medicina Indigena Angolense No Seculo XVIII, in *Boletim Geral das Colonias* ano 14, No. 151, pp12-26.
- Pina, L. de (1943) Historia da Medicina Imperial Portuguesa (Angola), in *Boletim Geral das Colonias*, ano 19, No.211, pp18-72.
- Rainio, Selma (1922) *Suuren Parantajan Paveluksessa (In the Service of the Big Healer)* (FELM: Helsinki).
- .XP Rakel, Kaarto (1976) *Lounais-Afrikan Soumalaisista Lähetyslääkäri ja Sairaanhoidotyöstä* (FELM, Seminar Paper).
- Ranchen, Ana (1959) *Ambomaa*.
- Ranger, T. (1992) Plagues of beasts and men: prophetic responses to epidemics in eastern and southern Africa, in T. Ranger & P. Slack (eds) *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* pp.241-268. (CUP).

- Reynolds, B. (1989) Museums of Anthropology as Centres of Information, in *Museum Studies of Material Culture* ed. S. Pearce, pp 111-118 (Leicester Uni. Press).
- Richards, A. I. (1950) Some Types of Family Structure Among the Central Bantu, in *African Systems of Kinship and Marriage*, eds. D. Forde & A. R. Radcliffe-Brown, pp 207-251 (O.U.P.).
- Richards, A. I. (1982) *Chisungu* 2nd edition (Routledge: London).
- Rodin, R. J. (1985) *The Ethnobotany of the Kwanyama Ovambos* (St. Louis: Missouri Botanical Gardens).
- Salokoski, M. (1986) Salt Fetching Among Ovambo Societies, *Paper for Finnish SWAPO Students Summer Meeting in Kiljava, Draft MS.*
- Salokoski, M. (1987a) Rainmaking and Power in Pre-colonial Ovamboland (*Paper for the 20th Nordic Congress of Historians, in Reykjavik*), pp1-15, draft MS.
- Salokoski, M. (1987b) Cattle Paper (Power Structure and Cosmology in Ovambo Society), draft MS.
- Salokoski, M. (1987c) The Curing of the Stones: Osimanja (*Working paper for seminar 'Which Way Development Studies?' , Helsinki University*), draft MS.
- Salokoski, M. (1990) Probing for Pre-Colonial Realities in Namibia: A Discussion of an Ongoing Project. Unpub. paper for the XIV Meeting of Nordic Anthropologists, Reykjavik, Iceland.
- Sanders, D. (1984) The Struggle For Health, in *Namibia: Reclaiming the Peoples' Health*, ed. T. Lobstein (London).
- Savola, Albin (1916) *Hamın Majoissa Ondonga ja Sen Kansa (In the Dwellings of Ham, or Ondonga and its People)*, (FELM, Helsinki).
- Savola, A. (1927) *Martti Rautanen*, (FELM, Helsinki).
- Sckär, C. (1916) Oukuanjama in Ovamboland, *unpublished MS*, State Archives, Windhoek.
- Shishana, O. & Celentano, D. (1985) Depressive Symptomatology Among Namibian Adolescent Refugees, in *Social Science and Medicine*, vol. 21 (11), pp1251-1257.
- Shivuta, Justina (1981) *Perinteiset Hoitotavat Ambomaalla (Traditional Healing in Ovamboland)*, Seminar Paper for African Seminar of the Mission School, FELM, Helsinki (trans. from Finnish-English, M.

Salokoski).

Siiskonen, Harri (ed) (1986) *Studying the Northern Namibian Past: Research Seminar in Tuarminne (no. 3)* (University of Joensuu).

Smith, S. (1986) *Namibia: A Violation of Trust* (Oxford: Oxfam Report).

Sofowora, Abayomi (1982) *Medicinal Plants and Traditional Medicine in Africa* (Wiley & Sons Ltd: Chichester).

Soini, Aino (1953) *Lääkärinä Hiekan ja Palmujen Massa (Being a Doctor in the Land of Sand and Palms)*, (W.S.O.Y.: Helsinki).

Spring, A. (1978) The Epidemiology of Spirit Possession among the Luvale of southern Zaire, in J. Hoch-Smith & A. Spring (eds) *Women in Ritual and Symbolic Roles* (Plenum).

Stoppard, M. (1991) *The New Pregnancy and Birth Book* (Dorling Kindersley: London).

Suopeltomäki, Toini (1973) *Psyykkisten Häimolden Kohtaamisesta Vieraassa Kulttuurissa* (Seminar Paper, FELM, Helsinki).

Swantz, Marja-Liisa (1986) *Ritual and Symbol in Transitional Zaramo Society (with special reference to women)* (Scandinavian Inst. of African Studies: Uppsala).

Taube, Inkeri (1948) 'Kuku' *Ambomaan Parantaja (Grandmother, Healer of Ovamboland)*, (W.S.O.Y.: Poivoo).

Tirronen, Toivo E. (1986) *Ndonga-English Dictionary* (Oniipa Press: Ovamboland).

Tobias, G.W.R. & Turvey, B.H.C. (1954) *English-Kwanyama Dictionary* (Witswatersrand Uni. Press: Johannesburg).

Tönjes, Herman (1910) *Worterbuch der Ovambo-sprache Osikwanyama-Deutsch* (Berlin).

Tönjes, H. (1911) *Ovamboland* (Berlin).

Torrey, E. F. (1980) *Schizophrenia and Civilization* (Jason Aaronson: New York).

Töttemeyer, G. (1978) *Namibia Old and New: Traditional and Modern Leaders in Ovamboland* (Hurst & Co.: London).

- Turner, Victor (1967) *The Forest of Symbols* (Cornell Uni. Press).
- Turvey, B.H.C. (1977) *Kwanyama-English Dictionary* (Witswatersrand Uni. Press: Johannesburg).
- Tuupainen, M. (1970) *Marriage in a Matrilineal Tribe: A Social Anthropological Study of Marriage in the Ondonga Tribe in Ovamboland* (Transactions of the Westermarck Society, Vol. 18).
- Twumasi, P.A. (1979) Ashanti Traditional Medicine and its Relation to Present-day Psychiatry, in *African Therapeutic Systems*, ed. Z.A. Ademuwagun et al (Crossroads Press:ASA).
- Uchendu, V. C. (1976) Ancestorcide! Are African Ancestors Dead?, in *Ancestors* ed. W. Newell, pp 283-297 (Mouton & Co.: The Hague).
- Van der Geest, Sjaak (1990) Anthropologists and Missionaries: Brothers Under the Skin, in *Man* vol 25 (4) pp558-601.
- Van Gennep, A. (1960) *The Rites of Passage* (Chicago Uni. Press: Chicago).
- Vaughan, M. (1991) *Curing their Ills: Colonial Power and African Illness* (Polity Press: Cambridge).
- Vaughan, M. (1992) Syphilis in Colonial East and Central Africa: The Social Construction of an Epidemic, in T. Ranger & P. Slack (eds) *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* pp.269-302. (CUP).
- Vedder, H. (1934) *Das alte Sudwestafrika*. (Berlin).
- Vedder, H. (1938) *South West Africa in Early Times* (Cape Town).
- Wameck, D. John (1910) Studien zur Religion der Ovambo, in *Allgemeine Missions - Zeitschrift* (Berlin).
- Watt, J.M. & Breyer-Brandwijk, M.G. (1962) *The Medicinal and Poisonous Plants of Southern and Eastern Africa* (2nd edition) (E. & S. Livingstone).
- Whitehead, H. (1981) The Bow and the Burden Strap: A New Look at Institutionalised Homosexuality in Native North America, in *Sexual Meanings* eds. S. Ortner & H. Whitehead, pp 80-115 (CUP).
- Wilcocks, C. & Manson-Bahr, P.E.C. (1972) *Manson's Tropical Diseases* (17th edition) (Bailliere-Tindall: London).
- Williams, Freda-Nela (1988) *Migration and Settlement in Ovamboland 1600-1900*, (MA Thesis in General

History, Joensuu University, Finland).

Wolfe, E.M. (1935) *Beyond the Thirst Belt: The Story of Ovamboland Mission* (S.P.C.K.: London).

Yoder, P. Stanley (1982) Issues in the Study of Ethnomedical Systems in Africa, in *African Health and Healing Systems*, ed. P. Stanley Yoder, pp1-20 (Crossroads Press: LA).

Young, A. (1976) Some Implications of Medical Beliefs and Practises for Social Anthropology, in *American Anthropologist* vol 78 (1) pp 5-25.

Young, A. (1982) The Amhara Medical System, in *African Health and Healing Systems*, ed. P. Stanley Yoder, pp21-40 (Corssroads Press: LA).

Archival Sources

Powell-Cotton Documentary Sources

Powell-Cotton, D. (1936a) *Field Diary 1936* (Typed MS).

Powell-Cotton, A. (1936b) *Field Diary 1936* (Typed MS).

Powell-Cotton, D. (1936c) *Medicine Man or Woman: Ondudu (mostly) Domdondola* (Typed MS).

Powell-Cotton, D. (1936d) *Kwanyama Beer Brewing* (Typed MS).

Powell-Cotton, D. (1936e) *Pot Making (Dombondola)* (Typed MS).

Powell-Cotton, D. (1936f) *Kwanyama Death and Burial* (Typed MS).

Powell-Cotton, D. & A. (1936g) *Kwanyama Feasts: Cattle and New Grain* (Typed MS).

Powell-Cotton, D. (1936h) *Death (Kwamatwil/Ombadja)* (Typed MS).

Powell-Cotton, D. & A. (1937a) *Kwanyama Efundula: Engagement and Marriage* (Typed MS).

Powell-Cotton, D. (1937b) *Field Diary 1937* (Typed MS).

Powell-Cotton, A. (1937c) *Field Diary 1937* (Typed MS).

Powell-Cotton, A. (1937d) *Ondudu, woman (Kwanyama)* (Typed MS).

Powell-Cotton, A. (1937e) *Ondudu Initiation: cine' film notes* (Handwritten MS).

Powell-Cotton, D. & A. (1937f) *Mining, Smelting and Forging of Iron by the Kwanyama of Southern Angola* (Typed MS).

Powell-Cotton, D. & A. (1936/7a) *Ondudu, medicine man (Kwanyama)* (Typed MS).

Powell-Cotton, A. (1936/7b) *Kwanyama, Personal Names and Clans* (Typed MS).

Powell-Cotton, D. (1936/7c) *Order of Wives: Provision of Grain* (Typed MS).

Powell-Cotton, A. (1936/7d) *Kwanyama, Mutilation of Teeth* (Typed MS).

Portuguese Sources

Diniz, Ferreira (1917) *Populações Indígenas de Angola*, (original typed MS), A.H.U., Sala 12, No. 815.

Governo Geral de Angola (not dated) *Relatorio e Bases para a criação e aplicação do funda de fomento de Angola*, A.H.U., 2 Seccção - Sala 2, pasta 2894.

Mateus, A. Lopes (1935) *Colonia de Angola, Segunda Trimestre de 1935, Relatorio do Governado Geral*, A.H.U., 2 Seccção - Sala 2, pasta 2894.

Various authors (1912) *Angola - Serviços de Saude, Serie 1912, No. 17, 14, 509/12, 18, 5, 25, 22, & 20: Boletim Sanitario*, (Director: Francisco da Silva Gascis.), A.H.U.

French Sources

Bulletin General, (1886) No. 194, pp.996-1004.

Bulletin General, (1898) No.143, pp.454-465.

Bulletin General, (1901) No. 170.

Bulletin General (1901) No. 175.

Bulletin General (1902) No. 180.

Bulletin General, (1902) No. 183.

Bulletin General, (1908) No. 252.

Bulletin General, (1917), No. 342, Father Genie.

Annales Apostoliques (1903) Au Kouanyama, etat social.

Annales Apostoliques (1905) Mission de Kouanyama, abandon, and Au Kouanyama.

Annales Apostoliques (1935) Une Histoire du Pays Kwanyama, by Father Estermann.

Annales Apostoliques (1937) Boefs, by Father Fuchs.

Annales Apostoliques (1947) Le Idee de Dieu chez le Kwanyamas, by Fuchs.

Annales Apostoliques (1950) Angola: L'Oiseau Sacre des Vakwanyama, by Father Tastevin.

Aperçu Historique Chronique des Missions, 1930-1936 (various missionary contributions).

Finnish Sources

Koivu, Kalle (Collection) *Pakanuuden aikuisia taikamenoja ja heimon perinaissääntöjä Uukwambissa v. 1909-17*. (Magic rituals and Tribal Traditions in the days of Heathenism in Uukwambi in 1909-17).
FMSA.

Reijonen, Tobias (Mimeo Study) *Heinäkuun Kertomus 1883*, (Report of July 1883), in Peltola, Matti (1958) *Suomen Lähetyseuran Afrikan työn historia. 100 VUOTTA SUOMALAISTA LAHETYSTYÖTÄ II*, Suomen Lähetyseura, Kuopio.

APPENDIX ONE

TABLES OF DISEASES FOR CHAPTER TWO

TABLE 2.1 - DISEASES IN UNDER-DEVELOPED COUNTRIES

Nutritional	Communicable	
	Airborne	Water-related, vector-borne, and faecally transmitted
Undernutrition and associated vitamin deficiencies	[1] Viral Influenza Pneumonia Measles Chickenpox Smallpox*	[1] Water-borne/related Cholera Typhoid Diarrhoea, dysenteries and amoebiasis, infectious Hepatitis, poliomyelitis and intestinal worms
	[2] Bacterial Whooping cough Diphtheria Meningitis Tuberculosis	[2] Water washed (a) Skin and eye infections Trachoma Skin infection (b) Skin infestation Leprosy Scabies Louse-borne typhus*
		[3] Water-based (a) Penetrating skin i.e. Bilharzia (b) Ingested i.e. Guinea worm*
		[4] Water-related insect Vectors (a) Biting near water i.e. Sleeping sickness* (b) Breeding near water i.e. Malaria River blindness*

*Not found in Namibia
(After David Sanders 1984: 27-28)

TABLE 2.2 - HEALTH STATISTICS, UKWANYAMA DISTRICT (1939)

Ankylostomiasis and other worms	11	
Dysentery (amoebic)	2	
Dysentery (bacillary)	7	
Malaria	1614	
Mumps	252	
Tuberculosis (pulmonary)	2	(1 death)*
Syphilis	188	
Gonorrhoea	11	
Rheumatic fever and rheumatism	17	
Snake bite	3	
Ear and mastoid	290	
Ear and annexa	513	
Pleurisy	6	
Pneumonia	3	
Diarrhea and enteritis	28	
Gastric ulcer	52	
Gastritis	5	
Diseases of the breast	3	
Carbuncle	2	
Diseases of the skin and annexa	594	
Fractures	14	
Burns	75	(1 death)
Other injuries	353	
Minor ailments	1789	
Minor operations	85	
Total	5919	

*Deaths given are only for those which took place in hospital (source: Loeb 1955a:36).

TABLE 2.3 - INCREASE IN TUBERCULOSIS - OVAMBOLAND

Hospital	1956	1957	1958	1959	1960	1961
Onandjokwe	86	126	127	164	193	242
Nakayale	32	41	54	142	166	182
Engela	44	82	61	85	89	120
Eenhana	16	5	17	32	48	62
Elim	17	27	54	50	27	37
Okahao	5	5	10	15	17	22
Tshandi	-	-	50	50	55	56
Total	200	286	373	533	589	721

Source: Odendaal Commission Report, 1962-3:137, para.551

APPENDIX TWO

TERMS FOR KWANYAMA DISEASES AND SYMPTOMS;
BODY PARTS AND PROCESSES

abort	ufa
abscess	okufulila/otuilala
anthrax	ombulua
bladder disorder (urine retention)	oshiketaketa
bleeding (of nose)	omukota
blindness	etwiko
(eye undamaged)	oshitananana
blister/weal/burn	epuva
blood clot	omangwili
blood in stools	oshingholokwa*
blood in urine	oshinena*
bodily weakness/frailty	oshingone
weakness	oukumba
wilt from illness	lemba
weakness/lassitude from illness/lethargy	eteyauko
boil sickness	ondjunduzi
boil/carbuncle	efina
bump (swelling caused by)	onumbilila
breathlessness	efudaano
bruise	ombole edikimika
bubonic plague	uuva uombuku^
bunion (any hard swelling caused by boots)	onindo
canker	onindojenaku
carbuncle	osipute tasi tutu
cardiac (of the heart)	efina
cataract	somutima
chicken pox	ongala
chill/cold	okamenjenje
choking/suffocation	eshikisha
cholera	oshuunguungu
clot (v.i)	ehandu
clot (n.)	hekela
colic	enguile
coma	enjadja
congenital	ambuka (to be comatose)
contagion	dalua na (lit. to be born with)
contaminate (v.t.)	olutapo
convulsion/trembling	kakeka
cough	olukaka
crack in sole of foot	omukolo
cramp	olufindja
'cramps' (eclampsia)	omafipa
constipation	oshivatu@
dandruff/scurf	ombato
deafness	oiyuukilo
deformity/disability	okuhenamatui
depression ('illness of the heart')	oulema
	oudu omtima*
	oshimwenyo

diarrhoea	omupanu/osinjolokua
dipsomaniac (alcoholic)	ombuvi joikunua
discharge	osipute tasi di otuila
dislocation/sprain	efonghoko
dysentry	omupanu
	oshimela
eczema	oitumuka
enlarged scrotum	embulutonto
epidemic	omukifi
epilepsy	osinona
febrile convulsions	oudu odila*
fever	oluidi/epupialo
feverish	pupiala
fistula	ombululo
fissure	omufia
flatulence	oshifulukila/etolo
fracture (v.t.)	teja
(v.i.)	teka
gangrene	eolo (lit. 'rotteness')
ghost call madness	outoni
haemorrhage	edjo lohonde
nosebleeding	edjo lomokota
head-ache	haivela omtwe*
head-cold, chill	eshikisha*
head-ringworm	oufuma
heart-burn	xuexuema
heart failure	omupuma
hiccup/belch/wind	oshive
hookworm	onteku~
indigestion	onondodo
infertility	ongadgi~
'infidelity illness' during pregnancy (Ondonga)	oshithitikila
intestinal worms	elove~
insomnia (n. trans by v.)	londokua kemofi
knee-joints illness	emhiakani*
leg pains	haivela omaulu*
leprosy	etakaia
leper	omunandu uetkaia
lunacy	eenghweengu
malaria/fever	oluidi
mange	onana
measles	okamuenjenje
menstrual cramps	ombuda delimona*
miscarriage	epitililepo
miscarry (v.1)	dia edimo (of humans)
	ufa (of animals)
mumps	okakombo
nausea	onungo
nits	eendji
oedema	oshifule
palsy	ombada
pain (acute)	elulumo
pain/anguish/pang	ouyahame
paralysis	ombada/oungonjue

periodic dementia from alcohol excess or excitement	emuengu
phthisis (pulmonary tuberculosis)	oudu uenangatelo ('wasting')
pneumonia	okapunga (lit. 'little lung')
'pregnancy from god' (dropsy)	ositoma
premature birth (trans. by phrase)	oufimba wa Kalunga+ fimbo efimboinali fika (lit. 'before due time')
puke (v.i.)	kunga
purpura	omukota\$
pus	otuila
rabies	eenghweengu
rash	embulua (pl.)
ringworm	eenghadi
ritual impurity	olusi~
rupture (n.) (v.t.)	etejo
scab	teja
scar	ekoko
scar tissue	oshivadi
scurvy	oshidja
septic (trans. by v.i.)	osinamajo
shock, stupor, silliness	fulila ('to swell')
skin sores	oulai
smallpox	oshipute*
soul-loss	oshimbwilo/oshikolosha
spirit-affliction/possession	omulowa*
still-born (adj. trans. by v.i.)	akwamungu*
stomach ache	pitilila po
sickness	kesaulua
sty	vela medimo
swelling/blister/burn	okanyonga
swelling/boil/abscess	etuto
swollen knee	oshitumbuka
syphilis	omhufi
toothache	okandongo
twitching of skin	ota vele mejoo
ulcer	omutilo
varicose veins	osilonda
vertigo	omandjadja
vesicular rash	oshitelele
wart	oshitula
wheeze	ofile/ofindodo
whooping cough	xuema
wound	omkuolo uekaikai
wound/open sore/ulcer	osivetu/osipute
incurable wound	osilonda
yellowing of tooth	oshisho
	ehandijayoo
MENTAL STATES	
crazy	jeveta (lit. 'to be rickety')
demented	osilema
deranged	dongakana/piana

mentally deranged
lunatic

lialiakana/mendunga
omujananeungu

BODY PARTS & PROCESSES

adenoids	omwenge
anus	onufu
ankle	omando
arm	okuoko
arm pit	onuapa
back	ombuda
blood	ohonde
blood vessels (artery, vein)	omufipa wohonde
bone	ekipa
bone marrow	omungo
brain	ouluvi
breasts	omavele
buttock	olupanda/omatako
capillary	omunino munini ('small tube')
chin	oshedi
circulation of blood	edingunuko lohonde
colostrum	ehenga
coccyx	omukonghani
cranium	ekipalomutue
diaphragm	oluidililo
dimple	okadiilila
ear	okutui
eardrum	enyanga okutui
earlobe	okahope kokutui
earwax	omakulukutui
elbow	ongolo jokuulu
epidermis	osipa
eye	eiso
eyebrow	ofeleiso
eyelash	omafo/olupafo
eyelid	ospia seiso
face	osipala
faeces	omatudi
finger	omunue
finger nail	olunjala
finger tip	oxulojomunue
fist	ongonjo
flesh	onumba
flesh below person's jaw and ears	omwoodi
fontanelle	oluwewe
foot	omadi
sole of foot	efina
forefinger	omunue uomuulikua
forehead	ombaba josipala
glands	ovana vofingo
groin	ombaba mufilo
gullet	omunino

gum	onumba jejo (lit. 'flesh of the teeth')
guts	enjadja (bowels)
	enjadja lamudingo (rectum)
	enjadja lamupindo (colon)
hair (head)	exuikia
(body)	olududi
hamstring	omufikameno
hand (left)	eke lokolumoso
(right)	eke lojolulio
head hairs/whiskers	eexwiki
heart	omutima
heartbeat	edakulo lohonde
heel	osififinua
hip	ono
intestines	enjadja
jaw	osama
joint of body	ongolo
jugular	ofingo (neck)
kidney	ofijo
knee	ongolo jokuulu
knee cap	eiso longolo
knuckle	ongolo jomunue
labia	emanda doxundu
lactation	exulo
leg	okuulu
leg muscles	ombao
ligament	ekindji
limb	osilio
lip	omulungu
live	exuli
lobe	okakope
loin	osija
lung	epunga
molar tooth	etayoo
mouth	okanja
mucus	omanina
muscle	ekindji
navel	ekoto
neck	ofingo
nape of neck	ekofi
neck tendon	ekandja
nipple	ondungu jevele
nose	ejulu
bridge of nose	omupolo
nostril	ombululu jejulu
occiput	onghome
palm (of hand)	ondaba jeke
pelvis	ekalokwa
penis	oda
phlegm	osinololo
pubic hair	omadudi
pulse	endakulo lohonde/etuno lohonde
rectum	omunomba
rib	olupati

saliva	omate
scalp	ombada jomutwe
scrotum	osixuxuilo
secretion of eyes during sleep	omananga
semen	omaxu/oshixu
shin	omupindi
shoulder	epepe
shoulder blade	ombejo epepe
sinew	ekindji
skeleton	oikondongola jomakipa
spinal marrow	exukamwoongo
spleen	ondabalamba
sternum (tip of)	okakoltima
stomach	edimo
sweat	oshinhwi/oshimhi
temples	embadu
testicles	etondo
thigh	etundji
thigh bone	ombulouangolo
thorax	onulo
throat	omunino
tibia	omupindi
toe	omunue uomadi
tongue	elaka
tonsils	ovana vofingo
tooth	ejoo
umbilical cord	onova
urinary bladder	oshixuxwilo
urine	omaxu
uterus	osidalelo
uvula	ondakona
vertebra	okakipa kombuda
vertebral column	omuongo uombuda
vulva	oxundu
windpipe (trachea)	epungunino
womb	osidalelo/edimo/ekolo
wrist	osikeso

Sources (section one):

Unless otherwise stated: Tobias & Turvey (1954), Turvey (1977)

*: Powell-Cotton field and catalogue notes (1936-7)

˘: Loeb (1955a, 1956, 1962)

+: Estermann (1976)

ˆ: Soini (1953)

§: Rainio (1922)

@: Tuupainen (1970)

Source (section two): Tobias & Turvey (1954)

SOME ONDONGA VARIATIONS

abscess	oshitumbuka
abscess in armpit	ehwanganga
absence of menses	ekundo
ache, pain	ehama
adenoids	oadoenoide
adrenaline	oadrenaline
adrenal gland	okathigogona
afterbirth	shokonima
ail, suffer, be ill	ala
ailment	iiigombo
anthrax	ondambandamba
anus	edhito
big anus	elufu
apoplexy	uusilombanda
appendicitis	okiimili
appendix	okandjandja
arch of the foot	egadhi lyompadhi
areola	ondomba
auditory canal	ombongo yokutsi
auditory ossicles	uusipa womokutsi
back of the head	oshilalangali
bladder	efulila
birth mucus	ofogo
blindness	okwamona
blister	etito
small blister	okatito
blood	ombinzi
blood pressure	ethindakano lyombinzi
bloodstream	omukungumbinzi
bloody pus	ehengainzi
bodily or mental structure	omushitilo
boil	ethina
bone	esipa
backbone	esipa lyombunda
bowels	iiikwamela
brain	uuluyi
bruise, bump	etuntila
bubonic plague	uuvu wombuko
	okatumba
	ombole
	iiilalo yomulilo
	oonima
	omatunya
	uuluyinkome
	epulu
	oshaama
	oshandja
	oshingelume
	ehogolo
	oshitheta
	iiilandulithitsa

colostrum, blister	epuya
condition after parturition	olwali
condition of being numb	uukangabungu
constipation	ondindi
constipation; intestine;	
varicose vein	endjandja
convulsions	eikukutikilo
	ekombekombe
cough	omukolo
cramps	omaathipa
	omanzane
dandruff, scurf	omayugo
deafness	uuthitamatsi
deep ulcerous wound	ontombo
depression	egwopevi
	uuonyene
diaphragm	olweedhililo
diarrhoea	oshikolota
bad diarrhoea	omupanu
diphtheria	a
disease	omukithi
	oshivu
downheartedness	uulembe
dropsy, oedema	oshizinda
	oshitula
duodenum	osheelelela
dysentry	oshivonga
	oshitokota
ear lobe	oshipapatsi
earwax	ekulukutsi
enlarged facial pore	okanyaho
enlarged prostate	embulutondo
epidemic	ekithi
epiglottis	okandakona
epilepsy	oshintona
	oshipwiilila
epileptic person	omunashintona
excrement	omuhana
watery excrement	omakiikii
eye	eho
eye disease of newborns	
caused by gonococcus	iihuli
eyelash	olupafu
eye-secretion	omananga
eye-tooth	ehugambwa
face	oshipala
faintness, weakness	uugolwe
fat cell	edhidhi
fatty swelling on pelvis	eziti
fatty tissue	omadhidhi geyondo
febrile convulsions	ondhila
female sex organ	koshelo
" " ; womanliness	ukuntu
	olusha

feverishness	uuzolololo
finger nail	onyala
fontanelle	oluwewe
forefinger	omutaganwe
gland; groin	ondhi
go into a coma	ekambuko
goitre	ekulutumba
good health	uundjolowele
gonorrhoea (GC)	geesee
gout/rheumatism	uugolo
groove under the nose	ombongo yeyulu
gullet	omuligu gwiikulya
gum	okatuniyego
head	omutse
head ache	omutse
head cold	ekunku
head hair	efufu
hemorrhoids/piles	oshiikema
hernia, rupture	ohoniya
hip	onto
iambus, iambic foot	oyambe
illness, sickness	oshiilondeko
infection	oinfesi
influenza	egwililila
insanity, lunacy, madness	uupepo
jawbone	olutayego
kidneys; nephritis	iitiyanathigo
knee, elbow, joint	ongolo
knee-cap	eho lyongolo
laryngitis	omukolo gwoshihuga
legs	omakwanambwiyu
leprosy	oshilundu
	uulepera
lose consciousness and become stiff	swoon and
get cramps	kambuku
lumpy skin disease	oluthingwe
lung/lung disease	epunga
malaria	omalanga
meningitis	omulendu
menstruation	omwedhi
mental discomfort, pain	ekundo
miscarriage	oshigwitha
molar teetch	etayego
mole on skin	othipe
mucus	yoyoka
mumps	okakomba
muscle	ontumba
muscular TB	ombuku
nail cuticle	okapanyala
nape of neck	ekothe
nausea	embilinga
navel	ekoto
navel; rupture, hernia	ekuvu

neck	othingo
neck tendon	ekandja
neck sinew	ethenga
nosebleeding	omukota
nostril; nose	eulu
occuput	onkome
ophthalmia	uuho wathithikila
overdue period of pregnancy	olukoka
ovum, small egg	okayi
pain, illness, sickness	oshigombo
pain, affliction, grief	uuwehame
palate	ondaathelo
paralysis	uulema
pelvic presentation of birth	uupili
penis	ondha
pestilence	elega
pharynx	oshikolo shomuligu
pimple, watery blister	oshipulu
pituitary gland, hypophysis	ohipofise
placenta	ehe
	ontungwa
plasma	oplasma
pneumonia, sharp chest pain, fatigue, exhaustion	oshiho
post-partum hemorrhage	okanyaangidhe
(be) pregnant	ehumbata
pregnancy; stomach; room pregnancy	ela
early symptoms of	uusimba
rectum	ndhundha
respiratory organs	enyo
rib	iifudhitho
ringworm	olupati
saliva	eankadhi
strong secretion before vomiting	eyeye
salivary gland	oluyeye
scabies	oondhi dhomayeye
scar	olwaga
scurvy	oshiyadhi
semen, sperm	oshinamayego
sharp pain in calves of legs	omasita goluvalo
shin	omakalawaya
shivers	okupindi
should	zolololwa
shoulder blade	epepe
shoulders	oshipepeti
skin	oohuhwa
small intestine	oshipa
smallpox	uundjandjona
special body structure caused by spinal TB	oshikoloha
sperm, jelly substances	oluketi
spine	omaantikinini
	omugongo

spinal cord	ehukamugongo
spleen	eyambala
sprain, strain	dhamuna
	thengula
stab wound, gun-shot wound	oshaho
stab wound	ohoma
stab wound with callous	
sides; wart	ontoya
stiffness in legs	omakotongo
stomach	ekwawo
stomach cramps	oshikondambambi
stomach ailment caused by	
malaria (Ovambo say	
poisoning)	oshindja
strabismus, cross-eye	iigeleho
sweat	omazigudhe
swollen knee	embumbwangolo
swollen testicle	ethatupa
syphilis	endongo
tapeworm	onteku
tears	omahodhi
tendon	omuthipa
testicle	ofukwa
thigh	etundji
thoracic cavity	olukolo
thorax, sharp pain in	oshitsa
throat	omuligu
thyroid gland	oondhi yomapakululu
tiredness, weariness	ezizilo
tonsils	oondhi dhelaka
tonsillitis	iizikazika
tooth	eyego
front teeth	omayego gokomeho
back teeth	omayego gokonima
upper set	omayego gopombanda
lower set	omayego gopevi
tropical leg sore	oshilalo shelonda
umbilical cord	okaankoga
urine	omasita
painful urination	okatathile
" "	okashete
uvula	okalakona
vein	ongando
venereal diseases	omukithi dhohoni
vocal cords	oothipawi
vomit	kunga
vulva	ohundu
large vagina	omuhundu
waist; loin	onzalelo
waist	oshiya
	omazalelo
wart	okathindondo
weakness, infirmity	uukeenankondo
	oluvovo

wheezing
whooping cough
womb
wound
gun-shot w.

egogomo
oshikayikayi
oshivalelo
oshilalo
oshilaloholo

Source: Tirronen (1986)

APPENDIX THREE

OVAMBO FOLK-BOTANICAL TERMINOLOGY

GENERAL DESCRIPTIONS

ECOLOGICAL ENVIRONMENT

elundu	savannah, conspicuous grassland on rising ground
engade	thicket, dense growth
enyana	open space, free of bushes
ofuka	bushveld, scrub, wilderness, woodland
oihapo	green tree covering of landscape
oimeno	green plants, vegetation, flora
okamufitu	grove, group of trees
oxluxwa	mopane thicket
omano	thorn bush thicket
omufitu	sandveld, dense bush
omuti (pl. omiti)	general term for tree (also medicine, beanpole, plank and spar)
omuulu	thick bush, thicket, scrub country
omwiidi	grass, grazing area
oshimbodi (pl. oimbodi)	general term for plants, herbs, weeds healers herbs; the name also denotes fallen leaves, twigs and rubbish
oshimeno	general term for green plant (sing. of omimeno)
oshuundungila	group, cluster, clump of trees
ouhanyo	brushwood, undergrowth

UMBRELLA TERMS FOR PLANT TYPES

endobo	general term for aloes
enghono, omunghono	general term for all thorn bushes
oiimati	general term for fruit collectively
oiwanga	healing herbs
omatondo	pollen bearing or male flowers; testicles
omaxuxu	collective name for soft kernels in fruit stones
omboo	general name for balsam/balm bushes (e.g. Commiphora sp.)
omushe	common name for Grewias
omti hadi yaumuka	deciduous trees
omti omindume	male or pollen bearing trees
ongongo	general name for citrus fruit
onhanga	general name for any plants bearing melon-like fruits
oshimbodi shiyahameka	noxious weed
oshipeke	common name for several Ximenia sp.

PLANT PARTS AND PROPERTIES

STEMS

eenhumba	grain texture of wood
efidi	tree stump, log
efina	trunk
efinde	grass tussock, stubble

efita
eidi
ekiya
ekololo
emhana
edangalati
epango
epeta
epokolo
eti
etindi
oihati
okamulondo, oluputa
okati
okaxwandu
oluhati
olumbungu
olupwelele
olute
omafinde
omaka
omashini
omeva omuti
omhalo
omufuva
omiti
omiti doshimuke
ondulu
onghanyame
osifidi
oshide
oshihako
oshihati
oshikulukutumba
oshikuni
oshinghunduduba
oshipapula
oshitai
ositi

pile of grass
grass
thorn
hole (e.g. in old tree trunk)
stump, knobbly outgrowth, tree knot
log
stake, pointed stick
bark (also rind, peel)
palm stick
block of wood, log
knob, nodule, bulb
dry corn stalks used as thatch
stem
twig
splinter, woodchip
thin stick, suitable for arrows
reed or rush
stalk
heartwood of tree
stubble
resin, rosin, gum
latex, milky sap
sap (also medicine, water)
powder prepared from tree-bark
string or strand of green mopane bark
timber, wood
green timber
sapwood
resin, rosin
tree stump
teak extract
identifying mark i.e. blaze on a tree
millet corn stalk
swelling, excrescence, hypertrophy
stick of firewood
nodule on branch, outgrowth
strand of green cortex or bark
branch, bough, limb
stick

ROOTS/UNDERGROUND PARTS

edo
eeshendje
engumululu
enowa

enyanga
etindi
exulupya
naluhoni
oheva
ombutu

edible water lily bulb
roots of omushande tree
beetroot
large bulbous watery tuber containing
soporific juice (*Fockea* spp.)
wild onion
bulb
edible bulb of species of water plant
edible bulb (of *Brachystelma* group)
species of small edible bulbous root
general name for edible bulbs; it precedes
specific name, e.g. ombutu yanamukotao

omudi	(<i>Ceropegia pygmaea</i>)
onhapa	general term for root
ongeshwa	species of edible tuber growing in a wet place
	species of edible tuber
LEAVES	
eembale	palm leaves
efo	general term for leaf (pl. omafo)
oluvale	leaf fan of omulunga fan palm
omafo	leaves, foliage (sing. efo)
omalopa	edible leaves of melon plant
ombalavande	leaves or foliage of omulunga fan palm
ombidi	leaves of cynandropsis gynandra
omwooyo	midrib of leaf
FRUIT AND FLOWERS	
eembe (pl.)	fruits of the omuve tree
eembudufukwa (pl.)	groundnuts, peanuts
eenhanga	melon pips
efaiyena	prickly pear, opuntia tree
ehakashale	large seed pod of omwoonde, camel thorn tree (<i>Acacia giraffe</i>)
ehaluveya	seed pod of omutyuula, thorn bush (<i>Acacia siberiana</i>)
ekoti	fruit of omufyati (<i>Colophospermum mopane</i>)
ekunde	bean (<i>Vigna</i> spp)
elindi	long calabash fruit
enyangwa	pumpkin
enyoto	tomato
epapaya	pawpaw
epeta	rind, peel, bark
epwaka (sing.)	fruit of Bushman's Orange, omupwaka tree
eshila	long bunch or cluster of fruit (e.g. eshila leenyeki - bunch of bananas)
etanga	pumpkin or melon; ball
etondo	stamen; testicle
eu	grain (valueless as food)
euni	fruit of wild orange, omuni tree
exuku	fruit stone, nut, kernel
litasha	self-sowing attribute of seeds when seed pods burst open
oifimba	fruit from omufimba tree (<i>Dialium englerianum</i>)
ofukwa	peanut; also ofukwa yetondo - testicle
okanakamuma	scented berries of lemon thorn bush, omuhandwa
olumya	species of white bean
omahangu	millet seeds (<i>Pennisetum spicatum</i>)
omakokofi	fruits of sandapple bush (<i>Parinari capensis</i>)
omandjebele	raisins, grapes, <i>Grewia</i> sp. berries
omasha	ears of Sorghum grain
omatondo	pollen bearing, male flowers; testicles

omaxuxu (1)	collective noun for soft kernels in fruit stones
omaxuxu (2)	hard stones in eendunga fruits, omulunga palm (<i>Hyphaene ventricosa</i>)
ombe	edible stone fruit of omuve tree (<i>Berchemia discolor</i>)
ombu	fruit of wild medlar tree, omumbu/oshimbu (<i>Vangueria infanta</i>)
ombutu	seed, especially seed corn
omeva	watery pulp, juice
omheke (sing.)	fruits of oshipeke, sour plum bush (<i>Ximenia</i> sp.)
omhiku yepungu	mealie cob
omukeshe	dried melon slices
omuma	single grain of anything; also single bead
omumakani	wild pomegranate (<i>Rhigozum brevispinosum</i>)
ondunga	palm apple of fan palm, omulungu (<i>Hyphaene ventricosa</i>)
ondungu	cayenne pepper, capsicum
onghenanghena	fruit of omukenakena bush
onghudi (sing.)	berries of omunghudi tree
ongwiiyu (sing.)	fig of Sycamore fig tree, omukwiyu (pl. eenghwiyu)
ongongo (sing.)	nut fruits of marula tree, omwoongo
ohema	flower, blossom, bloom
oshe	fruit of omushe, raisin bush (<i>Grewia flavescens</i>)
oshihenda	melon slice
oshii (sing.)	fruit of omushii tree (<i>Guibourtia coleosperma</i>)
oshiimati	general term for a fruit
ooshimiino	peduncle, stalk from which fruit hangs
oshikoneno	any small cavity, e.g. on fruit where peduncle joins it
oshipeta	shell, husk, rind, scale
oshitita	edible gourd, calabash
oshoongota	shell of marula nut
oshunga	pollen of corn (pl. oishunga)
oxupa	fruit of calabash gourd (<i>Lagenaria</i> sp.)

PLANT MORPHOLOGY AND DEVELOPMENT

enghulya	partly ripe fruit
engongwa	unripe fruit
eshinga	first shoot or cotyledon of palm
exwati	old dry grass
feta	to ripen prematurely after a long dry spell; or to not ripen completely but wither due to lack of rain
hapa	to bud, spring, shoot, sprout
nganga	to wilt, droop, fade
nghondaika	from enghondi, to be crooked, bent (of trees)
odive	any one of the green knobs which appear on the fig tree, and which contains flowers
ohengo	newly sprouted grain plant
okamuti	sapling
okatutumine	bud

omanghulya	collective noun for unripe fruit (pl.)
omanyote	overripe fruit of the omwandi tree
omasha a koleka	full ears of Sorghum
ombeo	new leaf buds on trees; also locust's wings
ombolo	decaying, rotting wood
omhile	burnt grass plain, charred stubble area
omhunde	dried fruit of the omwandi tree
omti wa yaumuka	leafless tree
omuno	germinating bud (especially seed corn); embryo
omupele	premature ripening and withering of fruit during a drought, especially palm fruits
omwiidi mutalala	fresh green grass
onhwika (sing.)	seedling, transplant (pl. eenhwika)
onyapi	new leaf bud or pruned tree
oshidmakuni	burnt tree stump after felling by fire
oshipele	shrivelling of fruit or corn by drought before fully ripe (pl. oipele - shrivelled fruit)
oshitutumino	breaking out of new shoots, as on a tree stump
oxuluxulu	first fresh green grass growth of early summer; also the name for this season and for early rains
pemba	leaves turning yellow in autumn
tashuka	used of leguminous seeds - to burst out of pod
temuna	to blossom, come into bloom
tilyaana	of fruit - to be, become or grow ripe, red, ruddy, russet
topa	of seed pods - to pop open, explode
tutuma	of hoed up plants - to sprout anew, flourish
yaumuka	to part with, let fall, drop - as in leaves from tree

TREES AND PLANTS - SPECIFIC NAMES (To supplement Powell-Cotton data)

edilanghono/okadilanghona	Acacia mellifera ssp. detinens (Hookthorn)
eembungu	species of reed
ekaya	Nicotiana sp. (tobacco)
ekifinanhanga	species of thornbush
ekundu	Aloe esculenta
eliwa	species of vegetable marrow
endobo	a species of aloe (also general term for them)
enghadu	Salvadora persica (curry bush)
enongo	python vine
odiya	species of medicinal herb
ofufe	Baptia massaiensis ssp. obovata (violet pea bush)
oilyavala	Sorghum sp.
olumono	Ricinis communis (castor oil plant)
omalutoni	species of strong grass
ombungu	species of reed/rush
omhilo	Gloriosa virescens (flame lily)
omudiku	Securidaca longipedunculata (violet tree)
omudime	Euclea divinorum (Guarri bush)
omufimba	Dialium engleranum
omufyati	Colophospermum mopane
omuhandwa	Fagara ovatifolialata (lemon thorn bush)
omuhanguti	Albizia anthelmintica

omuhonga

omuhongo
omukadikuku
omukekete
omukenakena
omukopakopa
omukuku
omukwa
omukwiyu
omulavi
omuhenga
omumangandjaba
omumbalandonga
omumbanganyana
omumbanganyama
omumbu/oshimbu
omunaluko/omulama
omundele
omundjebele
omundjulu
omunghama
omunghete
omungholo
omunghudi
omungwaava
omupalala
omupanda
omupapa
omupetangobe
omupopola
omupundu
omupupwatieke
omupwaka
omushadi
omushe
omushendju
omushii
omushu
omutaku
omutoka
omutungungu
omutwanghuta

omutyuula
omuuhalo
omuuni
omuuva
omuve
omuwe
omuyele
omwandi

Grewia bicolor
Grewia deserticola
Grewia fava
Grewia occidentalis
Spirostachys africana (tambootie tree)
Combretum hereroense (russet bush-willow)
Ziziphus mucronata (wait-a-bit-thorn)
species of bush
Grewia avellana (raisin bush)
Combretum imberbe (leadwood tree)
Adonsonia digitata (baobab tree)
Ficus sycomorus (sycamore fig tree)
Gardenia spatulifolia
Hyphaene ventricosa (fan palm)
Acacia cotaxacantha (flame thorn)
elephant's root tree, eland's wattle
Elephantorrhiza suffruticosa
Mundulea sericea
Vangueria infanta (wild medlar tree)
Combretum apiculatum or *C. albopunctatum*
Asclepias pubescens (wild cotton plant)
Grewia tenax (raisin bush)
Sesuvium sesviodes
Terminalia prumoides
Ricinodendron rautanenii (mangetti tree)
Ficus petersii
Boscia albitrunca
Psidium ssp. (Guava tree)
Peltophorum africanum
Lonchocarpus nelsii
Baikiaea plurijuga (teak tree)
Hippocratea africana
Mgerua schinzii
Grewia deserticada
Combretum mechowianum
Strychnos pungens (Bushman's Orange Tree)
Ehretia rigida
Grewia flavescens
Combretum zeyheri
Guibourtia coleosperma
species of thorn tree
Entandrophragma spicatum (mountain mahogany)
Acacia tortilis heteracantha
Burkea africana
Bauhinia B. macrantha
(coffee bush, orchid)
Acacia sieberana
?
Strychnos cocculoides (kwanyama orange tree)
Pterocarpus angolensis (teak tree)
Berchemia discolor (bird plum tree)
Ochna pulchra
Acacia nilotica sublata
Diospyros mespiliformis

omwoolo	<i>Terminalia sericea</i>
omwoonde	<i>Acacia giraffe</i> (camel thorn tree)
omwoongo	<i>Sclerocarya caffra</i> (marula tree)
ondjadjo	<i>Carex</i> sp. (sweet sedge)
ongete	<i>Dichrostachys cinerea africana</i>
onghatanga	<i>Combretum engleri</i>
ongwena	couch grass
oshihamulende	fam. Leguminosae
oshikapa	sweet potato, yam
oshikukulu	<i>Ximenia americana</i> (hog plum bush)
oshimbyupeke	<i>Ximenia caffra</i> (var. natalensis)
oshimumu	<i>Diospyros lyciodes</i>
oshinanganamwali	<i>Kleinia longiflora</i>
oshinenepeke	<i>Ximenia caffra</i>
oshingodwe	<i>Maytenus senegalensis</i>
oshivale	<i>Hyphaene ventricosa</i>
oshosholo	<i>Tribulus terrestris</i>

Source: Turvey (1977) Kwanyama-English Dictionary

APPENDIX FOUR

POWELL-COTTON DATA: OVAMBO PLANTS AND OTHER MATERIA
MEDICA MENTIONED IN TEXT

ANGOLA 1936 - MEDICINAL PLANTS

Original No.	Ovambo Plant/Medicine Name
A36/934	ewa
A36/977	ochitenda
A36/985	echipcenda
A36/987	eumbua dambuda
A36/992	ochowa sinika
A36/995	ohuhanana
A36/1579	omuti wovimbongo
A36/1602	nekaffa
A36/1605	omwhudi
A36/1615	okanyete
A36/1629	mutololo
A36/1739	omdoku
A36/1740	omdoku
A36/1836	omhbuku
A36/1848	?
A36/1849	omfilo ohakula
A36/1850	omhukuludi
A36/1854	?
A36/1986	etope
A36/2008	?
A36/2010	matiuunto
A36/2016	omowa
A36/2017	lulu, songo
A36/2021	odiva
A36/2026	omyamwia
A36/2043a	okadimeti
A36/2068	?
A36/2069	?
A36/2070	omkumin ninowa
A36/2071	omentati
A36?2072	omtadinho
A36/2073	?
A36/2088	ochidimba
A36/2089	ochidimba
A36/2175	omwadi
A36/2178	masambala
A36/2180	ochilopi
A36/2190	osingi
A36/2205	omtima
A36/2207	?
A36/2208	omulavi
A36/2219	omwifo
A36/2220	okafetati
A36/2221	ohawn ho dodui
A36/2222	oshiumbo

A36/2247	?
A36/2250	opapa
A36/2254	omkornati
A36/2376	omuka
A36/2377	ompopo
A36/2379	?
A36/2515	omhuka
A37/1137	omhymakani
A37/1139	omlondeka
A37/1140	oshikanda shefuma
A37/1141	ompopola
A37/1142	oshimhamtende
A37/1143	omte kauki
A37/1144	omhilo yoghnadi
A37/1145	omdiko
A37/1147	mwenda nanjola
A37/1148	onjangwa
A37/1149	oghnanyadila
A37/1150	oshikanda shognoshi
A37/1176	eposha
A37/1523	?
A37/1529	omufiyati
A37/2009	omohongo
A37/2054	omumonga
A37/2055	omutundungu
A37/2057	?
A37/2356	?

ANGOLA 1936 & 1937 - CHARMS AND HEALING EQUIPMENT

New Catalogue No.	Object
A37/2	medicine belts (eputa)
A36-7/16	divining knife
A37/24	charm necklet
A37/83	snake-skin headband
A36/330	tweezers
A36/332	baby brush
A36/336	cupping horn
A36/337	gourd medicine container
A36/338	warthog tusks
A36/341	tortoise-shell medicine container
A36/344	bivalve shell
A36/345	bird claw
A36/348	tusk medicine container
A36/351	enema reed
A36/352	enema reed
A36/354	bivalve shell
A36/356	kudu horn medicine container
A37/357	cattle horn enema
A37/384	medicine bandeau
A37/387	raiding charm
A37/389	raiding charm (oshiva)
A37/393	travelling charm
A36/469	gourd rattle
A37/542	ekola instrument
A37/669	razor
A37/697	axe
A36/774	pregnancy/post-natal charm belt
A36/777	pregnancy/post-natal charm belt
A36/804	herdsboy's charm
A36/808	herdsboy's charm
A36/813	herdsboy's charm
A36/826	charm necklet
A36/880	pregnancy charm beads
A37/924	enema gourd
A37/937	baby basket
A37/963	cattle raiding charm
A37/989	adulterer's charm
A36/2516	omti hatuli
A36/2517	ohomo
A36/2522	?
A36/2523	?
A36/2524	onjiolifi
A36/2525	?
A36/2526	onjowela
A36/2527	?
A36/2532	?
A36/2554	ombu/omhepo & onjowela
A36/2555	ombu/omhepo & onjowela
A36/2556	?

A36/2563	onjiolifi
A36/2564	ondeva
A36/2565	?
A36/2576	omulavi
A36/2626	?
A36/2685b	olukula

ANGOLA 1937 - MEDICINAL PLANTS

New Catalogue No.	Object
A37/942a	?
A37/956	okundali/okimdali
A37/957	onhadi
A37/988	odiva
A37/989	?
A37/990	dindilula/dindilwa
A37/992	mushengi
A37/993	kapata
A37/994	ngola
A37/1028	oshikomba
A37/1029	shiveta
A37/1030	mdime
A37/1031	katadidi
A37/1032	onhunda
A37/1033	etalaleka
A37/1034	andu
A37/1035	onjangwa
A37/1036	oshidumisadumb/oshidumbadumba
A37/1037	mwenda nanjola
A37/1038	oghadi
A37/1039	nyolotola
A37/1042	yakanhoni/kadilahono/ekwatadiba
A37/1040	shifiku/shitiko
A37/1041	edulumwif
A37/1043	oluweti
A37/1044	onduludi
A37/1045	okatululu
A37/1046	okaghono
A37/1047	oshikanda shongoshi
A37/1048	oshitendadikwa
A37/1049	elwiai/elwidi
A37/1050	elwiai/elwidi
A37/1051	okaunjaghuti
A37/1052	oshingokoto
A37/1055	efeta
A37/1100	odiva
A37/1101	omjeleli
A37/1102	omilo
A37/1136	onolulu
A36/995	pregnancy/post-natal charm necklace
A36/1122	herdsboy's charm
A36/1136	lactation charm wristlet (ehangi)
A37/1147	travelling charm
A36/2066	anti-fever necklet
A36/2204	hunter's charm
A36/2221	anti-lion charm
A36/2392	anti-cough necklet

APPENDIX FIVE

TABLES FOR CHAPTER 5

TABLE 5.1 - ENEMA MEDICINES

OVAMBO NAME	BOTANICAL NAME	PART USED
1 andu	?	plant
2 dindilwa/dindilula	Compositae indet.	plant
3 efeta	Sterculiaceae Hermania	plant
4 elwidi/elwiai	Compositae Pegolettia senegalensis	plant
5 elwidi/elwiai	Caryophyllaceae Polycarpaea	plant
6 eposha	?	wood
7 ewa	?	root/leaves
8 kapata	Elatinaceae Bergia	plant
9 molokosho	Pedaliaceae Sesamum indicum	plant
10 nekaffa	?	leaves
11 ngola	?	plant
12 odiva	Polygalaceae Polygala	plant
13 oghnanyadila	?	plant
14 okatululu	Solanaceae Solanum	plant
16 omdwa/omowa	?	bark
17 omnangashe	?	creeper/root
18 ompopola	?	creeper/root
19 omwhudi	?	bark
20 omyamwia	?	root
21 onemo	?	flowers
22 onhadi	?	plant
23 onhunda	Crassulaceae Kalanchoe	leaves
24 onjangwa	?	root
25 onolulu	Solanaceae Solanum	root
26 oshikanda shognoshi	?	root
27 oshimhamtende	Oleaceae Jasminium mauritanium	root
28 shifiku/shitieu	?	root
29 P-C.A36/989*	?	plant
Symptoms Treated	Plants as Listed Above	No. of Plants
blood in urine	18, 25	2
constipation/stomach disorders	1, 3, 6, 14, 17, 24, 28	7
fever (infants)	4, 5	2
menstrual cramps	14	1
child epilepsy (oudu odila)	8, 13, 23, 26	4
pregnancy pains	11, 22	2
thin infants	27	1
depression/heart		
no illness recorded	7, 9, 10, 15, 16, 19, 20, 21, 29	10

*Powell-Cotton specimen catalogue number

TABLE 5.2 - MEDICINAL BEVERAGES

OVAMBO NAME	BOTANICAL NAME	PART USED
1 andu	?	plant
2 edulumifi	Malvaceae Abutilon	root
3 katadidi	?	root
4 matiunto	?	wood
5 omdime	Euclea lanceolata	root
6 ochitenda	?	root
7 okadimeti	?	plant
8 omdiku	?	root
9 omdoku	?	plant
10 P-C.A36/1854	?	fungus
11 omhilo yoghnadi	Sterculiaceae Melhania	root
12 omjuka	?	fungus
13 omilu	?	root
14 omohongo	Euphorbiaceae Eucaecana	root
15 omtadhino	?	root skin
16 omtima	?	palm nut
17 omulavi	?	root bark
18 onduludi	Compositae Dicoma anomala	plant
19 oshikanda shefuma	?	root
20 oshikanda shognoshi	?	plant
21 oshikanda shongoshi	Compositae Dicoma sessiliflora	plant
22 oshitendikwa	Compositae Helichrysum pachyrrhizum	plant
23 oshiumbo	?	root
24 P-C.A36/2008*	?	wood
25 P-C.A36/2207	?	root
26 P-C.A36/2247	?	wood
27 P-C.A37/1523	?	root
28 P-C.A36/2329	?	plant
Symptoms Treated	Plants as Listed Above	No. of Plants
bewitchment	21, 22	2
blood in urine/pus	8	1
child epilepsy	20	1
constipation (mild)	1	1
constipation (severe)	3, 5	2
fever	4	1
foetal malpresentation	11	1
headache	14	1
indigestion	12	1
lack of appetite		
'illness of the heart'	16, 19, 25	3
nosebleed	7	1
placental retention	2	1
poisoning	17	1
sore throat	28	1
spirit affliction	18,26	2
stomach upset/sickness	6, 13, 27	3

no illness recorded	9, 10, 15, 23, 24	5
*Powell-Cotton specimen catalogue number		

TABLE 5.3 - CHEWED AND INGESTED SUBSTANCES

OVAMBO NAME	BOTANICAL NAME	PART USED
1 mutololo	?	powder
2 okanyete	?	plant
3 omhumakani	?	root
4 omohongo	Euphorbiaceae Eucaecana	root
5 omti hatuli	?	wood
6 omwifo	?	plant
7 ondeva	?	wood/tree
8 oshidumisadumb	Malvaceae Cienfugosia	root
9 P-C.A36/2207*	?	root
10 P-C.A37/989	?	plant
Symptoms Treated	Plants as Listed Above	No. of Plants
cough	3, 8	2
heart illness (depression)	6,9	2
nosebleed	5	1
stomach ache	1	1
venereal disease (syph)	4	1
no illness recorded	2, 7, 10	3

*Powell-Cotton specimen catalogue number

TABLE 5.3 - CHEWED AND INGESTED SUBSTANCES

OVAMBO NAME	BOTANICAL NAME	PART USED
1 mutololo	?	powder
2 okanyete	?	plant
3 omhumakani	?	root
4 omohongo	Euphorbiaceae Eucaecana	root
5 omti hatuli	?	wood
6 omwifo	?	plant
7 ondeva	?	wood/tree
8 oshidumisadumb	Malvaceae Cienfugosia	root
9 P-C.A36/2207*	?	root
10 P-C.A37/989	?	plant
Symptoms Treated	Plants as Listed Above	No. of Plants
cough	3, 8	2
heart illness (depression)	6,9	2
nosebleed	5	1
stomach ache	1	1
venereal disease (syph)	4	1
no illness recorded	2, 7, 10	3

*Powell-Cotton specimen catalogue number

TABLE 5.4 - EXTERNALLY APPLIED TREATMENT

OVAMBO NAME	BOTANICAL NAME	PART USED
1 dindilula (w)	Compositae sp.	plant
2 echipcenda (pa)	?	stalk
3 eumbua dambuda (pu/s)	? (pumpkin)	stalk
4 etope (h)	?	flowers
5 lulu (po)	Helichrysum sp.	twigs
6 oghnanyadila (pu)	?	plant
7 okaghono (c)	?	plant
8 okumin ninowa (pa)?	twig	
9 okundali/okimdali (a)	Leguminosae Cassia fistula	pod
10 oluweti (pu)	?	plant
11 omhuka (pa)	?	fungus
12 ompopo (pa)	?	bark
13 onunda (pu)	Crassulaceae Kalanchoe sp.	root
14 opapa (po)?	root skin	
15 oshikomba (pa/po)	Sterculiaceae Melhania sp.	root
16 oshimhamtende (o)	Oleaceae Jasminium mauritanium	leaves
17 oshingokoto (c)	?	plant
18 songo (?)	?	wood
19 shiveta (c)	?	plant
20 P-C.A36/2565* (po/pu)	?	stalk
21 P-C.A36/2626 (c)	?	wood
22 P-C.A36/2069 (pa)	?	wood
23 P-C.A36/2073 (pi/s)	?	root
24 P-C.A36/2523 (pu)	?	plant/bark

Symptoms Treated	Plants as Listed Above	No. of Plants
child epilepsy	6, 13, 20, 24	4
depression/fatigue	1	1
earache	12, 22	2
eye disorders	10	1
head sores	9	1
indigestion	11	1
internal leg pain	17	1
lumbar pain	4	1
open wounds	15	1
pustules	21	1
skin sores	5, 14	2
spotty disease	2, 3	2
swollen arm	8	1
swollen face	23	1
swollen foot	18	1
swollen sores	19	1
thin babies	16	1

*Powell-Cotton specimen catalogue number

a=ash, c=charcoal, h=heated, o=ointment, pa=paste, po=powder, pu=pulp, so=soaked, w=wash

TABLE 5.5 - FUMIGANTS AND VAPOURISERS

OVAMBO NAME	BOTANICAL NAME	PART USED
1 ochowa sinika	?	creeper
2 odiva	?	stalk
3 odiva	Compositae Vernonia	plant
4 oghnanyadila	?	plant
5 ohomo	?	plant
6 okafetati	?	plant
7 okaghono	?	plant
8 okaunjaghuti	?	plant
9 okudali/okimdali	Leguminosae Cassia fistula	leaves
10 oluweti (v)	?	plant
11 omolondeka	Labiatae sp.	plant
12 omhukuludi	?	root
13 omjaleli	?	plant
14 omkor	?	pod
15 omkornati	?	pod
16 omte kauki (v)	?	plant
17 omti hatuli	?	twigs
18 omtutu	?	twigs
19 omuka	?	twigs
20 omuti wovimbungo	Chenopodium Ambresiodesh sp.	plant
21 onduludi	Compositae Dicoma anomala	plant
22 oshikanda shongoshi	Compositae Dicoma sessiflora	plant
23 oshingokoto	?	plant
24 oshitendadikwa	Compositae Helichrysum packyrrhizum	plant
25 P-C.A36/2068*	?	pod
26 Omentati	Helichrysum glumaceum	twigs
27 P-C.A36/2522	?	plant
28 P-C.A36/2523	?	plant/bark

'v' = vapourisers

Symptoms Treated	Plants as Listed Above	No. of Plants
Aching joints/limbs	5, 23	2
akwa mungu	21	1
bewitchment	22, 24	2
breathing difficulties	12	1
chest illness	27	1
child epilepsy	2, 3, 4, 28	4
eye disorders	2, 10, 16, 26	4
fever	19	1
headache	1, 6, 8, 13, 20	5
nosebleed	9, 11, 14, 15, 17, 18, 25	7
swellings (unbroken)	7	1

*Powell-Cotton specimen catalogue number



Plate 1: Kwanyama *ondudu*, wearing headdress of crow (*ekola*) feathers.



Plate 2: Dombondola *ondudu*, displaying professional regalia.



Plate 3: Kwanyama mother administering enema to child.



Plate 4: Kwanyama mother administering enema to child.

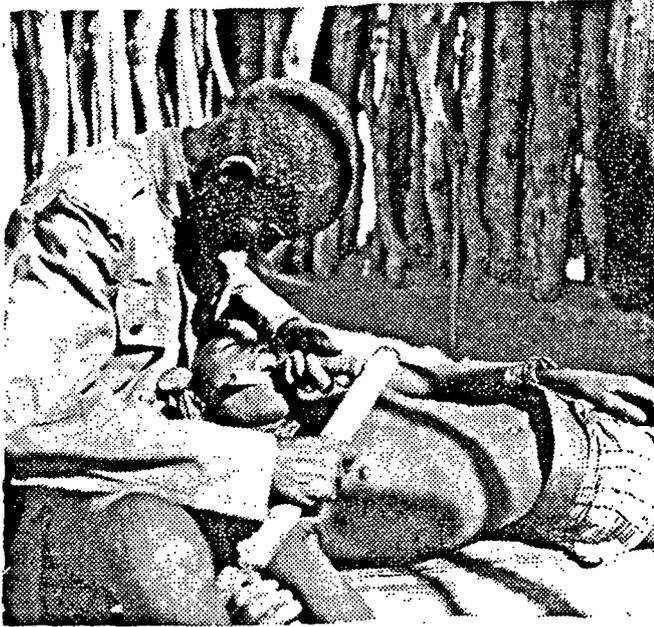


Plate 5: kwanyama tooth chipping and filing.

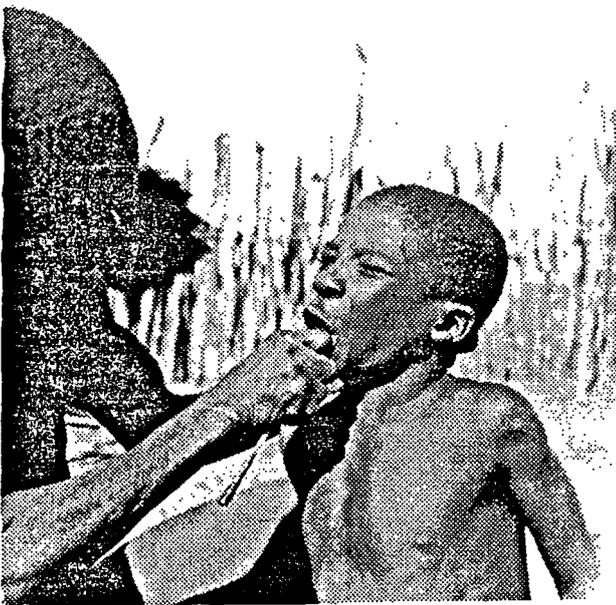


Plate 6: Kwanyama tooth extraction.

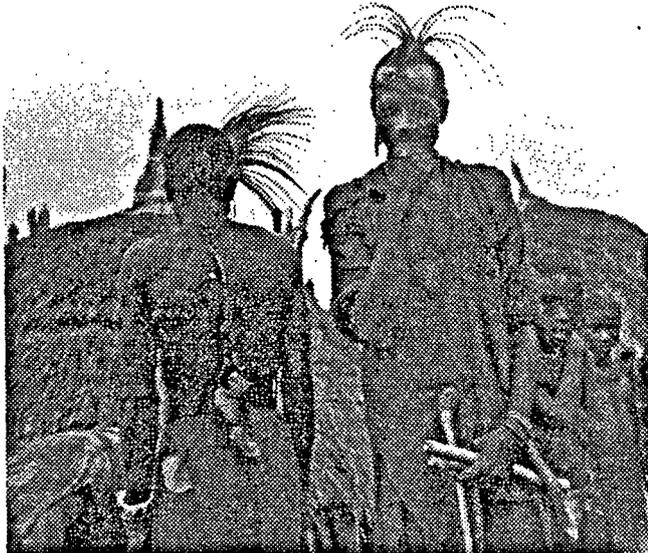


Plate 7: Men at the Feast of Cattle, wearing *omufiyati* leaves for good fortune (down back).

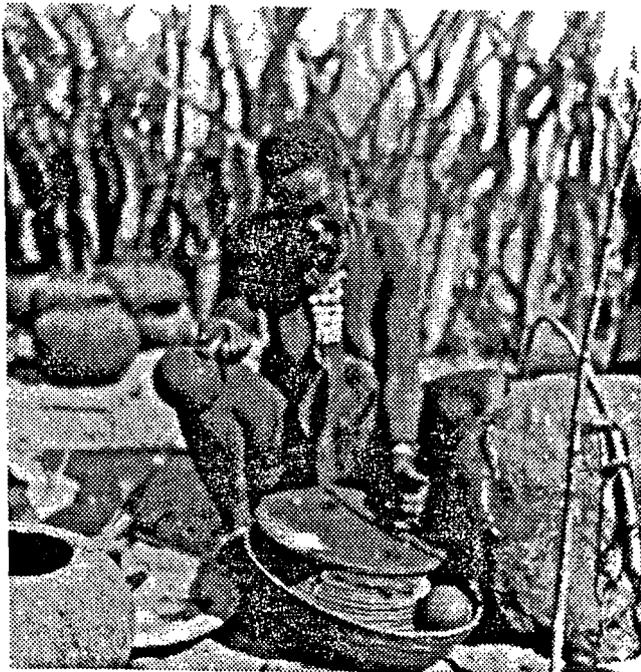


Plate 8: Kwanyama *ondudu* preparing medicines.

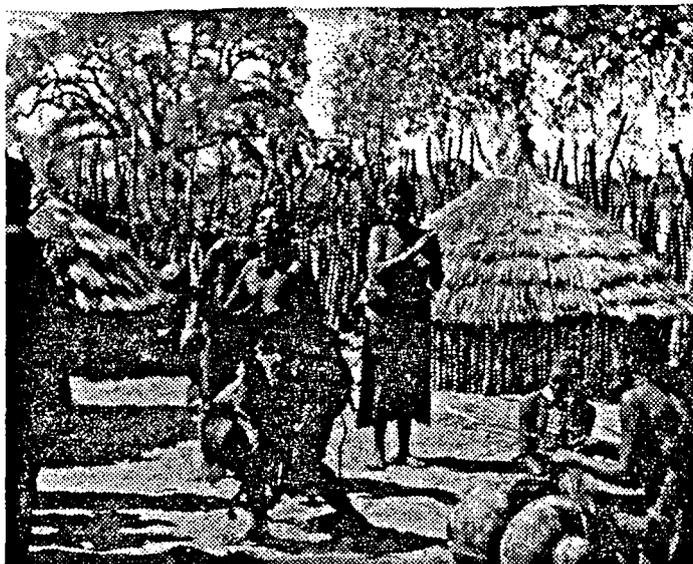


Plate 9: Kwanyama spirit-medium during an *omakola* ceremony.

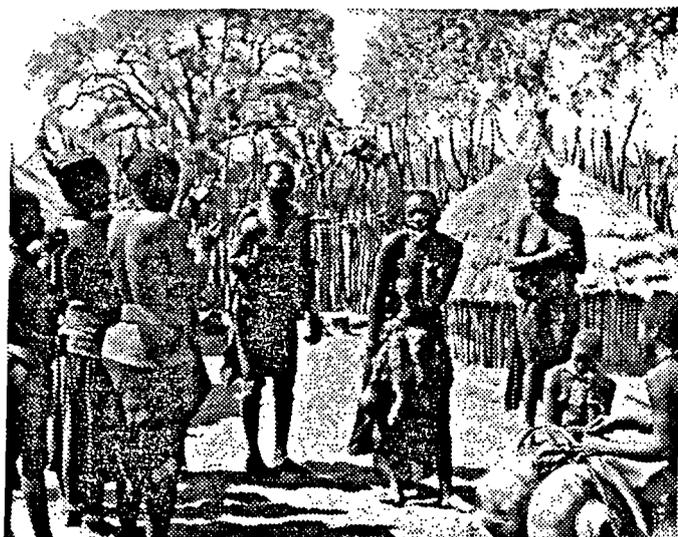


Plate 10: Spirit-medium in a state of possession during the
omakola ceremony.



Plate 11: Kwanyama *omasenge-ondudu* healing; note medical equipment in foreground.



Plate 12: Kwanyama *ondudu* healing patient; note offerings placed before the *omakola* for ancestral spirits.



Plate 13: Two *ondudu* initiates drinking chicken blood (Stage One).

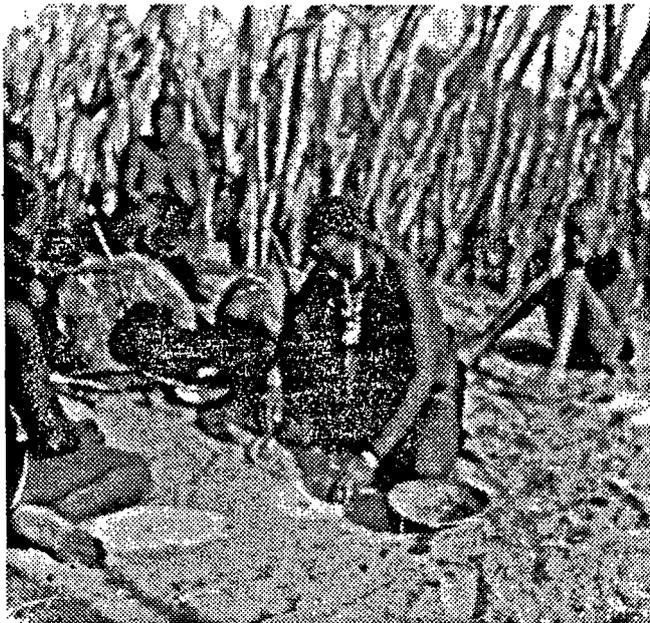


Plate 14: Instructor- *ondudu* preparing the 'test of hidden peanuts' for initiates.

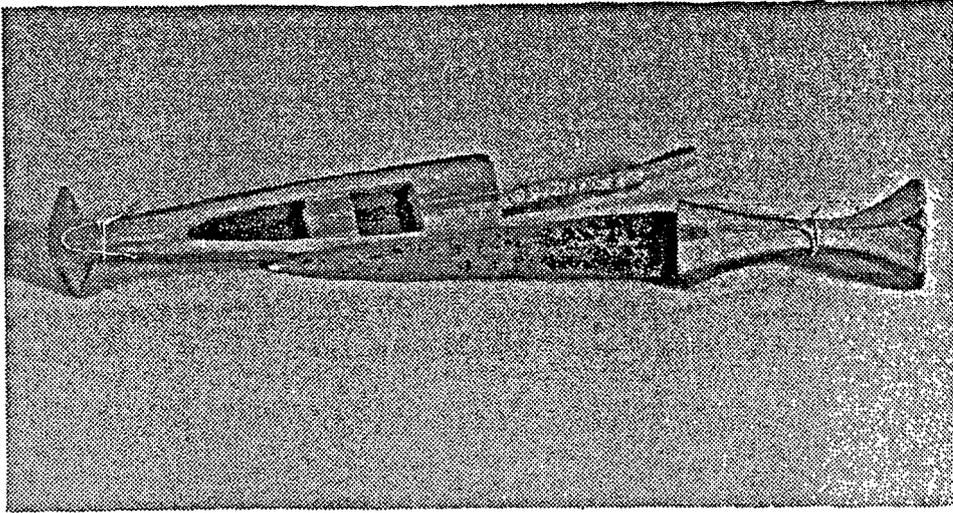


Plate 15: Ovambo divining knife [P-C.A36-7/16].

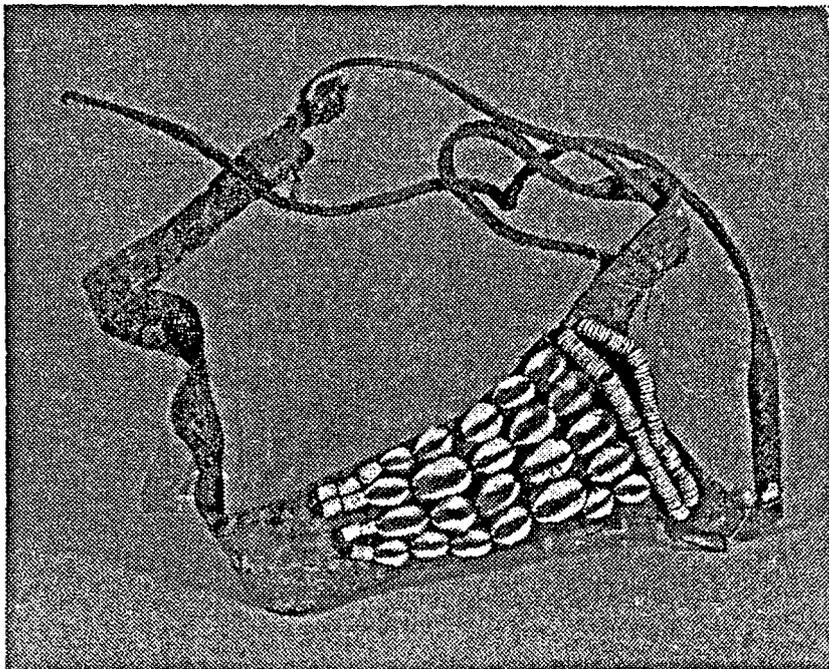


Plate 16: Decorated cattle tail of *ondudu* [P-C.A37/386].

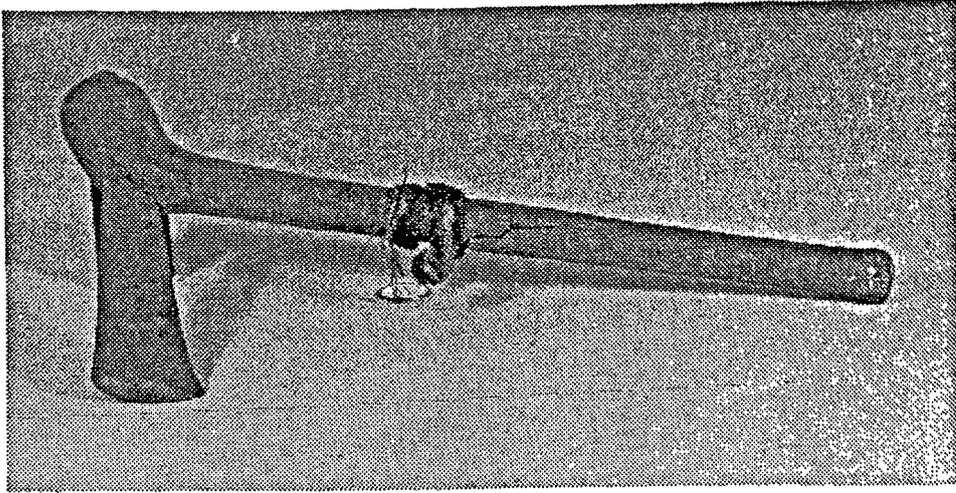


Plate 17: Ritual axe of ondudu [A37/697].

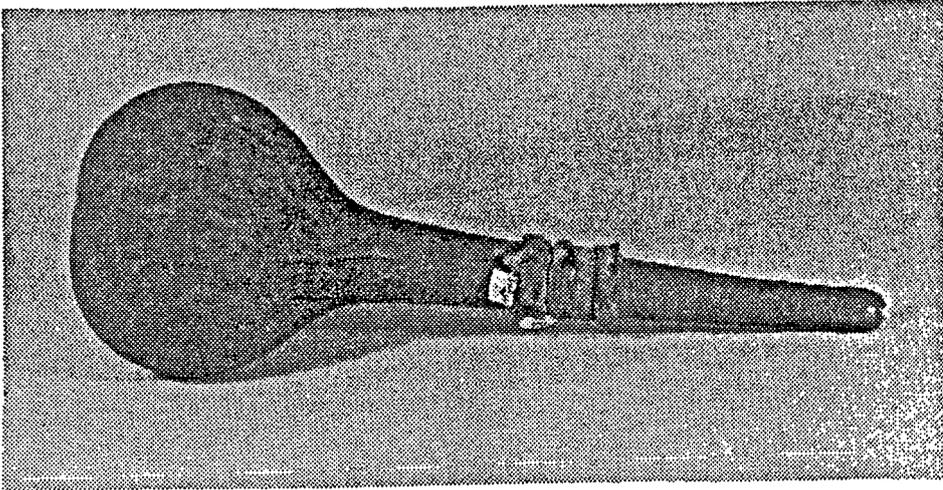


Plate 18: Gourd rattle of *ondudu* [P-C.A36/469].

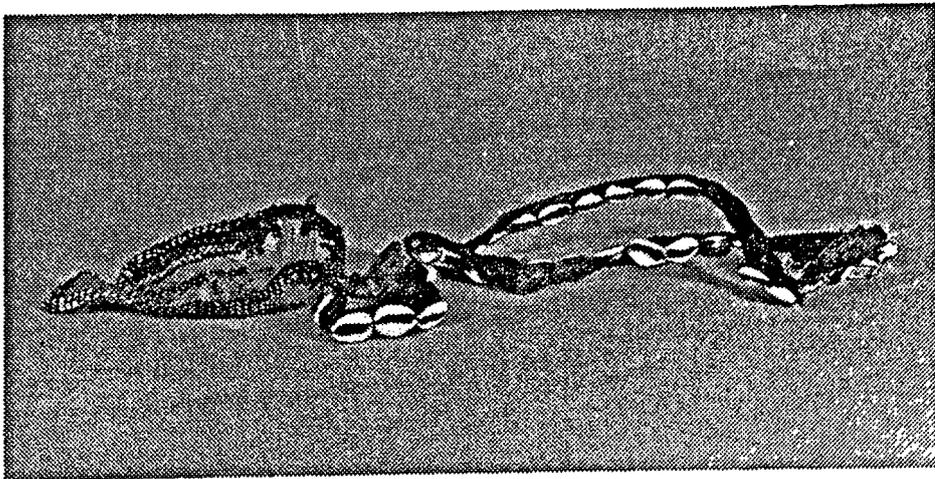


Plate 19: Medicine bandeau [P-C.A37/384].

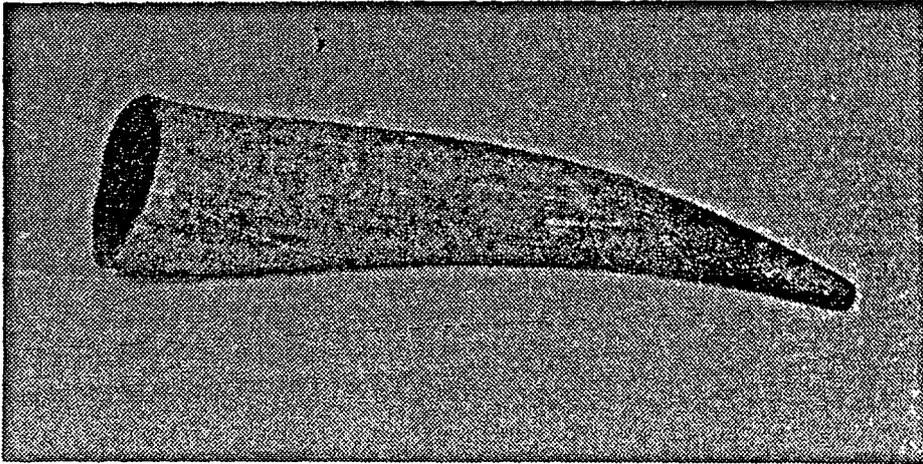


Plate 20: Cattle horn enema appliance (adults) [P-C.A37/357].

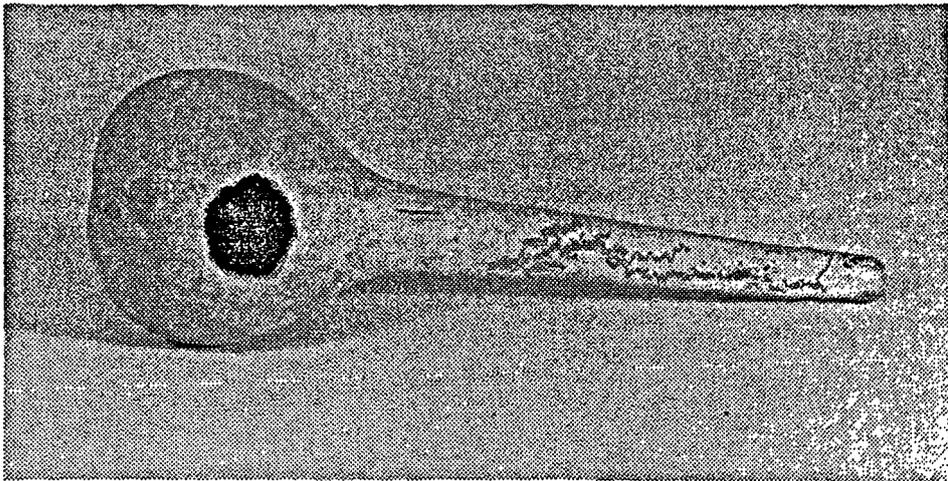


Plate 21: Gourd enema appliance (adults) [P-C.A37/924].

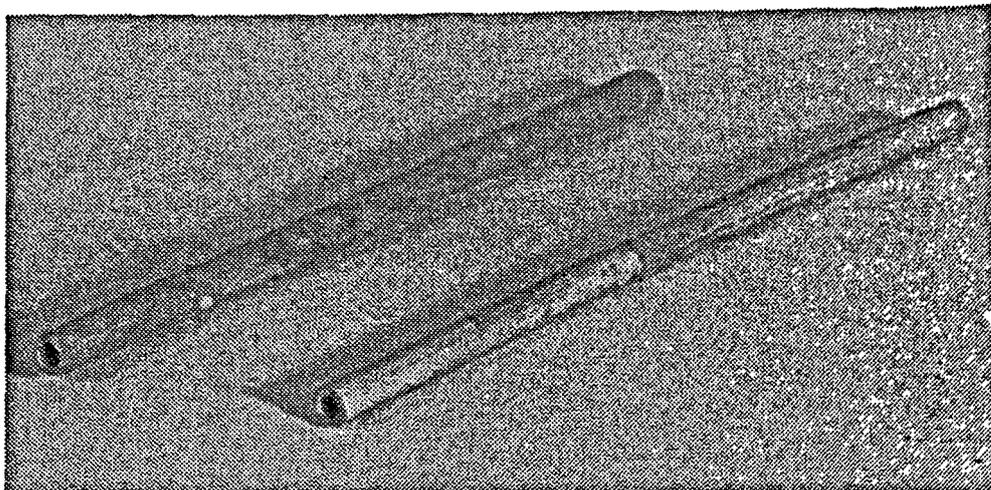


Plate 22: Reed enema appliances (children) [P-C.A36/351 & 352].

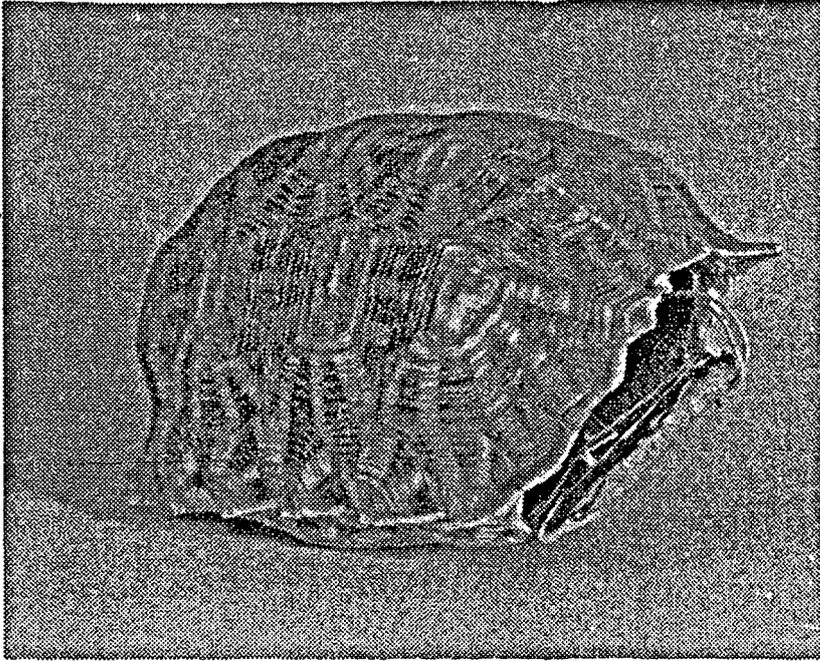


Plate 23: Tortoise shell medicine container [P-C.A36/341].

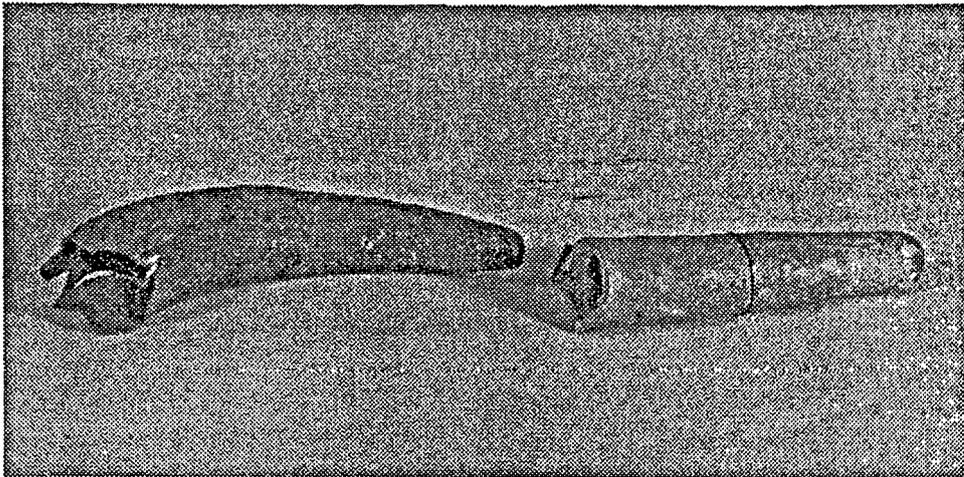


Plate 24: Tusk and gourd medicine containers [P-C.A36/348 & 337].

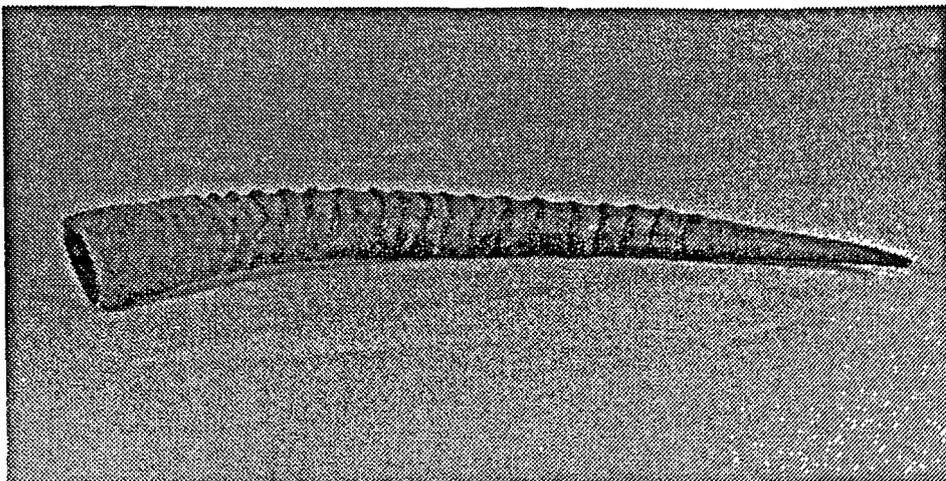


Plate 25: Kudu horn medicine container [P-C.A36/356].

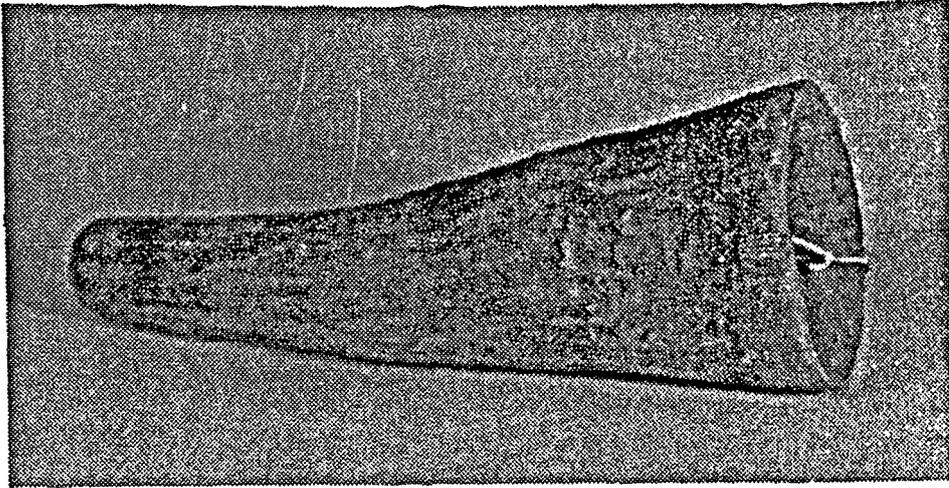


Plate 26: Cupping horn [P-C.A36/336].

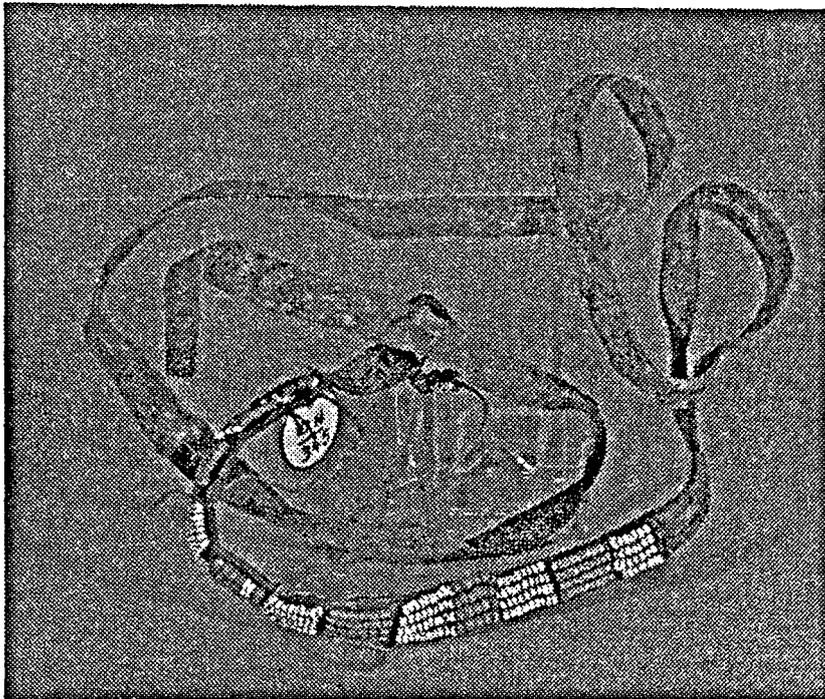


Plate 27: Therapeutic forehead band [P-C.A37/83].

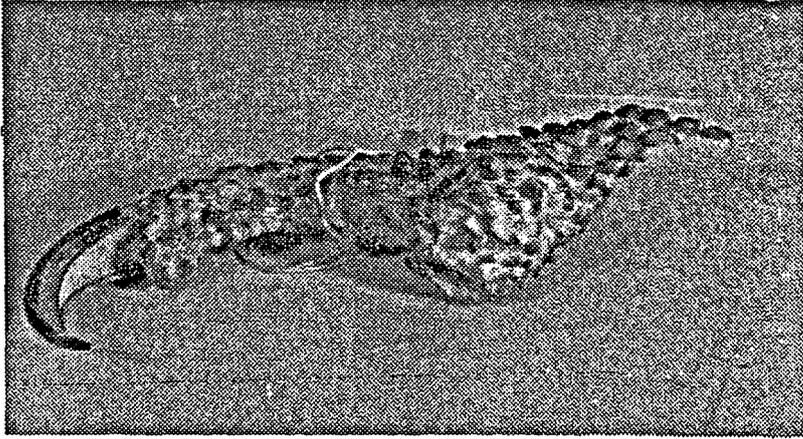


Plate 28: Bird claw [P-C.A36/345].

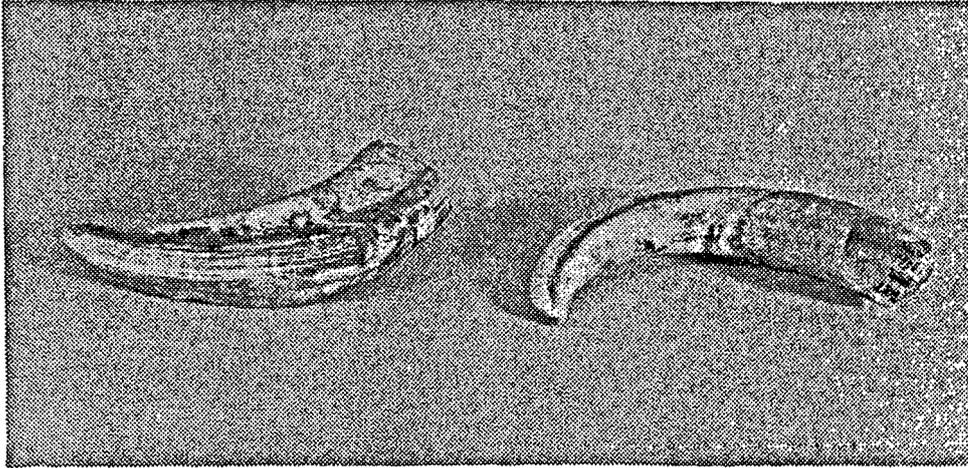


Plate 29: Pair of wart hog tusks [P-C.A36/338].

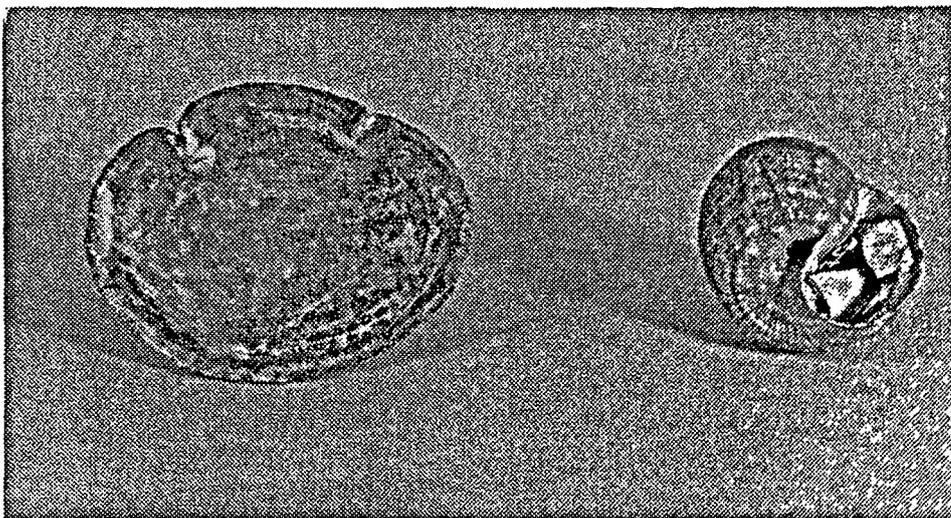


Plate 30: Drinking shell [P-C.A36/354] & Shell medicine container [P-C.A36/344].



Plate 31: Iron razor [P-C.A37/669].

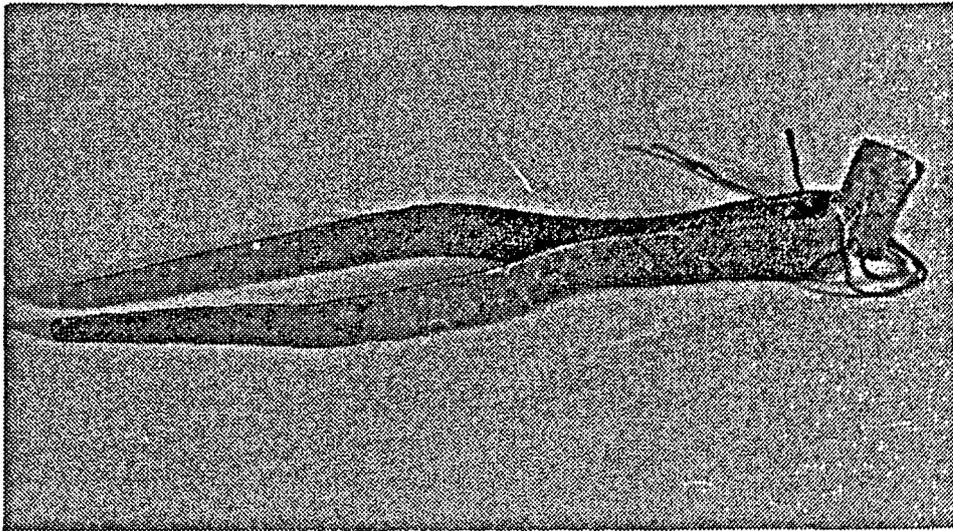


Plate 32: Iron tweezers [P-C.A36/330].

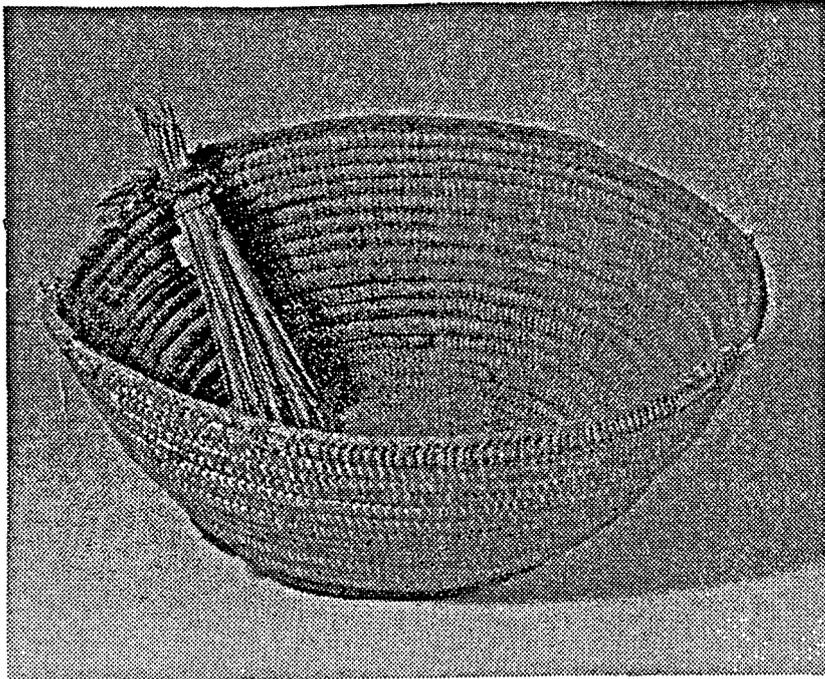


Plate 33: Baby hygiene basket and reed brush [P-C.A37/937 & A36/332].

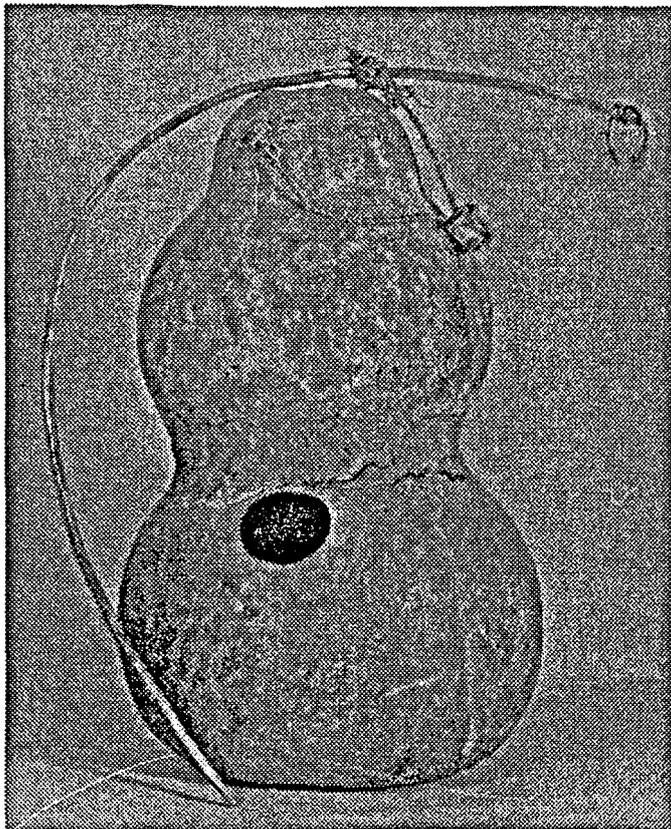


Plate 34: *Ekola* instrument [P-C.A37/542].

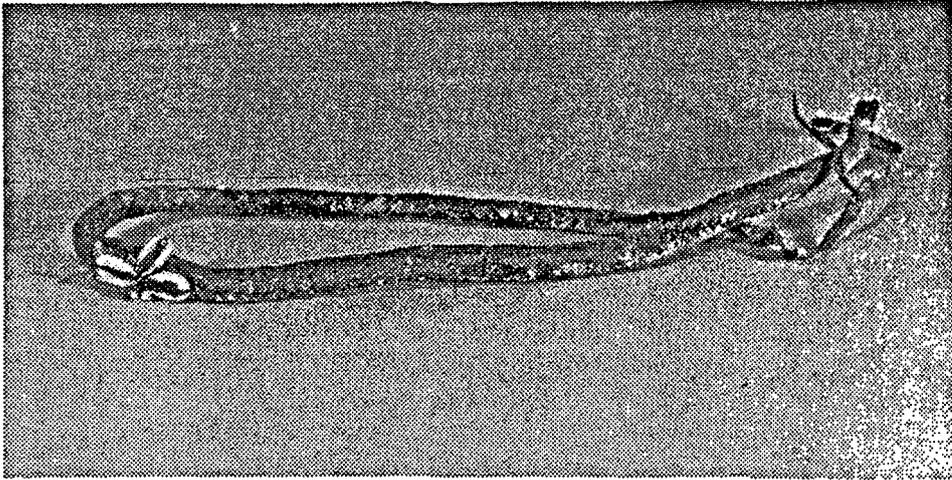


Plate 35: Medicine belt [P-C.A37/2].

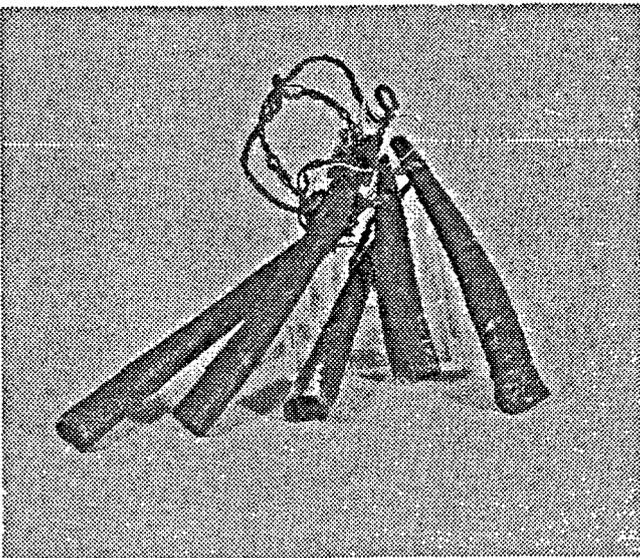


Plate 36: Raiding charm (*oshiva*) [P-C.A37/389].

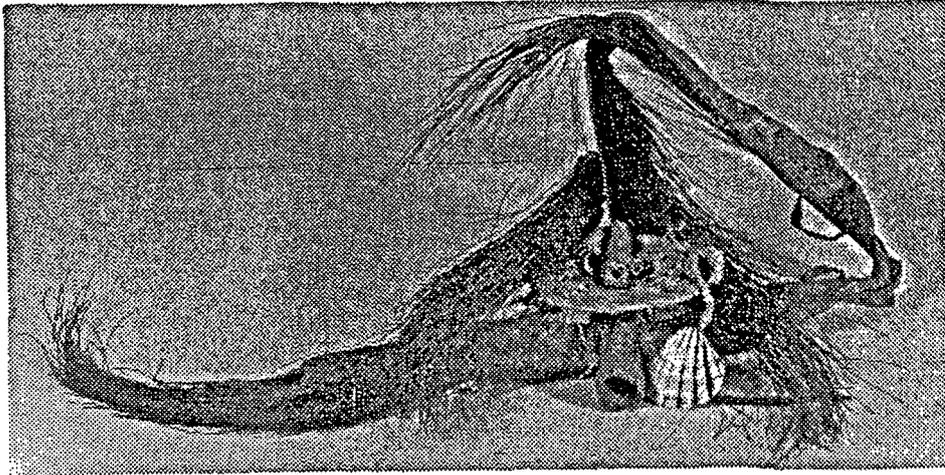


Plate 37: Cattle raiding charm [P-C.A37/387].

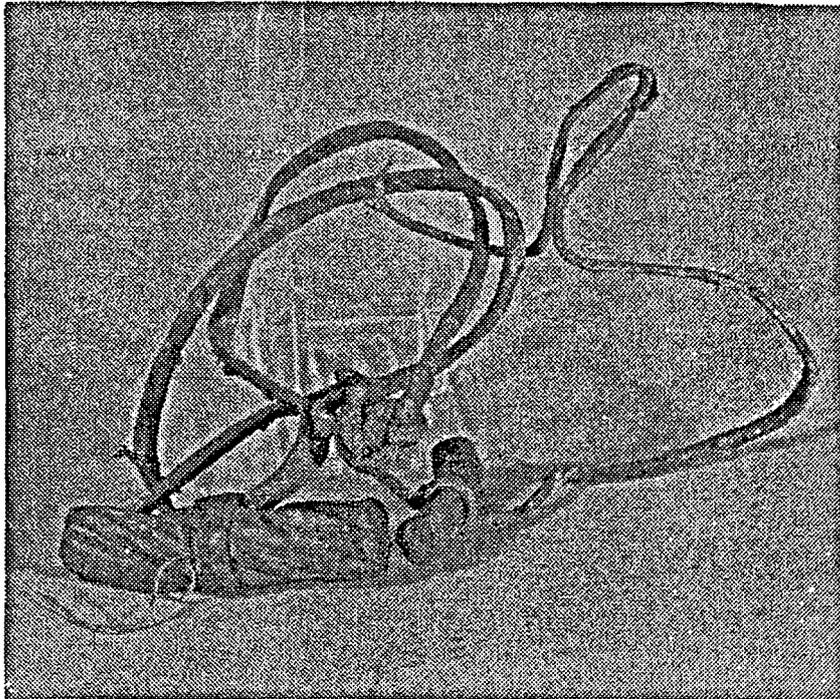


Plate 38: Charm necklet [P-C.A37/24].