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To cite this article: Chris Low (2007) Finding and Foregrounding Massage in Khoisan Ethnography, *Journal of Southern African Studies*, 33:4, 783-799, DOI: [10.1080/03057070701646902](https://doi.org/10.1080/03057070701646902)

To link to this article: <https://doi.org/10.1080/03057070701646902>



Published online: 28 Nov 2007.



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## *Finding and Foregrounding Massage in Khoisan Ethnography\**

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*This article demonstrates that massage is a commonplace and important healing strategy amongst 'Khoisan'. Ethnographic and anthropological literature, however, does not seem to reflect this and largely ignores or downplays massage. The article accounts for this apparent anomaly in terms of the contingency of the ethnographic eye. I contend that the primary reasons for this partiality concern the 'everyday' and 'recognisable' nature of massage and that the low medical status accorded massage through history has persistently deflected ethnographic interest. I further suggest that an overwhelming anthropological focus on the San healing dance has overshadowed recent research into healing strategies and perpetuated an uneven representation of Khoisan medicine. The article then describes how massage and the dance relate to one another in a wider healing context. By linking the dance and massage in this manner, I suggest how aspects of current massage practice continue to operate within distinctive and old Khoisan ways of thinking about and practising medicine. The article ends by presenting examples of 'Khoi' disease categories and their treatment by massage. Whilst not going so far as to identify a Khoisan 'medical system', the article uses massage to lay the bones of a distinctive and coherent approach to illness and treatment.*

### **Introduction**

Since the seventeenth century there has been persistent interest in southern Africa's 'Hottentots', or Khoekhoe, and Bushmen, or San, by European travellers and scientists. From the 1960s onwards, the San in particular have been the focus of exceptional anthropological attention. This continued fascination with the 'Khoisan' has generated a remarkable and extensive ethnographic and anthropological legacy. From the earliest records to the most recent studies, medicine has formed an intrinsic part of this interest. A striking feature of the medical ethnography is the relative consistency of medical enquiry and interpretation over time, despite different historical contexts, changes in western medicine and changing ethnographic habits. Earlier ethnography persistently reveals a shallow and Eurocentric eye, overridingly interested in the useful or exotic. Although recent anthropology profoundly altered understandings of the Khoisan and one of its main focuses has concerned San healing, a vibrant interest in the San trance-healing dance has dominated enquiry into Khoisan medicine, while the wider healing context remains neglected. Anthropologists have reshaped and extended knowledge of San healing but they have done so unevenly. Beyond the dance, old habits of looking and thinking persist.

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\* Khoisan is a recognised European compound of 'Khoi' (modern Khoe) and 'San'. In the following I use the term 'Khoi' to refer to the Nama, Damara and Topnaar as opposed to 'Khoe', which as a linguistic reference also includes certain San groups. I would like to thank the ESRC for their continued support of my research through doctoral funding and a Research Fellowship.

Familiarity with the day-to-day life of many Khoisan reveals that massage is commonplace and undertaken to treat a considerable variety of common and less common ailments. Amongst other problems it is used for stomach complaints, strains, sprains, all-over body pain, tiredness, dislocations and peri-natal conditions. It is used in combination with plants to treat such serious illnesses as tuberculosis and malaria and, significantly, it is used to treat a host of sicknesses perceived within Khoisan idioms of health and illness. Many of these relate to notions that misplaced organs cause sickness. Appropriate treatment entails massaging an organ back to its correct position. This treatment of organ pathology by massage strongly suggests an intimate knowledge of the body and implies, if not a medical system, at least a relatively coherent understanding of and approach to dealing with certain sicknesses by the Khoisan.

In view of the current prominence and importance of massage amongst Khoisan, it is perhaps surprising that anthropologists have largely dismissed the phenomenon as inconsequential. It has received virtually no attention in the extensive Khoisan historical literature, barring a few tantalising references from around the early decades of the twentieth century. This is all the more surprising in view of the promising nature of these earlier references which, although brief, intriguingly identified belief in the use of massage to treat moving organs.

This article starts by addressing why it is that massage, something so apparently visible and important to the Khoisan, could have escaped the attention of so many western observers. The ethnographic record in fact reveals that massage-like practices have been observed for a long time but the 'everyday' and 'straightforward' character of massage has persistently deflected detailed enquiry. The fleeting interest in massage that crops up around 1900 indicates how the ethnographic eye can be led by wider social trends. At this time, massage competes for status as a medical practice and becomes increasingly prominent within a new European enthusiasm for nature and exercise. It is further testament to the overriding Eurocentric narrowness of the ethnographic eye that what is said during this period has little impact on research direction. Only from 'alternative' medical perspectives typical of the later-nineteenth century onwards might Khoisan massage have appeared more interesting to observers, and no such informed persons seem to have commented on the phenomenon. To the everyday or orthodox European medical eye of the colonial period, Khoisan massage persistently looked similar to massage found in 'simple' contemporaneous European therapeutic or para-medical contexts. This outlook also, surprisingly, seems to have continued in to recent academic accounts of Khoisan medicine.

The second section of the article explores what it is about Khoisan massage that I claim has been missed; whether massage is an old phenomenon and how it relates to Khoisan medicine more broadly, including its relation to the healing dance. By demonstrating ideational and practical links between recent massage strategies, procedures recorded in the literature and elements of the trance dance, I suggest that massage has a long and distinctive history. The final section presents examples of Damara and Nama illness categories and their treatment. I present these details as evidence for the role of massage in recent Khoisan health strategies. I focus on the Damara and Nama in an attempt to help redress their relatively poor representation in Khoisan studies.

My massage findings stem from eight months of fieldwork, undertaken in 2001, amongst Namibian Nama, Damara, Hai//om, Ju/'hoansi and Nharo. This doctoral research examined how recent Khoisan health strategies related to those logged by centuries of ethnography.<sup>1</sup> In 2006 and 2007, I followed up this phase with two months of fieldwork amongst ≠Khomani San of the northern Cape and a further month amongst Nharo and Ju/'hoansi in Botswana. In all my research contexts, fieldwork consisted of interviews, participant

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1 C.H. Low, 'Khoisan Healing: Understandings, Ideas and Practices' (D.Phil. thesis, University of Oxford, 2004).

observation and informal discussion. Collectively I have recorded 167 semi-structured interviews. Interviewees were selected based on claims by themselves, or others, of their exceptional healing knowledge or ability. Additionally, interviews were carried out at a more random household level to ascertain the nature of health strategies within the home and the profile of home-based medical knowledge holders and practitioners. My research design included contrasting Khoisan from urban and rural locations. Research locations ranged from Welkom, near the entrance to the Kgalagadi Transfrontier Park in South Africa, to Sesfontein in north-west Namibia. Sites visited in-between included the locations and environs of Mariental, Windhoek, Etosha, Tsumkwe and Gobabis.

## Representations of Massage

Of the possible ways one could account for the neglect of massage, the most obvious must be that massage is a recent phenomenon developed from increased familiarity with other African health strategies, or from interaction with biomedicine, or that it is some hybrid expression of both local and introduced medical strategies. Lack of references to massage may, therefore, accurately represent pre-massage contexts. However, although contemporary Khoisan massage practices undoubtedly reflect a plurality of medical influences and responses, the possibility that there was no indigenous massage 'tradition' does not seem likely. Not only do the references to massage from the early twentieth century suggest a distinctive looking indigenous massage presence, at least of many decades old, but there are enough much older references to rubbing, in contexts not framed as massage or medicine, to suggest that Khoisan massage has a far earlier provenance. Moreover, the beliefs that underlie the massage strategies I encountered seem to be comprised of elements from the same 'imaginative substrate' that has been identified in other Khoisan contexts as an ideational, behavioural and ecological link with an ancient hunter-gatherer past, possibly many thousands of years old.<sup>2</sup> In the light of this, massage may have an exceptionally long history as a Khoisan health strategy.

Despite the different types and expressions of European interest in Khoisan people from the seventeenth century onwards – ranging from 'manners and customs'-styled texts from early travellers, to Enlightenment scientific travelogues and later accounts by scientists, ethnographers and anthropologists – records from across this long period reveal persistent patterns of interest and ways of thinking about indigenous medicine. In view of the gradual distancing of western medicine from what was, by the nineteenth century, increasingly viewed as 'primitive' medicine, it is perhaps surprising that such a relatively consistent 'medical' category of enquiry is discernible well into the twentieth century. Over at least the colonial period, much of the interest around issues of Khoisan medicine concerned either sensational or exotic details or practices or ideas that appeared useful. Although anthropologists from the 1950s onwards broadened the scope of enquiry and brought new sophistication to the analysis of Khoisan medicine, the themes of interest that characterised earlier studies still dominated later research.

From the outset of European interest, notable topics of medical enquiry included herbal remedies, ointments, surgical procedures, poultices and birthing practices. Nowhere is there particular mention of massage. This should not, however, be surprising considering that the word 'massage' does not originate until 1818 and hence looking for 'massage' *per se* before this time is strictly fallacious.<sup>3</sup> 'Medical rubbing', however, and the application of ointments,

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2 M. Biesele, *Women Like Meat: The Folklore and Foraging Ideology of the Kalahari Ju/'hoan* (Bloomington, Indiana University Press, 1993), p. 13.

3 C.T. Onions (ed.), *The Shorter Oxford English Dictionary on Historical Principles*, 3rd edn. (Oxford, Oxford University Press, 1986), p. 1,286.

were European phenomena, and similar looking rubbing and ‘smearing’ practices were observed throughout the colonial period. The ethnography of rubbing and smearing reveals an ambivalence that moved between positive and negative associations. In balance, and particularly as western medicine became increasingly scientific, the negative associations dominated conceptions of Khoisan medicine. This negative baggage that surrounded ‘rubbing’ did nothing to encourage interest in massage as a medical discipline.

As the travellers Ten Rhyne and Kolben demonstrate respectively from the later seventeenth and early eighteenth centuries, early accounts of rubbing and smearing frequently bound the practice to the application of strong-smelling fat, often combined with *buchu* plants or cow dung.<sup>4</sup> Such accounts often presented the habit as evidence of savagery. The sailor Beeckman’s typical reference (1718) to Hottentots as ‘filthy Animals’, linked smearing on of substances with wearing and eating ‘Carrion’.<sup>5</sup> Even with the more discerning Enlightenment eye of Robert Gordon, attitudes to rubbing remained ambivalent. Having reasoned that rubbed-on fat protects the body, Gordon opined that such fat-rendered Hottentots, ‘exhale a stench that reaches for fifty paces around them’.<sup>6</sup> European attitudes towards fat rubbing were closely allied to a wider disparagement of Khoisan wild dancing, singing or howling and sucking or sneezing out sickness.<sup>7</sup> Gordon related an account combining these elements that is one of the earliest examples of a modern-looking Bushman healing dance. Gordon confessed to having to suppress his laughter at the ‘magicians’ cures.<sup>8</sup> The disparaging rhetoric that surrounded fat rubbing and some healing practices, like sucking, was drawn upon by missionaries and other colonists to legitimise their entangled evangelical and colonial endeavours.

Conversely, Khoisan history is lightly peppered with enthusiasm for potential new remedies, and rubbing featured in descriptions of how these were applied. Morden, a seventeenth-century ‘geographer’, observed of Khoekhoe (whom he termed ‘Cafres’) that they: ‘rub themselves with a Grease or Ointment, composed of several sorts of Drugs, to preserve themselves from being Hydropsical; they have great knowledge of simples, and have cured several of the Dutch of Ulcers [...] which were past the skill of their Chyrurgeons’.<sup>9</sup> Throughout the colonial period there was also particular European receptivity to local knowledge of poisons and poison antidotes. The travelling scientist Thunberg (b.1743), for instance, reported in a positive light that rubbing a snake-bite wound with a frog was thought ‘a perfect cure’.<sup>10</sup>

The artist and traveller Thomas Baines (b.1820) rather elliptically related that Lake Ngami Bushmen rubbed fat on wounds and swallowed fat to ‘neutralise’ snake poison. How Baines conceived this ‘neutralising’ is unclear but there is no evidence that he probed for Khoisan reasoning. Baines’s typically colonial search for the useful was marked by confidence in the apparent ‘familiarity’ of Khoisan procedures which resembled those from

4 Ten Rhyne, ‘Schediasma de Promontorio Bonae Spei’, in I. Schapera (ed.), *The Early Cape Hottentots Described in the Writings of Olfert Dapper (1668), Willem Ten Rhyne (1686) and Johannes Gulielmus De Grevenbroek (1695)* (Cape Town, The Van Riebeeck Society, 1933), p. 115; P. Kolben, *The Present State of the Cape of Good Hope* (London, 1731), p. 141.

5 D. Beeckman, *A Voyage to and from the Island of Borneo in the East-Indies* (London, 1718), p. 186.

6 P. Cullinan (ed.), *Robert Jacob Gordon 1743–1795: The Man and his Travels at the Cape* (Cape Town, Struik Winchester, 1992), p. 23.

7 Early distinction between Hottentots and Bushmen is not obvious, although most early contact was clearly Hottentot owing to their far closer and more extensive interaction with early settlers. Distinction becomes increasingly clearer through the nineteenth century.

8 P. Raper and M. Boucher (eds), *Robert Jacob Gordon: Cape Travels, 1777 to 1786* (Houghton, The Brenthurst Press, 1988), p. 203.

9 Morden, *Geography Rectified, or a Description of the World* (London, 1680).

10 C.P. Thunberg, *Travels at the Cape of Good Hope 1772–1775*, based on an English edition 1793–1795, V.S. Forbes (ed.), second series, 17 (Cape Town, Van Riebeeck Society, 1986), p. 64.

home and by his assumed knowledge of how native procedures ‘really’ worked, as opposed to what Khoisan believed. Like most commentators, it did not seem to have bothered Baines that it would be farcical to assume that Khoisan thought in the same humoral or proto-scientific terms as himself. He, like most traveller-ethnographers, normalised familiar-looking strategies.

The habit of normalisation has dogged European accounts of Khoisan massage from the earliest times. Kolben related how Hottentots ‘bleed and cup’. Kolben’s phrase, ‘He then claps the cup on, as we do’, suggests he suspected nothing other than a direct indigenous equivalent of European medical practice. Schapera certainly read Kolben’s account as straightforward, specifying that historic Hottentots bled by ‘venesection’ or ‘cupping’. But was such practice copied from settlers or was it indigenous, and more to the point, even if Khoisan practices looked similar, what of the ideas behind them? This habit of normalisation equally pertains to notions of inoculation. Schapera merged the scientific notion of inoculation and immunisation into interpretations of the Khoisan introducing substances into cuts made on the body.<sup>11</sup> Far more recently than Schapera, the historian Viljoen commits historical slippage by claiming that Khoekhoe blood-letting was ‘on par with Western medicine’.<sup>12</sup> No Khoisan I encountered had clear knowledge of arteries and veins, and all who made cuts to release blood explained their reasoning in entirely unfamiliar terms. It is hard to believe Khoisan ideas of bleeding ever overlapped with western medical ideas, past or present.

Accounts of indigenous ‘venesection’ and similarly ‘inoculation’ provide relatively obvious examples of muddy ethnographic thinking. Normalisation of massage, however, runs at a more subtle level. Massage seems particularly unquestioned because of habitual ways of thinking that have tied it to something readily recognisable and straightforward within contexts of healthy living and therapy. Evidence for massage in ancient Greece suggests it was carried out in para-medical contexts together with bathing, gymnastics and dietary regimens.<sup>13</sup> Out of this Classical legacy came early modern associations between massage, bath houses and medical rubbing. The sixteenth-century surgeons Fabricius, Paracelsus and Paré used medical rubbing to stretch surface tissues and reduce dislocations.<sup>14</sup> This sort of mechanical medical role for massage, coupled with a more therapeutic role, has persistently dominated western conceptions of massage and emphasised its quality as something familiar requiring little explanation.

The everyday quality of massage and rubbing amongst historical and recent Europeans, as something done by ordinary people in response to knocks and body strains, has not alerted observers to the *habitus* and non-discursive socially specific context that surrounds the practice. This disposition has encouraged the reasoning behind Khoisan rubbing to have, in a ‘Blochian’ sense, ‘gone without saying’.<sup>15</sup> When I asked why babies were massaged at birth, people typically told me, ‘it makes them strong’. This answer, which seems somehow reasonable and one can well imagine having deflected previous such enquiries, should they have arisen, hides the fact that Khoisan notions of strength are intimately related to alien concepts of the body and its cosmological relations.

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11 I. Schapera, *The Khoisan Peoples of South Africa: Hottentots and Bushmen* (London, George Routledge, 1930), pp. 217, 410.

12 R. Viljoen, ‘Medicine, Health and Medical Practice in Precolonial Khoikhoi Society: An Anthropological-Historical Perspective’, *History and Anthropology*, 2, 4 (1999), p. 530.

13 R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, Harper Collins, 1997), p. 51.

14 H. Skinner, *The Origin of Medical Terms*, 2nd edn. (Baltimore, Williams and Wilkins, 1970), p. 265.

15 M. Bloch, ‘What goes without Saying’, in A. Kuper (ed.), *Conceptualizing Society* (London, Routledge, 1992), pp. 127–46.

Despite the general colonial lack of interest in massage, there was a brief period in decades around 1900 when details did appear. The phenomenon is attested to by Schapera's *Khoisan Peoples* (1930) unusually having included 'massage' in its index. The inclusion is indicative of the relationship between ethnographic categories of enquiry and the wider social climate. This reference, along with a small flurry of others, was coterminous with popular enthusiasm for nature movements, natural therapies and gymnastics. Within this context, and on the back of the nineteenth-century medicalisation of massage by Ling and his followers in Sweden, massage competed for medical respectability within western medical orthodoxy, along with other 'eclectic' therapies, including hydrotherapy and electrotherapy. Although a northern European and American phenomenon, 'nature enthusiasm' was particularly evident in Teutonic regions where it was connected to a consciousness of folk history and rural identity. German speakers in South West Africa may therefore have been particularly receptive to indigenous massage practices. Evidence of the wider currency of massage interest amongst other anthropologists of this period survives in both Rivers' and Collocot's accounts of Polynesian peoples.<sup>16</sup>

A new interest in massage is detectable from 1891 when Hans Schinz, a Swiss botanist, noted in an account, 'Witchcraft', how a Bushman 'magician' rubbed and massaged a Damara diagnosed with malaria. The description is distinctive for its relative detail, but equally for its hesitant relativity; despite its title. Schinz observed that the 'magician' could have been labelled a fraud but his procedure, which he interpreted as a 'hypnotising suggestion', seemed reasonable taken in context.<sup>17</sup>

After Schinz, accounts from Lübbert, Schultze, Hoernlé and Laidler all demonstrate exceptional interest in massage and bring a new perspective to Khoisan rubbing. Collectively they indicate the sort of interest prevalent during this period and the level of detail noticed by the predominantly German-speaking 'ethnographers' working in South West Africa.<sup>18</sup>

In 1901, Lübbert, a German military doctor, noted:

The inner sicknesses for most South West Africans come from the self movement of the intestines, [...] In the body the intestines cross to the head, or they move to the leg or other part of the body, where they cause long problems, until they, voluntarily or through treatment, are forced back to their natural place. From having this understanding massage is used to bring the intestines back.<sup>19</sup>

Unfortunately Lübbert did not make it clear in what group he observed this phenomenon. Nor did he offer further details.

In 1907, Leonard Schultze entered into considerable detail concerning the role of massage in 'Hottentot' pregnancy. Schultze, a geographer and ethnographer with extensive fieldwork experience amongst Nama in South West Africa, included the following in his account: the number of times a week massage was undertaken – two or three; the length of time allotted to each session – an hour to an hour-and-a-half; who performed the massage – two old women; and what they did – monitor the position and growth of the foetus. Additionally, he described definitions of pregnancy, ideas of conception and understandings of the anatomy involved in the birth process.<sup>20</sup> Schultze's account contains some detail and reveals a thoroughness atypical of earlier Khoisan medical ethnography.

16 Rivers cited by F.H. Garrison, *Introduction to the History of Medicine*, 4th edn. (Philadelphia; London, Saunders, 1929), p. 27; Collocot (1923) cited by E. Ackerknecht, 'Natural Diseases and Rational Treatment in Primitive Medicine', *Bulletin of the History of Medicine*, 19, 5 (1946), p. 478.

17 H. Schinz, *Deutsch-Südwest Afrika: Forschungsreisen durch die deutschen Schutzgebiete Gross Nama und Hereroland 1884–1887* (Oldenburg und Leipzig, 1891).

18 To which could be added, amongst others: L. Scheben, 'Etwas über die Medizin der Eingeborenen Deutsch-Südwestafrikas', *Archiv für Schiffs- und Tropenhygiene*, 14, 21 (1910), pp. 665–71 and L. Stahlhut, 'Von den Krankheiten den Hottentotten', *Jahrbuch der Ärztlichen Mission* (1914), pp. 113–18.

19 My translation, A. Lübbert, 'Klein Nachrichten', *Globus*, 80, 4 (July 1901), p. 67.

20 L. Schultze, *Aus Namaland und Kalahari* (Jena, 1907), pp. 215–17.

It is evident in Hoernlé's 1918 account of her 1912 and 1913 fieldwork with the Nama and Topnaar peoples of southern Namibia, that she was familiar with Schultze's findings. This may have drawn her attention to massage amongst the people she studied. Although the details remain slight, Hoernlé reported that these 'Hottentots' held a belief in certain illnesses being associated with the wandering movement of internal organs. To treat such illnesses Hottentots massaged the afflicted organs back to their correct respective positions.<sup>21</sup> Hoernlé's comments suggest that the Hottentots she encountered held very specific beliefs about relationships between organ location, and organ function and malfunction, in relation to illness signs and symptoms. Unfortunately Hoernlé did not enquire further into the matter.

P.W. Laidler, a Cape doctor, carried out research around the same time as Hoernlé but amongst Nama in South African Namaqualand. Laidler's account includes both unusual detail and unusual orthography. As with many of the wider healing details recorded by Hoernlé, much of what Laidler observed amongst southern Nama remains recognisable amongst recent Namibian Khoi, and particularly Sesfontein Damara. Laidler noted that:

Massage is and was in common use, and is called P/kouroe. When women are behind their time with menstruation a rolling movement of the head [sic, hand?] on the stomach is the correct method of treatment, presumably a loosening motion. For pains and sprains, punching, kneading and rolling are employed. P/koo is the transference of heat from a fire to the part affected by the intermediation of the hand, which is warmed and applied gently. Most of Namaqualand's junior stomach complaints are cured in this fashion. In the case of the unfruitful woman, she is massaged downwards on the abdomen. If this does not produce the desired effect, then the P/gai aup may be consulted, and he may do the rubbing.<sup>22</sup>

Evidence of the broader Khoisan context of massage appears in an account of the !Kung Bushmen in the 1920s published by the Austrian ethnographer, Lebzelter. Lebzelter noted that massage was used for birth and liver problems but he had little more to add.<sup>23</sup> Similarly, the missionary Vedder did not have a lot to say of massage. In 1923, however, he summed up his estimation of its importance amongst the Damara in a manner highly in accord with my findings. Massage was, he proposed, 'really among the remedies most favoured in the treatment of illness'.<sup>24</sup>

In terms of the European profile of massage, its prominence increased in the mid-twentieth century in a rehabilitative role, as a new physiotherapy profession treated polio sufferers and victims from the two World Wars. Despite this medical footing, however, little in popular conceptions encouraged the idea that massage could play the sort of sickness treatment role it did amongst the Khoisan. Although the ethnography contained clues of its wider application, later anthropologists failed to notice them.

Interest in Bushmen medicine since the 1950s has come from scientists and anthropologists. Heinz, who claims to have a foot in each camp and has much experience of life with Bushmen, concluded (1979) that 'the XKo's' medicinal knowledge was non-existent'. He believed they had 'hardly come up with an effective herbal recipe'. As testament to the 'absurdity' of their medical knowledge he stated that 'for a bout of severe bacterial dysentery, Nxabase massaged my abdomen with such prolonged vigour that I'm

21 A.W. Hoernlé, 'Certain Rites of Transition and the Conception of !Nau among the Hottentots', *Harvard African Studies*, 2 (1918), pp. 65–82.

22 University of Cape Town Libraries, Manuscript and Archives Dept., P.W. Laidler, 'Manners, Medicine and Magic of the Cape Hottentots' (unpublished thesis?, [1924?]), p. 173.

23 V. Lebzelter, *Rassen und Kulturen in Südafrika: wissenschaftliche Ergebnisse einer Forschungsreise nach Süd und Südwestafrika in den Jahren 1926–1928*, 2 Vols (Leipzig, K.W. Hiersemann, 1930–1934), Vol. 2, pp. 45–46.

24 M. Schladt, *Heinrich Vedder's The Bergdama: an Anotated Translation of the German Original with Additional Ethnographic Material by Adi Inskeep* (Köln, Rüdiger Köppe, 2003), p. 64.

sure I lost a pound or two of fat'. Heinz qualifies his poor estimation of Xko medicine with the observation that it makes sense in the context of 'religion and the supernatural'.<sup>25</sup> Whilst this testifies to the presence of massage it equally indicates an ongoing incidental or disparaging status accorded the practice.

Following the work of Lorna Marshall and Richard Lee in the 1950s and 1960s, the Bushmen healing dance became a crucial research focus in contexts of San ecology, folklore, cosmology and shamanism. Since then, academic and more popular writers including Guenther (1975, 1986), Katz (1982, 1997), Biesele (1993), Lewis-Williams (1981, 2004) and Keeney (2005) have examined the dance in relation to social change, medical professionalisation, rock art and shamanism.<sup>26</sup> Although a number of these anthropologists comment on massage, they, like Heinz, seem to have been unaware of its wider importance. In Katz's highly influential account of Bushman healing, *Boiling Energy*, he gave massage short shrift:

Herbal medicines and a healing massage are also used by the Kung, but these are supplementary treatments, usually reserved for less serious or more localized ailments ... 'Aches and Pains' and especially 'tiredness' also call for a massage.<sup>27</sup>

Richard Lee, the pillar of post-1950s San anthropology, briefly commented on massage but he again made no attempt to contextualise his observations in the wider healing setting. Lee noted that during healing dances Ju/'hoansi rubbed sweat into key centres of the body: the chest, belly, base of the spine and the forehead. Sweat in this context has been linked to healing 'energy' or potency, known as *n/um* amongst Ju/'hoansi and *tso* amongst Nharo. Lee additionally observed that young initiates of the dance were vigorously massaged from the extremities to the torso, and the torso to the stomach. Lee suggested this was a symbolic working of boiling *n/um* back to the pit of the stomach.<sup>28</sup> By reducing this action to a symbolic role, Lee denies the San a more profound or detailed understanding of body function.

Even Marshall, with all her experience of the Ju/'hoansi, had little more to say in 1999, than that massage is common practice and used to relieve aching muscles.<sup>29</sup> I encountered massage used to treat serious disability, emotional problems and, together with herbs, malaria, and in older contexts, tuberculosis, to say nothing of its more everyday health role. It is hard to think of a more serious role for massage. Although Katz focused on the trance dance, to dismiss massage as he does denies the context in which the dance operates and makes wider sense.

Following a resurgence of interest in Khoekhoe in the 1970s and 1980s, notably from Carstens (for example, 1975), Elphick (1977), Marks (for example, 1972) and Lau (for example, 1987) and in recent years Schmidt (1986), Wallace (1997), Sullivan (1998), Wagner-Robertz (2000 and unpublished MS), Lumpkin (1994) and LeBeau (2000) have all particularly examined

25 H-J. Heinz and M. Lee, *Namkwa: Life Among the Bushmen* (Boston, Houghton Mifflin, 1979), p. 169.

26 M. Guenther, 'The Trance Dancer as an Agent of Social Change among the Farm Bushmen of the Ghanzi District', *Botswana Notes and Records*, 6 (1975), pp. 161–66; M. Guenther, *The Nharo Bushmen: Tradition and Change* (Hamburg, Helmut Buske Verlag, 1986); R. Katz, *Boiling Energy: Community Healing among the Kalahari Kung* (Cambridge, MA, Harvard University Press, 1982); R. Katz, M. Biesele, V. St Denis, *Healing Makes our Hearts Happy: Spirituality and Cultural Transformation among the Kalahari Ju/'hoansi* (Vermont, Inner Traditions, 1997); Biesele *Women Like Meat*; J.D. Lewis-Williams, *Believing and Seeing: Symbolic Meaning in Southern San Rock Paintings* (London, Academic Press, 1981); J.D. Lewis-Williams and D. Pearce, *San Spirituality: Roots, Expressions and Social Consequences* (Cape Town, Double Storey, 2004); B. Keeney, *Bushman Shaman: Awakening the Spirit through Ecstatic Dance* (Vermont, Destiny Books, 2005).

27 Katz, *Boiling Energy*, p. 51.

28 R.B. Lee, *The Dobe Ju/'hoansi* (Australia, Wadsworth, 2003), pp. 133, 135.

29 L. Marshall, *Nyae Nyae !Kung: Beliefs and Rites* (Cambridge, MA, Peabody Museum of Archaeology and Ethnology, Harvard University, 1999), p. 45.

health issues amongst the Khoekhoe. However, again there is minimal reference to massage.<sup>30</sup> In Le Beau's study of medicine in a Windhoek township, where she must have encountered massage, she says no more than that massage 'is practised by several traditional healers to ease sore muscles and correct problems with internal organs'.<sup>31</sup> The fleeting nature of her comment does little to represent the scale, importance and richness of current Khoi township practices.

## The Khoisan Context of Massage

Although both the lack of interest in massage and western normalising habits makes it difficult to trace massage historically, there is sufficient evidence to suggest that contemporary practitioners draw on an underlying mental and practical storehouse of considerable longevity. Whilst I do not wish to claim that these ideas and forms of treatment have been constant across a pan-Khoisan past, following Lewis-Williams and Dowson, I suspect the ideas underlying massage are part of a persistent 'subcontinental cognitive set',<sup>32</sup> out of which one can determine a distinctive Khoisan element.

In recent decades it has been unpopular to emphasise continuity in African history. Nonetheless, an increasing number of careful advocates have emerged, who have dealt with the persistence of indigenous ideas in the face of considerable colonial disruption (Janzen, Vansina, Prins). Similarly Lewis-Williams, Pearce and Biesele have pointed to the continuity of the trance dance and many of the ideas behind it based on evidence from cave paintings, the Bleek archive of nineteenth-century /Xam Bushmen and recently observed San behaviour. Biesele has significantly identified an 'imaginative substrate' rooted in a hunter-gatherer past, which informs Bushmen cosmology, folklore and trance dancing.<sup>33</sup>

In the following section I explore similarities between the trance dance and massage to highlight the continuity of ideas and strategies that bind these two phenomena together in a wider distinctive Khoisan understanding of health and treatment. By tying massage to the dance I am additionally indicating how current massage practices might relate to history. I draw on what references there are in the archive to help flesh out the relationship of current practice to that recorded over the colonial period.

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- 30 P. Carstens 'Some Implications of Change in Khoikhoi Supernatural Beliefs', in M. Whisson and M. West (eds), *Religion and Social Change in Southern Africa* (Cape Town, David Philip, 1975); R. Elphick, *Kraal and Castle: Khoikhoi and the Founding of White South Africa* (London, New Haven, 1977); B. Lau, *Southern and Central Namibia in Jonker Afrikaner's Time* (Windhoek, National Archives, 1987); S. Schmidt, 'Present Day Trance Dances of the Dama in SWA/Namibia', *African Languages of Southern Africa*, Khoisan SIG: Newsletter 4 (1986), pp. 3–14; M. Wallace, 'Health and Society in Windhoek, Namibia' (Ph.D. thesis, University of London, 1997). S. Sullivan, 'People, Plants and Practice in Drylands' (Ph.D. thesis, University of London, 1998); T.W. Lumpkin, *Traditional Healers and Community Use of Traditional Medicine in Namibia* (Windhoek Ministry of Health and Social Services and UNICEF, 1994); D. Wagner-Robertz, 'Ein Heilungsritual der Dama Südwestafrika/Namibia', in M. Bollig and W.J.G. Möhlig (eds), *History, Cultural Traditions and Innovations in Southern Africa*, 12 (Köln, Rüdiger Köppe Verlag, 2000); D. Le Beau, 'Seeking Health: The Hierarchy of Resort in Utilisation Patterns of Traditional and Western Medicine in Multi-Cultural Katutura, Namibia' (Ph.D. thesis, Rhodes University, 2000).
- 31 D. Le Beau: 'Seeking Health: The Hierarchy of Resort in Utilisation Patterns of Traditional and Western Medicine in Multi-Cultural Katutura, Namibia' (Ph.D. thesis, Rhodes University, 2000), p. 134.
- 32 J.D. Lewis-Williams and T.A. Dowson, 'Aspects of Rock Art Research: A Critical Retrospect', in T.A. Dowson and J.D. Lewis-Williams (eds), *Contested Images: Diversity in Southern African Rock Art Research* (Johannesburg, Witwatersrand University Press, 1994), p. 220.
- 33 J. Janzen, *The Quest for Therapy in Lower Zaïre* (Berkeley, CA, University of California Press, 1978); J. Vansina, *Paths in the Rainforest: Towards a History of Political Tradition in Equatorial Africa* (Madison, University of Wisconsin, 1990); G. Prins, 'A Modern History of Lozi Therapeutics', in J. Janzen and S. Feierman (eds), *The Social Basis of Health and Healing in Africa* (Berkeley; Los Angeles; Oxford, University of California Press, 1992), pp. 339–65; Lewis-Williams, *Believing and Seeing*; Lewis-Williams and Pearce, *San Spirituality*; Biesele, *Women Like Meat*.

The healing dance entails healers building up ‘potency’ inside themselves, by dancing, and using this power to withdraw sickness from those assembled. Healers describe ‘pulling’ illness into themselves by rubbing and sucking. The illness is then released from the healer’s body variously from the nape of the neck or from the hands as they are flicked out away from the healer’s body. Potency, or *n/um* or *tso*, has wider connotations as something powerful, including the sun, ostrich eggs, bees and medicine songs.<sup>34</sup> Moving potency is also sometimes conceptualised as arrows. Thus, some Bushmen describe their ‘awakening’ or ‘boiling’ potency as arrows building up inside them. A Ju/’hoansi healer, Oma Kgau, told how these arrows were ‘shot’ into him by other healers.<sup>35</sup> The arrows lived in his *!nun !khoomi* and *//gabas*, which seemed to equate to the aortic artery and a concept of a ‘bag’ at the base of his spine. Kgau, like other healers, referred to arrows not only as the potent substance but as the illness expelled through himself from the sick. An association between illness and arrows runs through Khoisan cosmology. *//Gamab*, the ‘deity’ of the Damara and Hai//om, is known to fire sickness-causing arrows at people. So too does the /Gwi deity, *G//amama*.<sup>36</sup> Spirits of the dead and ‘Bushman witchdoctors’ have also been noted for causing affliction through malevolent arrows.<sup>37</sup>

Across the Khoisan I encountered, explanations of arrows and illness morphed depending on contexts, even within explanations given by one individual.<sup>38</sup> Such apparently inconsistent thinking has long been noted as intrinsic to Bushmen epistemology and ontology.<sup>39</sup> Overlapping ideas of arrows and illness also feature in notions of massage.

Massage amongst Khoisan is not simply a case of rubbing but involves moving ‘potent’ agents within a body and between the patient and the healer. The potency is both good and bad. As in the healing dance, the sickness is drawn into the healer to be expelled through the body. Sometimes this movement of sickness is described by Khoisan as movement of arrows and sometimes of wind. A Damara healer in Sesfontein, Johannes Taurob, described how ‘if you massage a person strongly they shoot you with arrows’.<sup>40</sup> In a healing dance, Bushmen often ritually throw away arrows of sickness they have removed from their ‘patients’. During massage many Khoi and some Bushmen belch loudly to remove the sickness they have taken into their body. Some Nama snapped a finger out of their cheek, making a popping noise, in order to remove a particular sickness. They referred to this by the verb *abu*. Across the Khoisan it was common at the end of a massage session for the practitioner to crack their knuckles. This release of wind was done so the illness would, as one Ju/’hoansi put it, ‘come out and stay out’.<sup>41</sup>

These examples of expelling illness in both dance and massage settings demonstrate a crucial overlap of ideas between sickness, arrows and wind. Amongst Khoisan, ‘wind’ serves as a key way of thinking about the essence of life and the movement of potency between deities, spirits, people and animals and possibly plants.<sup>42</sup> Wind ideas are particularly tightly

34 L. Marshall, ‘The Medicine Dance of the !Kung Bushmen’, *Africa*, 39 (1969), p. 351.

35 //Aru (Xaru), near Tsumkwe, 23 August 2001.

36 G. Silberbauer, *Bushman Survey Report: an Official Report for the Bechuanaland Government* (Gaborone, Bechuanaland Government Publication, 1965), p. 97.

37 H. Vedder, *South West Africa in Early Times: Being the Story of South West Africa up to the Date of Maherero’s Death in 1890* (London, Oxford University Press, 1938), p. 88.

38 Barnard notes Silberbauer and Eibl-Eibesfeldt have read /Gwi practices differently; one relates Bushmen as pulling out sickness arrows, the other pulling out ‘evil’. This could represent different interpretations or, as likely, inconsistent and inchoate /Gwi ideas. A. Barnard, *Hunters and Herders of Southern Africa: A Comparative Ethnography of the Khoisan Peoples* (Cambridge, Cambridge University Press, 1992), p. 114.

39 Guenther, *The Nharo Bushmen*, p. 216.

40 Johannes Taurob, Sesfontein, 6 April 2001.

41 David Cisje Kgao, //Aru 28/8/01.

42 See E. Hsu and C.H. Low (eds), ‘Wind, Life, Health: Anthropological and Historical Perspectives’, *Journal of the Royal Anthropological Institute*, Special Issue, 2 (March 2007).

associated with notions of potency and understandings of smell. Potency is the power or influence one thing may have over another. Potency brings changes in the recipient. Smell is similarly conceived as the powerful essence of the holder. The influence of that holder on the recipient is perceived as a taking on of the potency or smell of the active agent.

Khoisan link the wind that blows with the breath of god. Despite long exposure to Christianity their ideas of god remain characteristically unclear.<sup>43</sup> Life is manifest evidence of the divine breath lodging in and motivating living organisms. Khoi use the word /om for both breath and soul. All organisms have wind which is divine and, at the same time, their own. Each person has their own particular characteristics, which equate to their potency and equally their wind and smell. Sharing any of these qualities can bring both cure and sickness. Sweat, skin scrapings, termed 'dirtiness' and, to a lesser extent, urine, all hold a healer's potency. It is common healing practice in current trance dances and other settings to rub a patient with sweat and dirtiness. The explanation given lies in the substance being transferred carrying the potency, smell or wind of the healer. Seventeenth-century observers recorded 'Hottentots' urinating on the sick to effect a cure.<sup>44</sup> Current ideas could account for historic use of urine. Lewis-Williams recognised a similar link to the one I propose between smell and potency, although he suggested smell *carried* potency.<sup>45</sup> My findings strongly suggest that transference lodges something of the giving agent permanently into the recipient. Smell seems, therefore, more intrinsic and bound than simply the vehicle.

Nama, Damara and Hai//om use the word ≠oab for the wind that blows, wind in illness and wind as a spirit, potency and animal shadow. Often the different types of winds are poorly differentiated. 'Potent' winds can be introduced into a body by rubbing or by application of a potent substance into a cut and, like climatic wind, they can also blow into a person. Young boys are widely known to be particularly vulnerable to blowing wind. A number of Damara related how the winds of unfamiliar people can blow into the body and cause sickness. Similarly, amongst all the Khoisan I have encountered, whirlwinds are known for their ability to cause sickness by blowing in the spirits of the dead. Wind is believed to enter the body by the mouth, nose and sometimes other orifices, including hair follicles. Wind resides in the body in the lungs and the heart. It is sometimes conceived as the motive force of the body that runs through the blood vessels or tendons. My prominent wrist tendons were once ascribed to 'strong wind'. Movement of wind is intimately related to notions of moving organs.

Across the Khoisan there was an idea that organs moved, although opinions varied as to which organs moved and by how much. Wind moving in the body has the capacity to make tissues hard or soft and to overexcite organs. If the wind in an organ is inappropriate it is sometimes said to make organs 'stand up', or move. This idea seems congruent with historic /Xam Bushman ethnography in which a !gi:xa 'healer' required massage to make his arteries 'lie down' after a healing episode.<sup>46</sup> Some Khoisan say it is not the organ that moves in illness but the wind of the organ. Amongst the Khoi, key organs that move are the intestines, the fallopian tubes, the placenta, the liver, the heart and the !arab. Structural definitions of organs overlap with western ideas<sup>47</sup> except in the case of the !arab, which seems to equate to the aortic artery in the abdomen and its pumping action. Bushmen commonly only believed the intestines and heart move, although some also believed other organs wander. The concept

43 See Katz *et al.*, *Healing Makes our Hearts Happy*, p. 43; Low, 'Khoisan Healing', pp. 137 & 220.

44 For example, Grevenbroek, 'An Elegant and Accurate Account ...', in Schapera (ed.), *The Early Cape Hottentots*, p. 243.

45 Lewis-Williams, *Believing and Seeing*, p. 51.

46 R. Hewitt, *Structure, Meaning and Ritual in the Narratives of the Southern San*, Quellen zur Khoisan Forschung 2 (Hamburg, Helmut Buske Verlag, 1986), p. 294.

47 See H.J. Heinz, 'The Bushmen's Store of Scientific Knowledge', in P.V. Tobias (ed.), *The Bushmen: San Hunters and Herders of Southern Africa* (Cape Town, Human and Rousseau, 1978), pp. 148–62.

of a moving heart has salience in the healing dance. Shamans in the dance sometimes relate how, when 'in trance' they travel to the village of their god to plead for the stolen heart of a sick 'patient'. If they are given the heart the patient will survive; if not they will die. The link made here between the heart and the sick person is founded on the understanding that the heart holds the wind of the patient. Heart wind equates to diminutive god breath-wind and personal soul.

Many Khoisan offered a notion of 'traditional' illnesses that related to moving wind and moving organs which could be relocated by the use of massage. Often these illnesses were conceived within a mythologised 'old time' past, before doctors, hospitals and problems of 'new time'; fighting, alcohol, poverty and sickness. A mythologised and better 'old time' is a common characteristic of the dispossessed. Typical accounts of traditional or old Khoi sicknesses included: //âutas, ≠gaob (heart), //has (uterus), /gûis (intestine), !arab, ≠gurub (leg pain), /gôaron //ôs (children's sickness) and //gai ≠oab (wind in a baby). One woman expressed old illnesses as heart falling, liver falling, intestine up and down, headaches and gam (gonorrhoea?).<sup>48</sup> A young man included, ≠oa ≠ga, to go mad, literally 'wind put in'.<sup>49</sup> This latter sickness resonates with one noted by Kolben in the early eighteenth century regarding headache caused by 'wind in the head'. The cure was rubbing the nape of the neck.<sup>50</sup> The phenomenon of wind in the head is well known amongst Sesfontein Damara. It is associated with the uterus, or wind of the uterus, moving to the head and causing madness amongst women who have just given birth and have been subsequently exposed to a draught. Treatment entails a warm pot lid or rock being placed on the low abdomen to draw the organ, or 'organ wind', back down from the head. If not treated, the victim not only goes mad but could well die.

Explanations of wind or potency underlie many Khoisan accounts of sickness. Some Khoi children, for instance, are given parts of a kudu or eland to wear around the neck. This confers upon the child the potency of the animal. If a child without such a necklace plays with them, the child without the necklace risks death from the potency of the other's necklace. Another relatively common example involves the belief that a bird can cause sickness by flying over a baby. It is a phenomenon familiar to many southern Africans. In a Khoisan idiom the explanation lies in the shadow of the bird carrying the wind of the bird into the baby. A further example concerns a belief that the wind of the ancestors may cause illness by entering the living. Some Khoisan frame this, not in terms of wind, but arrows. The idea of influence from the grave also has parallels in wider African culture.

These various ideas of wind show different ways of thinking about how wind can be moved between people for good or bad. Further methods of moving wind between people are apparent in both the healing dance and wider healing strategies. At the beginning of some dances a fragrant powder is rubbed under the noses or on to the foreheads or chests of those assembled. The powder is referred to variously as *sā*, *sâi* or *buchu* (Low, 2007)<sup>51</sup> and is said to 'open the mind' of the recipient. The effectivity or potency of the substance is linked to the transference of its smell. Similarly procedures in which organic matter is inserted into small cuts are justified in terms of the potency and sometimes the smell of the inserted matter entering the body. These 'medical cuts' are poorly represented as primitive inoculation in the historical record. Similar ideas are further recruited to explain how oral remedies function

48 Johanna !Khachas, Swartdam, 22 May 2001.

49 Paul Taseb, Hoachanas, 25 May 2001.

50 Kolben, cited by Laidler, 'Manners, Medicine and Magic of the Cape Hottentots', p. 171.

51 C. Low, 'Different Histories of Buchu: Euro-American Appropriation of San and Khoekhoe Knowledge of Buchu Plants', *Environment and History*, 13, 3 (August 2007), pp. 333–61.

in the body: the remedy finds the sickness through its smell and brings its own wind to bear on the sickness agent.

Amongst current Khoisan populations, any rubbing that uses a lubricant, be it fat, *buchu*, sweat, or something else, serves both to promote correct functioning of organs and wind, as well as to transfer the potent elements of the lubricant. Massaging using a mixture of chewed plants and spit is a common way of transferring plant potency. A *Ju'hoansi* healer, /kunta Bo chewed //um, a type of grass, and used the spit to massage people he thought had malaria. He used *zow /o* for cases of 'whole body pain', a common Khoisan illness.<sup>52</sup>

As indicated, the historical record suggests that rubbing substances on the body has a long Khoisan history and of all the substances mentioned fat is the most common. At the heart of fat use was a knowledge of its potency, which related to the animal source of the fat and its smell. The eighteenth-century scientific traveller Anders Sparrman, hinted at this in his observation that his 'Hottentot' company prized the fat of beasts of prey for its virtues in healing sores and gout. He elaborated that the fat of a 'wild cat' was particularly potent owing to its exceptionally 'rank and penetrating smell'.<sup>53</sup> This observation reveals rare, if limited, insight that historically supports my findings relating to smell.

The ambivalent seventeenth- and eighteenth-century recording of fat-use encountered earlier, demonstrates a link in the minds of European observers between fat-rubbing and being strong in relation to older classically received notions of 'natives' as 'nimble' or 'fleet of foot' or 'agile'. Amongst contemporary Khoisan, Vaseline is used copiously as a body rub for adults and young babies. It is thought to protect the skin, keep a person healthy and make babies 'strong'. In contemporary contexts, however, the pragmatic looking use of Vaseline ties into understandings of strength and protection based on unfamiliar ideas of preventing the ingress of dangerous winds and ensuring that wind and organs sit in the body in the right manner. It is more than likely that this sort of understanding of strengthening a body through massage lay behind massage being dismissed as superstitious, pragmatic or agility-enhancing in seventeenth- and eighteenth-century contexts. However, despite the currency of such potency ideas amongst Khoisan who massage, there are indications that these ideas are disappearing. A possible reason for this might be that it is rare for Khoisan to explain massage ideas and, as previously suggested, what is not discussed becomes at risk of disappearing altogether. Furthermore, with the increasing adoption of often poorly understood biomedical labels and explanations by Khoisan, it is increasingly likely that in rare instances where this silence is broken, biomedical terms of reference will be used in preference to potency and wind ideas.

## Damara and Nama Sickness

Khoisan massage is characterised by a lack of formality and special status for massage practitioners. Indeed, as Katz observed amongst Bushmen, 'those who heal' is a more accurate description than 'healers'.<sup>54</sup> Amongst Khoisan, massage knowledge sits within a wider social dimension wherein every person is perceived as being granted gifts, either at birth or later in life. People who massage are people who have been given the gift of massage. The gift is one amongst others, and one essentially from God. It can be passed on through generations or amongst Damara by 'giving the hand', termed //goaba ma. This is not to say that people do not deliberately set out to learn how to massage or to make money from it, although it is my impression that both of these phenomena are rare.

52 Near Tsumkwe, 26 August 2001.

53 A. Sparrman, *A Voyage to the Cape of Good Hope... from the Year 1772 to 1776* (London, 1786), p. 150.

54 Katz, *Boiling Energy*, pp. 201 & 203.

Within many Khoisan communities there are people who have the gift to treat perhaps one or two well-known illnesses by massage. Most of these people only massage those within their family or local social network, and do so with no expectation of payment. If people come to them from beyond their immediate family and friends, it is deemed 'traditional' for the recipient to provide a small gift in return for the treatment, although this is not necessarily stipulated nor always received.

Both women and men massage. There seems no clear link between gender and practice beyond it being more usual for women to massage babies. Few of those who practise massage whom I encountered were under the age of 30. Whilst this may represent diminishing knowledge amongst the young, the evidence for this is not overwhelming. Typically, grandparents suggested to the children that they must learn such things for their future well-being.

A few Nama and Damara women in towns have set themselves up very informally to massage for money. They charge between \$5.00 (Namibian) and \$10.00 per treatment. The range of sicknesses they treat varies, but does not typically include all the 'traditional' Khoi illnesses mentioned by rural massagers. In Sesfontein there was only Phillipina //Nowaxas, a woman over the age of 80, who regularly treated people for money. Patients included local Himba and Herero. Unlike other Sesfontein practitioners she treated numerous conditions (including those listed below), and initially charged \$20.00 and \$100.00 in total if the treatment worked.

Some people who massage are familiar with biomedical diseases and use English labels including 'stroke', 'meningitis' and 'high blood pressure'. It is clear, however, that understanding of these conditions is minimal. Often the terms are applied to 'traditional' Khoi illness categories and represent the diagnosis given for a traditional condition by local biomedical doctors. Treatment of such problems follows 'traditional' strategies in line with their Khoisan diagnosis. Often the treatment follows inspiration from a dream. One woman in a Windhoek location dreamt she must massage a car accident victim with brake fluid – which she did. This dreaming of a remedy mirrors the practices of rural Khoisan who often dream of the plant they should collect to use as a remedy or massage lubricant. Interpreting dreams as a means of deciding upon a treatment strategy is also common practice amongst other southern Africans.

### **Three Damara and Nama Conditions Treated by Massage**

*//gôaron //ôs* ((s)tuib, Nama)

*//gôaron //ôs* is not a precise category. The term relates to a sickness that generally affects babies and young children, and rarely adults. Signs indicative of *//gôaron //ôs* may include a protruding chest, or pronounced infra-sternal notch, stiffness of the body, posterior arching (extension) of the back and head, rigidity of limbs, and possibly panting and speechlessness. A baby may have loss of appetite, fever, vomiting and, or, diarrhoea. The baby may have blue lips and blue sclera. Urine may be pink, and stools are regularly said to be green. If the stool is black, the baby will soon die. A key sign is a sunken soft patch on the front of the baby's skull (anterior fontanel).

Reflecting the broad nature of the *//gôaron //ôs* category, in biomedical settings the signs and symptoms of *//gôaron //ôs* are variously interpreted as meningitis, gastroenteritis, dehydration and malaria. Causes of *//gôaron //ôs* include a baby being shocked or stressed either before or after it is born. An angry, stressed or depressed mother can induce *//gôaron //ôs* in her unborn child. A child may further develop *//gôaron //ôs* if he/she has wind in the stomach, an excess of mucous, cries excessively, has intestines that are moved down or does not have enough fat. Winds of unknown people, sweaty men and menstruating women can also enter a woman during pregnancy and lead to *//gôaron //ôs* in her unborn child.

Treatment depends upon the particular nature of the /gôaron //ôs presentation and the skills of the intervening healer. Treatment of /gôaron //ôs follows very similar patterns to that carried out more routinely to aid development of a child. Using Vaseline as a lubricant, the massager will generally work over the entire body of the baby, focusing particularly on the most problematic area. For a coughing baby the chest might be the focus, and for a stiff baby all the joints and the spine. Although treatment patterns vary, a common treatment schedule is a massage twice a day, for two minutes, over a period of three days.

Massage is normally combined with a powdered remedy used either orally or rubbed on the body. Ingredients of this medicine vary according to local availability, inherited tradition and, occasionally, personal initiative. Burnt and ground ostrich eggshell is a common ingredient. To that might be added kidney of the bat-eared fox, jackal liver, elephant dung, aardwolf dung, aardwolf anus gland, wild pig stomach and various plants, such as //ao ≠ guis (Rehoboth district).

//âutas (Hoernlé, //autus, ‘paralysis’<sup>55</sup>)

//âutas is a general term for people who are !om (to coagulate, congeal, clot; solidify, set<sup>56</sup>) and !hora (cripple<sup>57</sup>). A key feature of //âutas diagnosis is palpable knots or lumps in ‘arteries’ or tendons – particularly those behind the knee. A diagnostic characteristic of //âutas is being able to insert one’s finger deeply between the lower lumbar vertebrae. //âutas often involves stiffening and bending of a limb or twisting of the neck, side bending of the tongue and perhaps adduction or abduction of an eye. The problem is more often, though not exclusively, associated with older people and rarely with babies.

Damara in Windhoek believed //âutas could come from a stroke caused by high blood pressure, from polio or ‘rheumatics’ (all related in English). Others associated //âutas with rheumatoid arthritis and osteoarthritis. //âutas, like other limb dysfunction disorders is characteristically known to ‘divide the joints’. The idiom of separation and discontinuity is important and common.

Treatment of //âutas depends upon the region of the body affected and varies between new and principally urban approaches and older and rural. Bertha, a woman from Windhoek, treated //âutas with vigorous mobilisation of affected spastic joints using a pumping action. Atypically, she massaged affected limbs with a Menthol rub and Deep Heat.<sup>58</sup> A woman in Maltahöe tied a black thread around the affected limb to ‘push the //âutas down’.<sup>59</sup> In Sesfontein, healers aimed to ‘bring the joints together’ by pressing hard with the thumbs, on the wrist, elbow, knee or ankle, according to the joint affected. Some practitioners massage with a combination of burnt and ground ostrich egg shell, ground kudu skin, their ‘dirtiness’ and extract from a plant, //horape. Treatment of //âutas varies considerably depending on the severity. Bertha massaged the whole body for between half an hour and three hours, every other day and often for months.

### !arab

!arab problems are commonly encountered amongst Nama, Damara and ≠Khomani Bushmen and are thought to be potentially fatal. The !arab, or ‘pumpy pumpy’, roughly

55 In the context of treatment of paralysis, Hoernlé noted the use of a plant ‘//autus heip’, literally ‘//autus plant’. See Hoernlé, ‘Certain Rites of Transition’, p. 78.

56 W.H.G. Haacke and Eliphaz Eiseb, *Khoekhoegowab-English, English-Khoekhoegowab Glossary/Midi Saogub* (Windhoek, Gamsberg Macmillan, 1999), p. 94.

57 *Ibid.*, p. 102.

58 Bertha, surname not given, Windhoek, 12 May 2001.

59 Helena Muzorongondo, 19 May 2001.

equates with the aortic artery, which is sometimes palpable in thin people in the midline of the abdomen, below the umbilicus. The word *!arab* also means the main bed of a river in Khoekhoegowab.

In its normal state the *!arab* should beat gently. Some Khoi believe the *!arab* beats because of the heart and movement of blood; others that it is itself a beating organ. Problems arise when the *!arab* moves either a little backwards or to the side, usually to the left, and possibly as far to the side as the nipple line. If the *!arab* moves, the patient may suffer loss of appetite, vomiting or diarrhoea. It causes sharp 'sticking' pains in the stomach and chest. It may pump harder and 'stand up' and move under the heart. This will in turn affect the heart function and could lead to chest pain, shortness of breath (*!huwa*) and feelings of dizziness. If it 'stands up' it might break and the person might die. The most common cause of *!arab* problems is lifting heavy objects. Other causes are shock, lying in the wrong position, moving intestines, wind from food and the cold. Treatment entails gentle drawing in of the abdomen to the midline, below the umbilicus, working with firm flattened hands inwards from the side where the *!arab* lies. To move the *!arab* back may take three days, working for about 15 minutes at a time, every other day.

## Conclusion

Revisionism of San and Khoekhoe history since the 1970s, points to the long-term participation of even the most remote looking communities in the wider southern Africa political economy. This alerts us to the dangers of a simple rural, remote, 'traditional', possibly pre-colonial massage, versus urban, acculturated and biomedically influenced modern massage. Similarly, a focus on medical plurality in medicine in the colonies (for example, Feerman and Janzen, 1992; White, 1995), flags the complex way medical practices are transformed in colonial settings.<sup>60</sup>

It has not been possible in the short space of this article to engage with the rich history of regional changes that contextualises the strategies I encountered; my evidence is drawn from too extensive an area. Nor has it been possible to explore the melding of 'traditional' massage practices with biomedicine or other African strategies. Rather than pursue these themes, and repeat issues of change and hybridity that I have dealt with elsewhere,<sup>61</sup> I have used massage as a demonstration of the contingency of the ethnographic eye whilst presenting new details and a novel interpretation of Khoisan medicine. As part of this analysis I have presented an argument for a particular kind of continuity of massage that embeds the practice in a persistent Khoisan way of thinking about illness and healing and ties into anthropological interpretation of the Bushman trance dance.

It could be argued that the lack of interest in massage that I emphasise simply reflects limitations of study. Only so many people can be interested in so much. Whilst this may be right, it downplays the misrepresentation of massage by recent anthropologists. It also does not explain why, when the Khoisan idea of moving organs arose, around 1900, it was not seized upon as something important or striking; which surely it is in as much as it hints strongly of a relatively coherent Khoisan medical approach. Although earlier traveller and ethnographic studies should not be expected to contain the level of detail and analysis typical of later anthropological interest, the lack of follow up of massage observations by early observers suggests that massage remained too anchored in the mundane for the significance of

60 Feerman and Janzen (eds), *The Social Basis*; L. White, 'Tsetse Visions: Narratives of Blood and Bugs in Colonial Rhodesia, 1931–9', *Journal of African History*, 36, 2 (1995), pp. 215–45.

61 Low, 'Khoisan Healing'.

the moving organ ideas to have been easily appreciated. Because its form looked unexceptional and familiar it was assumed that so too were the understandings behind the practice. Perhaps surprisingly the assessment seems equally appropriate to recent Khoisan anthropological work, with the proviso that the more obviously striking nature of the healing dance overridingly absorbed what interest there has been in Khoisan healing.

In terms of how current practices relate to the past, I do not make a claim for absolute continuity of form and practice but I do suggest that, firstly, rubbing has clearly persisted since colonial settlement and much that is rubbed on also continues to be used, even if Vaseline has largely superseded fat. Secondly, rare explanations in the ethnography, including Kolben's 'wind in the head' and Sparrman's note that the smell of fat is important, are better explained by contemporary Khoisan, who talk about strikingly similar phenomena to those historically recorded, than by any other means.

A further argument for continuity of massage lies in its broader relationship with the healing dance and wider Khoi and San health initiatives. Massage, like the healing dance, involves movement of potency and conceptual arrows of illness or cure. In certain contexts these ideas of potency and arrows overlap with notions of moving smell and wind. Related ideas of smell and wind are recruited by Khoisan to explain the use of herbal remedies, 'medicinal cuts' and the wearing of potent animal parts, such as a child's necklace incorporating a piece of eland or kudu. Why notions of smell and wind are used by Khoisan as explanations for illness and treatment seems to lie in the way experiences of hunting, gathering and herding provide broader ways of thinking about and intervening in issues of health and treatment. Similar patterns of behaviour and thought regarding wind and smell are evident in many other past and recent cultural contexts from all corners of the world, and there is much to suggest such ways of thinking and behaving have a long pedigree of possibly many thousands of years.<sup>62</sup> Like ideas behind the dance, massage ideas are rooted in a southern African hunter gatherer past. That Khoisan ideas seem to be transforming is testament to the speed and depth of change of rural Khoisan lifestyle over recent decades. That other Africans share some Khoisan ideas of illness such as spirits or bird shadows causing sickness, speaks of a subcontinental cognitive set founded in interaction and similarities of lifestyle. But the distinctive way the Khoisan frame their beliefs speaks of enough commonality across the hunter-gatherer/pastoralist divide to warrant the appellation Khoisan. The ideas presented here are a rudimentary insight into what might be conceived as Khoisan medicine.

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62 Hsu and Low (eds), 'Wind, Life, Health'.