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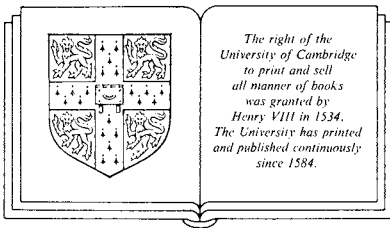
THE HULI RESPONSE TO ILLNESS

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The Huli response to illness

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For my mother and father

Contents

<i>List of figures</i>	ix
<i>List of tables</i>	xi
<i>Glossary and note on orthography</i>	xii
<i>Preface</i>	xiv
1 Introduction	1
The scope of the study and the premises underlying it	1
The organisation of the data	7
2 Historical perspectives	10
Administration and development	10
Huli sacred geography and the appreciation of change	16
Responses to the European intrusion	26
3 Huli society	38
Social organisation and individual allegiance	39
4 Ideas of health and illness	53
Health	53
Ill health	57
5 Morbidity, explanations and actions: quantitative perspectives	60
The burden of illness	60
Findings	62
Explanations of illness	72
The choice of actions in illness	75
6 Illness attributed to proximate causes	81
The blood	82
Drives	83
Environmental agents	84
Syndromes	86

The quality of Huli illness descriptions	87
Traditional treatments	88
Modern treatments	92
7 Explanations relating to sexuality and growth	97
Mythological precedents	97
Conception to parenthood	100
Traditional healing of <i>agali</i>	106
Symbolic themes	108
Modern marriage and sexuality	110
Cases of <i>kuyanda</i>	111
Cases of <i>guyu naya</i>	113
Cases of <i>agali</i>	113
Determinants in the diagnosis and treatment of <i>agali</i>	116
8 Illness grounded in social relations	124
Illnesses attributed to assault	124
Illness and the emotions	136
Sorcery	144
9 Spirits and God	150
Classes of <i>dama</i>	150
Relations between <i>dama</i> and men	152
<i>Dama</i> attack	155
Christian interpretations of and responses to illness	164
Determinants in these diagnoses	169
10 Patterns of response	173
Decisions in illness	173
Illness and society: reciprocal influences	182
Medical pluralism: continuity and change	186
<i>References</i>	191
<i>Index</i>	195

Figures

1 The Tari Basin	11
2 The Huli area and nearby peoples	12
3 Witnesses to Hides' 1935 patrol identifying 'Besoso's' photograph from Hides' (1936) account of the patrol	13
4 Huli sacred geography	20–1
5 Yaluduma-Dai within the sanctum at Gelote	22
6 A baptism	35
7 <i>Holi gamu</i> during the 1983 eclipse of the sun	37
8 Parish boundaries and various facilities in the Tari Basin	40
9 Genealogy of Hambuali parish	42
10 The male ideal of health seen in the shining skins of <i>mali</i> dancers	56
11 All symptom days	64
12 All aches and pains	64
13 Backache	65
14 Joint pain	65
15 Headache	66
16 Body aches	66
17 Trauma	66
18 Chest pain (with no allied respiratory symptoms)	66
19 All minor cutaneous lesions	67
20 Small sores	67
21 Small cuts	67
22 Small burns	67
23 All major cutaneous lesions	68
24 Large sores	68
25 Abscesses	68
26 Large cuts	68
27 Large burns	68
28 Severe respiratory symptoms	69
29 Bareagua with his pipe	70
30 Cough	70
31 Upper respiratory symptoms	70

32 Gastro-enteritis	71
33 Diarrhoea	71
34 Bloody diarrhoea	71
35 Vomiting	71
36 Fevers	72
37 Inaction	76
38 Percentage of symptom days when self-help is used	77
39 Percentage of symptom days when Christian healing is used	77
40 Waiting for treatment outside an aid post	78
41 Percentage of symptom days leading to aid post visits	79
42 Percentage of symptom days leading to out-patient visits	80
43 Percentage of symptom days leading to in-patient treatment	80
44 Choice of action by distance from the aid post with major cutaneous lesions	93
45 Choice of action by distance from the aid post with minor cutaneous lesions	93
46 Aid post visits by age with major cutaneous lesions	94
47 Aid post visits by age with minor cutaneous lesions	94
48 Choice of action by distance with aches and pains	95
49 Aid post visits by distance from the aid post with aches and pains	95
50 An aid post orderly treating a child	95
51 Symptoms and exposure to pollution in the diagnosis of <i>agali</i>	119
52 Chronicity and severity of the illness as these influence the performance of <i>agali gamu</i>	121
53 Schematic representation of fig. 52	121
54 Factors influencing the diagnosis, treatment and outcome of <i>agali</i>	122
55 The judicial mode of therapy: compensation for a past injury	132
56 Symptomatology and preceding experience in the diagnosis of <i>mogo laya</i>	138
57 Removing <i>nambis poisin</i>	148
58 An oblation of pork to propitiate an attacking spirit	153
59 The <i>ogoanda</i> at Tale Te	158
60 Hulia-Hewabe addressing the spirits during a sacrifice at Tale Te	159
61 Home care: a sick man attended by his sons and a brother	174
62 Relative resort to the various treatment strategies as a percentage of symptom days	176

Tables

1	Mode of recruitment of all Hambuali men over twenty years	43
2	Residence, land-holding and mode of recruitment	46
3	Age and sex distribution of the morbidity sample	61
4	Distribution of the population in the east and central Tari Basin census divisions in 1973	63
5	Birth and death rates per 1,000 per annum	63
6	Life expectancy	63
7	Fertility	63
8	Episodes of illness according to level of explanation	73
9	Distances of peoples' homes from Tari Health Centre	79
10	Age distribution of cases of <i>agali</i>	116
11	Distribution of symptoms in cases of <i>agali</i>	117
12	Relationship between the number of 'typical' symptoms in each case of <i>agali</i> and the nature of these symptoms	117
13	Clinical diagnoses of cases of <i>agali</i>	118
14	Types of exposure	118
15	Relationship of type of exposure to age	118
16	Relationship between the number of 'typical' symptoms in each case and the sufferer's exposure to the causes of <i>agali</i>	119
17	Relationship between the performance of <i>gamu</i> and the severity of exposure	120
18	Relationship between the performance of <i>gamu</i> and type of symptom	120
19	Age and sex distribution in cases of illness attributed to wilfully inflicted injury	128
20	Types of injury	128
21	Relationship between assailant and patient	129
22	Medical relationship between the illness and the injury to which it is ascribed	129
23	Age and sex distribution of those suffering from illnesses attributed to divine intervention	171
24	Relationship between the patient and the person attributing his illness to divine intervention	171
25	Diagnoses in illness attributed to divine intervention	172

Glossary of some key Huli terms

<i>agali</i>	man, also the illness in men caused by female pollution
<i>amali</i>	a chronic chest disease
<i>bamu</i>	for no reason
<i>Bayebaye</i>	literally 'perfect', the boy who was killed in error in an earlier performance of <i>dindi gamu</i>
<i>bu</i>	breath, or life force
<i>dama</i>	spirit(s)
<i>dindi gamu</i>	literally 'earth spell', the major earth fertility ritual sequence
<i>dinini</i>	a shade
<i>Duguba</i>	the collective term for all the peoples of the Papuan Plateau, including Etoro, Onabasulu, Kaluli, Tsinali and Petamini
<i>gamu</i>	spell or rite
<i>hameigini</i>	a parish or parish section
<i>hambu</i>	a type of sorcery
<i>ibagiya</i>	the bachelor cult
<i>Ibatiri</i>	a water spirit, or a scruffy pauper
<i>kanaka</i>	rural bumpkin, also a pagan
<i>kebanda</i>	a sacred site dedicated to the ancestor spirit Kebali, or the temple built on such a site
<i>kuyanda</i>	the leech-like parasitic mass that grows within the chest of a child that has swallowed some of the birth flow
<i>lingi</i>	an illness caused by others' covetousness
<i>mana</i>	lore
<i>mbingi</i>	literally 'time of darkness', a fall of volcanic ash from the sky
<i>mogo laya</i>	startled
<i>nambis poisin</i>	a novel form of sorcery
<i>tawa timu</i>	Ibatiri's arrow
<i>tene</i>	agnate
<i>yamuwini</i>	non-agnatic cognate

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Frontmatter
[More information](#)

A note on orthography

Murray Rule's 'Statement of the phonology and grammar of the Huli language', and his Huli dictionary were invaluable aids in this research. I have followed his orthography here, with two exceptions. First, he underlined nasalised vowels. Here I have marked nasalised vowels with a tilde, thus: *tõle*. Secondly, I have neglected to mark tone patterns. I will make no detailed comment on Huli pronunciation. The only major departure from English sounds in Rule's orthography is the 'y' between vowels in words such as *kuyanda*. This is frictionalised, and resembles the English 'j'.

Preface

This is a study of the response to illness of the Huli people of the Southern Highlands of Papua New Guinea. There are many accounts of traditional responses to illness in societies such as the Huli. Some information is available on levels of disease. There are also some quantitative data on the utilisation of Western health services. But there have been few attempts to bring together these aspects of the modern experience of illness in such societies and to examine their interrelationships. This broad aim guided the design of this research.

A long-standing wish to become an anthropologist became a firm plan when I worked as a medical officer in Papua New Guinea from 1972 to 1974. The view from a clinic offers little opportunity to understand what leads people to seek treatments of different sorts. The anthropological approach allows a unique opportunity for examining the context and meaning of such decisions. However, despite this potential, the particular theoretical concerns of the subject have produced only a partial picture of societies such as the Huli in the literature of medical anthropology.

It is often difficult to relate anthropological studies of illness to the common problems that concern all people in their everyday lives. When I first worked in Papua New Guinea as a medical officer I was struck by the gulf between the accounts of illness in the anthropological literature and the people's responses to illness as I observed these in my clinical practice. I assumed that this gulf was explained largely by my own ignorance of what people were really thinking and doing, a deficiency I hoped to correct in one area at least through the research project described in this book. However, this research and other recent work in Papua New Guinea and elsewhere suggest that the apparent rarity of sorcery victims, for example, in the queues outside my clinic reflected the true picture as much as it reflected my lack of anthropological sophistication at that time.

One aim of this book is to demonstrate the merits of introducing a more epidemiological approach than is usual in anthropological studies of illness. The approach I have favoured here is to combine findings derived from intensive observation with those derived from extensive surveys. This synthesis

Cambridge University Press
0521325242 - The Huli Response to Illness
Stephen Frankel
Frontmatter
[More information](#)

Preface

of qualitative and quantitative methods is in my view essential, both to give a representative analysis of responses to illness, as well as to understand the processes of change which underlie the current pattern of response in any society exposed to a complex array of alternative strategies in illness. In addition, this approach allows the findings to be applied to questions of health policy. However, the question of the relevance of anthropological methods to the planning and evaluation of health services is beyond the scope of this book. It is treated at length in a number of works listed in the references.

Field work was conducted during three periods. The bulk of the study was completed during the two years that I lived with my family in Hambuali parish during 1977 to 1979. I returned alone for three months in 1982, when I was generously included in the household of Howard Hegele Puma. I returned twice to Tari during 1983 while I was attached to the Papua New Guinea Institute of Medical Research. The first period of field work was supported by the Social Science Research Council. Subsequently the research was supported by the Leverhulme Trust. I am most grateful for the generous support of both these bodies.

Field work in New Guinea combines rich companionship in a beautiful physical environment with intermittent physical and social discomfort. My first personal note of gratitude therefore goes to my wife Hermione for the flexibility and wit with which she tackled the experience of caring for a small child in unfamiliar circumstances.

A number of members of the Papua New Guinea Institute of Medical Research have contributed to this research both in terms of their expertise, as well as with that invaluable commodity to a field worker, hospitality. In particular I would like to mention Dr Deborah Lehmann, Dr Peter Heywood, and Dr David Smith. Dr Jack Simpson of the Forest Research Station, Bulolo, helped me with the identification of mushrooms, and Mr M. Galore of the Lae Herbarium identified the plant specimens. Brian Cheetham, an applied linguist formerly of the Language Department, University of Papua New Guinea, was also engaged in field research with the Huli, and our discussions whilst in the field were very rewarding. He kindly read and commented on a draft of this work. In Cambridge, my main intellectual debt is to Dr Gilbert Lewis. Colin Duly guided me through my first experiences of computing and has helped in numerous ways since.

I am grateful to D. Reidel, Dordrecht, for permission to use material that first appeared in *Culture, Medicine and Psychiatry*, vol. 1, 1980; *The Culture-Bound Syndromes*, ed. C. Hughes and R. Simons, 1985.

However skilful an anthropologist's analysis, the validity of the work must also be a reflection of the quality of particular relationships with individual people. A large number of individual Hulis have helped me with this research. Here I can only single out a few people for special mention. Bareagua was always generous with his considerable knowledge of healing and lore.

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Stephen Frankel
Frontmatter
[More information](#)

Preface

Hulia-Hewabe and Hubi-Hondomogo (who sadly has since died) taught me about the present and past practice of major ritual. Tabali and Kaume told me of women's knowledge and concerns. In Hambuali, Howard Hegele Puma, Stephen Baya Haroli and Handipa Kara have been constant companions who have shared the fascination of exploring the differences and similarities between our various traditions.

S.J.F.