

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: *ovajanekedi* or *endudu yeanekelo* (*sing.* *omujanekedi*); (5) male diviners or witch-detectors: *ovajanekedi* (*sing.* *omujanekedi*); (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 *ovajaneke*di 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 *ovajaneke*di category have had to undergo rites of initiation, and subsequent rites are necessary if healers wish to progress beyond the *ovajaneke*di 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*di "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 (*oonganga/endudu yeanekele*) are initially consulted. *Eanekele* 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 *oonganga/endudu 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 Situu 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?"

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,

¹ Situu'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 Situu'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.

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 misfortunate circumstances rather than illness *per se*. They divine the identity of the thief by means of a kudu or gemsbok horn². 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).

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

"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 *ovajankedi* 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 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).

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

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, 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

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

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

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

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 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

'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).

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

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

⁷ Finnish Evangelical Lutheran Mission Museum, Ovambo Collection.

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 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 acknowledgement 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 types: *etikili/ontikilo*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

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).

⁹ Ondonga and Kwanyama dialects respectively.

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*.

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 *ovapuluki* (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 *ovapuluki* 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 *ondudu/onganga* 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.

Analysis of the healers has revealed certain inadequacies of structuralist interpretation. Ioan Lewis

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

(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. Legitimation 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).