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Cambridge Studies in Social Anthropology

General Editor: Jack Goody

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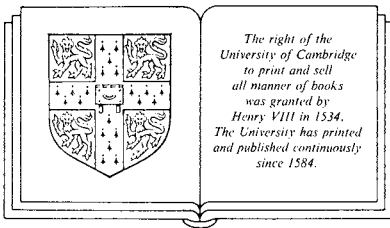
THE HULI RESPONSE TO ILLNESS

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The Huli response to illness

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CAMBRIDGE UNIVERSITY PRESS

Cambridge

London New York New Rochelle

Melbourne Sydney

Cambridge University Press
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PUBLISHED BY THE PRESS SYNDICATE OF THE UNIVERSITY OF CAMBRIDGE
The Pitt Building, Trumpington Street, Cambridge, United Kingdom

CAMBRIDGE UNIVERSITY PRESS
The Edinburgh Building, Cambridge CB2 2RU, UK
40 West 20th Street, New York NY 10011-4211, USA
477 Williamstown Road, Port Melbourne, VIC 3207, Australia
Ruiz de Alarcón 13, 28014 Madrid, Spain
Dock House, The Waterfront, Cape Town 8001, South Africa

<http://www.cambridge.org>

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First published 1986
First paperback edition 2005

A catalogue record for this book is available from the British Library

Library of Congress cataloguing in publication data

Frankel, Stephen.
The Huli response to illness.
(Cambridge studies in social anthropology; 62)
Bibliography.
Includes index.
1. Huli (Papua New Guinea people) – Medicine.
2. Huli (Papua New Guinea people) – Medical care.
3. Medical anthropology – Papua New Guinea.
I. Title. II. Series: Cambridge studies in social anthropology; no. 62.
DU740.42.F73 1986 615.8'82'09953 86-6170

ISBN 0 521 32524 2 hardback
ISBN 0 521 61966 1 paperback

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For my mother and father

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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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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

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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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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.