

FOR KEEPS: AN ESSAY
by Masha Hamilton

We were rattling across central Afghanistan, following some meager intimation of a road as the CD player blared a Pakistani love song, when three women appeared from nowhere. They rose out of the deserted valley in a loose group, their bodies and faces hidden within floating *burqas*. They looked like ethereal sky-blue apparitions – until, that is, they began frantically waving and running toward us, suddenly and desperately human.

My companion, Massoud Mayar, steered toward them, slowed and stopped. As they reached us, to my surprise, it was me in the passenger seat toward whom they dove, reaching through the open window, their voices rich like rain falling in the desert. They implored, barely pausing to breathe as they bent and swayed and pointed to their bellies, backs and chests with hands that moved like tiny wounded birds. I didn't know Pashto beyond a few cursory phrases. But even without the benefit of shared language, I knew what they were saying. Their hidden bodies were still bodies – female bodies that carted and carried and bled, that contained new life and then nurtured it or, too often, buried it. And now those bodies were failing them in some way – an odd bulge on a shoulder, an ache in a hip, a pain in a belly that would not cease.

“They think you're the doctor,” Massoud said, smiling. “They want you to fix it.”

For a second I felt overwhelmed and tried to somehow explain: I'm a writer, with little in the way of tools to understand the medical origins of bodily swellings or pain. But then I reminded myself that I'm also a neophyte shiatsu practitioner, training to be intuitive through my hands, so I pushed open the door of the Russian-made jeep and reached to touch them through their tent-like *burqas* near the places that troubled them, murmuring something vaguely soothing. In response to my touches, they moved closer, almost climbing in the jeep with me.

Massoud shooed them away then, and I waved a bit helplessly as we drove on.

I went to Afghanistan in 2004 to do some reporting on the situation for women. I wanted to see how improved, or not, conditions were. While there, I interviewed women in prison in Kabul and Kandahar, child brides, war widows and others. This was a “day off,” and Massoud had offered to show me his village of Sheik Yassin.

The real doctor that the women in *burqas* were looking for was Roshanak Wardak, Massoud’s cousin. When we arrived at his family home, she wasn’t yet there, but already more women were waiting, a huddle of perhaps two dozen squatting in the courtyard, some with babies or toddlers in tow. Dr. Roshanak, as she is known, comes every Friday to her cousin’s home. And so each Friday, 60 or 70 women who are pregnant, elderly or ill walk for many miles, down mountains and across valleys, some starting before dawn to bring their ailments to her door. It sounds like a lot of effort to see a doctor, but they feel lucky to have her – and comparatively, they are.

Here are two examples that might demonstrate just how lucky. At the edge of Kabul, I visited a family in their two-room house cobbled together from war rubble. The father, a former lemon-seller, lay on the floor, sick for two months, unseen by any doctor and steadily getting worse, treated only by Tylenol and TUMS, the medicines his wife and two daughters managed to gather from aid agencies. And outside Kandahar, I met a matriarch who lived with her four opium-farming sons, their wives, and her 23 grandchildren. She had a growth on her lower back the size of a baseball and an intuition that the lump would kill her. But doctors? There were none, she said, who knew how to treat what ailed her. As she spoke, she fingered a cloth from Mecca she said was to be her death shroud.

So no matter that these women had walked for hours, and waited for more hours to have fifteen minutes with Dr. Roshanak. She was still a piece of a luxury in this isolated, impoverished province southwest of Kabul.

Massoud was showing me around his family home when Dr. Roshanak arrived. With an immediate smile, she greeted her cousin, shook my hand and swept into a small “company” room that doubles as her examining area. I followed to ask a few questions while she drank a quick cup of sweet tea.

She told me her story hurriedly and in shorthand, as though it bored her, as though she didn't notice me trying to soak in every word. Unlike Massoud, who fled to Pakistan during the Taliban period, Dr. Roshanak stayed in Afghanistan and proved to be stronger than one of the world's most repressive regimes of the 1990s.

Imagine that time: women were permitted in public only fully concealed in *burqas* and only in the company of a male relative. To expose a wrist or an ankle or varnish one's nails was to risk being beaten for violating the Taliban's strict interpretation of Islam. To be found alone with a man outside one's family would likely result in being stoned or shot to death in Kabul's football stadium during weekly public executions at which spectators often ate popcorn. One morning, just to demonstrate they meant business, the Taliban hung human limbs from lampposts and street signs in Kabul, where they remained, rotting in the sun, for several days.

Dr. Roshanak met this intransigence with some of her own. She refused the *burqa*, wearing instead loose clothing and a headscarf that left her face and dark green eyes fully visible. And she often traveled without male accompaniment to treat women patients. She flaunted the rules – and got away with it.

“They needed me,” she explained. “The Taliban needed *some* women doctors to treat their wives and daughters – they weren’t going to let a male physician do it. I knew I was the only female doctor in the province. So I told them: ‘I don’t touch your politics and you don’t touch my work. And if you make me wear a *burqa*, I will stop working.’”

With reluctant Taliban consent, Dr. Roshanak opened a clinic in her home, and continued traveling to see patients. Thus began the Friday visits to her cousin’s home, and the weekly parade of covered women needing to be seen.

Being *seen* – intimately and superficially, physically and spiritually – is perhaps as basic a human need as food and love. It is a need the *burqa* denies. The big blue tent, as I came to think of it, makes it impossible to discern a woman’s expression – let alone her features – and difficult to hear her voice. Because it is so restraining, its wearer feels less free in a physical as well as a psychological sense. My own experiences wearing the *burqa* in Afghanistan were disorienting – I felt not only like an imposter, but clumsy and off-balance and neutered. More restrictive than the *hijab*, a long scarf that covers head and shoulders, or the *chador*, which covers all but the eyes, the *burqa* conceals a woman’s entire face, permitting her to see only through a small rectangular mesh panel that reminded me of the blinders trainers put on horses to keep them under control.

These days, the educated women of Kabul who wear headscarves refuse to pull on the *burqua* because they often consider it an emblem of the repressive Taliban regime. Many also believe it symbolically weakens the still-eroded position of Afghan women, who, Taliban or no,

often must continue to struggle within their homes and communities for the right to be educated, hold jobs or vote.

But the *burqa* may be one of the most politicized and misunderstood articles of female apparel ever. Westerners who viewed it as an evil destined to vanish once the Taliban was routed clearly failed to understand its complexity. As proof: outside of Kabul, the majority of women still wear the *burqa*. Many, along with their men, believe it is a sign not only of a woman's morality, but also of her innate and dizzying beauty. The female body, according to this way of thinking, is too precious and alluring to be revealed to the world at large. Less romantically, some also believe it keeps women safer in a country sometimes said to resemble the Wild West. The *burqa* continues to hold a powerful sway over Afghan society, affecting both how a woman views her physical self and how she is viewed by others.

When I mentioned to Dr. Roshanak the women Massoud and I had met on the way, and then my own shiatsu training, she brightened visibly. I received two years of instruction in the traditional Oriental therapy, sometimes also called acupressure. Proponents believe shiatsu can heal physical and psychological ailments, but even cynics say it feels good and relieves stress. Dr. Roshanak needed no explanation; she was familiar with shiatsu. "Stress is a main underlying cause of what troubles most of these women, coupled with poor nutrition," she said. "Why don't you try some shiatsu on them right now?"

I never would have been so bold as to make that suggestion myself, but was thrilled when she did. She instructed Massoud to bring in a long, flat cushion – he initially objected, fearing the

women might soil the cushion with menstrual blood, but Dr. Roshanak insisted. We placed it on the floor, and she began summoning the women. One or two came in at a time. They pulled off their *burqas*, revealing dresses made of thin and worn material. Dr. Roshanak talked to each one for a few minutes, scolding some. “She keeps having too many babies,” Dr. Roshanak complained to me of one woman who stood before her. “Show how many times you’ve become pregnant,” she instructed the woman in Pashto. The woman obediently raised nine fingers, eliciting a frustrated sigh from Dr. Roshanak. “I’m trying to teach her how to tell her husband no.” Even I, though, knew that was a lesson unlikely to hold.

Then Dr. Roshanak handed over pills, listened to their hearts, probed their abdomens. When her examination finished, she told each patient to lie down on the mat and urged me to go to work.

How can I describe what it was like to give these women shiatsu? It is unlikely any of them had ever seen an American woman in person before, and I am sure none had ever been touched by one or, in fact, received any kind of massage. I was blonde, spoke a different language, probably even smelled alien, and was trying to connect to them in an unfamiliar way with an objective wholly unknown to them. I simply wanted to help them relax and let go. I doubt anyone had ever suggested that to them before. On top of that, I couldn’t make my suggestion with words.

I’d been trained to start a shiatsu session by kneeling on the floor, resting my hands on the belly, or the *hara*, and breathing for several minutes in concert with my client. But I sensed putting my hands on these women’s abdomens immediately might feel too intimate to them, so I often started with a quick squeeze of their fingers as if to communicate my good intentions, and then had them lie on their stomachs. I stroked down the center of their backs several times,

practiced “ken beki,” a gentle rocking motion on the lower back, massaged their waist and then leaned into the points along their bladder meridian, which flows next to the spine. I sat by their heads and worked in similar ways on their necks and shoulders. Sometimes I worked the pressure points in their hands or feet or had them turn over so I could massage their scalps, foreheads and temples. I kept each session short – fifteen minutes at most.

“They could get used to this, I’m sure, and so could I. Why don’t you stay and work with me?” Dr. Roshanak asked, only half-kidding. Fully illogical because of familial and professional obligations, it was nevertheless tempting. I felt briefly connected to these Afghan women on an intimately physical level, and that seemed to me at the moment to be more intrinsically human than the more traditional types of exchanges between war-battered Afghans and American soldiers or aid workers.

My awareness grew sharper as I knelt and practiced shiatsu on the floor in Massoud’s home, a breeze stirring the window’s light curtain, the scent of cooking rice in the air. I became ultra-conscious of my weight as I leaned into them, and I didn’t want my touch to feel invasive or uncomfortable. They were, each one, far thinner than they looked under those flowing *burqas*. My thumbs sunk deeply into their ribs, and I dared not use my elbows. Their muscles felt stringy to my hands, their bones brittle.

I wanted the women to be at ease, and that was a challenge. Of the dozen or so I worked on, only one seemed to truly relax. She sprawled out, a sense of complete confidence emanating from her body. The contrast between her and the others was so marked that I almost giggled, and I never could fathom what triggered that absolute trust. Generally, the women were polite but cautious when Dr. Roshanak instructed them to lie down. “Breathe,” she would occasionally command, and that would result one or two heavy, tense inhalations.

But after each session, before shrugging back into their *burqas*, the women – some grandmothers, others hardly out of their teens – gave me a hug. Some of them laughed or touched my cheek before parting. It was as though something unnamable had been sealed between us.

The sessions continued until Massoud came and banged on the door. “Masha. Roshanak. Come eat lunch,” he called, his voice insistent. “Now.” He returned five minutes later, calling for us again.

“You go,” Dr. Roshanak said. “It will make him more patient. I will be there in a few minutes.” Though I wasn’t ready to stop, Dr. Roshanak, I knew, was not a woman with whom to argue.

That evening, as Massoud drove me back to the small guesthouse where I was staying in Kabul, I began thinking about their bodies, mine, ours. What is a woman’s body? To a man, it is often a thing of poetry – a blossom, a narrowing and then a widening, a luscious curve. And because men poeticize our bodies, we may tend to look at them, too, through the eyes of someone else. Being serviceable is suddenly not enough. We long for more – cantaloupe breasts, sculpted abs, legs longer than night itself. We go to extraordinary lengths to remake ourselves in an image of beauty.

But none of the Afghan women I’d just had the privilege of giving shiatsu to had ever heard of a spa or a personal trainer, plastic surgery or control stockings – or even a shelter for battered women, for that matter. Their bodies were underfed, overworked and barely considered

their own. As I knelt and stroked their backs or squeezed their necks or used my thumbs to rub circles in their scalps, I understood that our Western preoccupation with our physical flaws is, in fact, a luxury. In Afghanistan, even the little celebrations of the body – a shoulder rub, a dive into a pool of water, or balm to rub into knees and elbows – is a rare if not impossible extravagance.

It's been two years now since that visit. The stunningly brave Dr. Roshanak went on to win a parliament seat, though her home was attacked with automatic weapons and rockets during the campaign. She continues to see far-flung patients in her cousin's house despite her added responsibilities. *Burqas* remain commonplace, lotion is still a luxury, and "Vice and Virtue" police are reappearing on Kabul streets to insist that women keep their bodies covered. As for me, I remain deeply linked to and inspired by those women in ways that are difficult to express or even fully explain. I learned much in Afghanistan. But the most significant lesson may have been the importance of touch in connecting people from unimaginably different lives and circumstances, and allowing them to communicate in a place that exists beyond mere words.