# 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 excplicit 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' is all important and disequilibrium undesirable.

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 occuring, 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. 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 preempts 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 prefered 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.