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TRADITIONAL BELIEFS, ILLNESS AND HEALTH AMONG THE MOTUAN PEOPLE OF PAPUA NEW GUINEA

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A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

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ABSTRACT

This thesis has been written to put on record the Motuan beliefs and practices surrounding traditional healing, before it is lost to the Motuans and the world by the continuing encroachment of Western medicine. The Motuans are a well known coastal people of Papua in the Melanesian religion.

The vast majority of the material collected has been by way of oral testimony taken from over two hundred mature Motuans from fifteen seaboard villages in and around Port Moresby. The informants, some of whom have since died, included practising traditional healers (babalaudia), Western trained medical practitioners and many Motuan patients who have experienced both kinds of healing.

There is no recorded information prior to Western contact 120 years ago. Previously recorded information on the Motuan society has almost exclusively been written through Western eyes. This thesis records spiritual beliefs and illness from a Motuan's perspective from many years close personal contact with the healing traditions of the author's group, and with a broad experience of Melanesian cultures to help in drawing significances and comparisons.

Illness in traditional terms is generally considered to be caused by disharmony within the person, the kin group either living or dead “ancestors” or the wider village community. Sorcery and the belief in the supernatural world played a major role in the health and well being of the Motuan people prior to contact.

The irutahuna, a unique concept in Melanesian religion, which is central to Motuan spiritual belief and the response to illness, is recorded in this context for the first time.
Consideration has been given to health and illness prior to Western contact, and to the changing role of traditional healers, sorcery and magic since Western impact. Traditional beliefs and practices continue to evolve. The effects of this evolution on traditional beliefs, health and illness among the Motuan people has been and will continue to be significant.
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DEDICATED

To

My father-in-law, Tamarua Lahui;

my sons, Korema and Sibona Kopi;

my brother Maimu Kopi;

my brother in-law Dr Vagi Tamarua;

my mother, Koana Mada.
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EXPLANATIONS and ABBREVIATIONS

EXPLANATIONS of TERMS and USAGES

*Babalau*  Is a Motu Traditional Healer who treats conditions thought to have spiritual, social or supernatural causes.

Gabagaba  Is the Motuan name for the village, Kapakapa is the European name for the same village.


*rahobada*  A term of respect for elderly Motuans (over 50 years of age) with recognised wisdom and has been used in place of the persons surname in the footnotes and is considered a mark of respect.

Yule Island  Is an island 49km to the north-west of Manumanu.

ABBREVIATIONS

kcal  kilocalories

kg  kilogram

km  kilometre

L. M. S.  London Missionary Society

ml  millilitre

OT  Oral Testimony

US  United States of America
CHAPTER ONE

INTRODUCTION

This thesis concerns the Motuan people of Southern and seaboard Papua, Papua New Guinea. It addresses traditional medicine in relation to a village society in a tropical setting, and accounts for the continuance of indigenous medical beliefs and practices in a situation of rapid social change (brought about through severe outside intrusion, colonialism and modernisation).

1.1 BRIEF STATEMENT OF AIMS AND RATIONALE

The selection of the subject of this study was primarily influenced by a desire to examine and document those forms of social behaviour related to matters of illness and health which are considered traditional by the Motuan people, and broadly referred to by them as conducting health care practices “in the Motuan way”. This study is a socio-anthropological investigation. Its particular concerns are the beliefs and perceptions of the Motuan people relative to the dependence of their health status on their spiritual beliefs. Despite the impact of the Colonial order and the altered pattern of disease, these beliefs, and the practices connected with them, are persisting to this day, albeit sometimes in a modified form.

In the author’s view, the selection of this topic for study is significant for three primary reasons. First, as far as can be determined, no previous study of a similar nature in the context of Motuan culture has been documented. Second, there is an urgent need to record and expound these aspects of Motuan culture before they disappear because of escalating changes in Motuan culture and cultural practices, largely as a result of the Motuan peoples’ interaction with Western society. Third, as a
“full-blood” Motuan, the author feels under an obligation to present some insight into Motuan spiritual beliefs and practices, to benefit his people and enhance cross-cultural understanding.

1.2 GEOGRAPHICAL LOCATION

The setting of this study is the area inhabited by the Motu people which is located from the Barrier Reef along a 129km stretch of coastal land on the southern coastline of Papua New Guinea within Central Province and the National Capital District (Map 1). It is readily locatable because Port Moresby, the capital of Papua New Guinea, has emerged on Motu land and also on that of the Koita. The territory of the Koita people often approaches the coast and thus certain Motu and Koita villages have long had a symbiotic relationship to each other (especially in trading between fish and hunted land mammals).

1.3 PERSONAL BACKGROUND OF THE AUTHOR

As a Motuan, I was raised in the traditional culture at Barakau, a small maritime village with a population of approximately a thousand persons, situated along the southern coastline of Papua New Guinea’s Central Province, and 35km east of Port Moresby. I was born of London Missionary Society parents. Two weeks after I was born my father died and I grew up with the children of herbalists (au kopidia, ramudia bona raudia), sorcerers (hedaro taudia), and a bone-setter on my mother’s side of the family (turia kwaidu e hahebou loumu tauna). Members of the families of traditional healers (rara tamona besedia) routinely become involved in their

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2 The London Missionary Society (L.M.S.) is now known as the United Church in Papua New Guinea and the Solomon Islands after uniting with the Methodist Overseas Mission in 1968.
MAP 1. MOTU VILLAGES IN CENTRAL PROVINCE AND THE NATIONAL CAPITAL DISTRICT, PAPUA NEW GUINEA
practices. Children (such as myself) were often sent to nearby bushes to collect leaves, bark and shoots, and to the forest, for creeping vines (varovaro), and other materials used in their medicines. We regularly watched, and sometimes even assisted in the preparation and administration of their treatments. For example, my mother let me prepare a treatment for a patient with diarrhoea who, after taking the treatment for two days, was healed.

I was very fond of the traditional healers, including my mother’s first cousin the bone-setter, and was keen to be more directly involved. At eight years of age, I began visiting the bone-setter in the evenings. Most evenings I spent time with him discussing illness, which is a common topic of discussion in many Motuan homes, and often I returned home with many interesting, thought-provoking, and entertaining observations on reactions to illness. The bone-setter, as well as the herbalists, gave out much medicine and advice to those who turned up at their doors in search of help. When I could not fully understand the nature of the illness or the rationale for the treatment, it was my mother who added detailed explanation. When I turned ten years of age, I had a shoulder dislocated as the result of a fall from a tree, and I was hospitalised for a week, but my condition remained unchanged. My uncle, the bone-setter, told my mother to take me out from the hospital, which she did, and I became a patient under his care in the village. After being treated for three days, my condition improved considerably and it was not long before I had made a full recovery.

Another incident involved a boy of my own age who was from the same village and the same clan (iduhu), who became sick at night and vomited for some twenty hours. He refused food and water, and would not talk to anyone except myself. The School Principal contacted the doctor at the Port Moresby Native Hospital where he was hospitalised. Two days after he was admitted, the Principal went to see him,
but he was gone. The doctor told the Principal that, although he could not discern any cause for his condition, he had gone downhill rapidly in hospital. He thought the illness might have had a psychiatric basis. Finally the boy’s parents had told the doctor they wanted to take him back to his village, and he had discharged him not knowing whether he would live or die. A week later, bright-eyed and smiling, the boy came to tell the Principal he was back at School. He never again mentioned his illness, but he told me that someone who bore a grudge against his parents had hired a sorcerer to make a family member ill. He had been the sorcerer’s chosen victim. At the village our clan had employed counter-measures to remove the spell, these counter-measures had worked and he had recovered.

My own personal experiences, and experiences such as the one involving the boy who had been sick as a result of sorcery, became the basis of my interest in, and high respect for, the work of all Motuan traditional healers.

My decision to make a serious and deliberate study of Motuan medicine grew out of a series of concurrent events. In 1965 my mother became ill. Road transport did not exist and strong winds and rough seas made it extremely difficult for our family members to take her to the hospital in Port Moresby. We became increasingly concerned as her condition deteriorated and she became more and more distressed. The traditional healer was consulted and he examined her, using a magical spell involving ginger as a diagnostic tool. He asked about the onset and duration of the illness and eventually informed the members of the family that he had identified the condition and that he had treated it successfully on a great number of occasions. After the treatment was administered my mother immediately improved. Repeat treatments were administered for two days and on the third day she was fully recovered.
The healer’s (hedaro tauna) description of the treatment and the ensuing course of illness was so clear, and so precise, that I asked about other illnesses which he also treated. Our discussions of his cases and treatments led to the birth of the desire to embark on this study. It is somewhat ironic that this traditional healer should have spent his lifetime looking after the welfare of his people, but because of the infiltration of the Western cultural factors, his children are now turning their backs on their own traditional cultural heritage.

My preliminary investigations clearly indicated that, with the present rate of cultural shift, there was a real possibility that knowledge of traditional Motuan medical practices would be lost within a few generations. It appeared regrettable that a body of knowledge which could produce treatments as useful as I had often witnessed should pass into oblivion, without record. On the basis of these considerations I decided to attempt a sociological account of Motuan beliefs to ensure that some of this cultural heritage was preserved.

1.4 ORIENTATION

As has been already pointed out, this is essentially a socio-anthropological study of Motuan traditional beliefs, and therefore differs significantly from medical/scientific studies, in that it starts from different suppositions about the nature of medical belief and traditions, and about the links between these and the cultures in which they are found. This study’s centre of interest lies in the ways in which cultures, that is, the composite of beliefs and values shared by human groups, form peoples’ understanding of, and reactions to, illness. A sociological study of medicine begins from the supposition that while some, though by no means all, illnesses have biological origins which are manifest in physical symptoms that can be looked after
biologically, the ways in which people think about and react to sickness are just as crucial for consideration, especially when the culture of the society has more explanatory importance than those narrowly medical aetiologies. While biological factors may cause physical symptoms of illness, Motuan culture offers an alternate explanatory model to which a person may look for an explanation of an illness and for a suitable response. This thesis proposes the view that the Motuan people’s beliefs about, and reactions to, illnesses can only be fully understood in the context of the culture which has shaped them and it sets out to demonstrate how Motuan culture has influenced Motuan medical beliefs.

No culture is an island. An account of present belief is of limited benefit because culture is not static, but constantly changes as new ideas and new ways of doing things are encountered and absorbed. This thesis sets out to examine how changes in Motuan culture have historically shaped the ways in which Motuans explain and react to illness today. This involves documenting medical beliefs prior to the arrival of Europeans. Traditional medical belief is a dynamic phenomenon and historical accounts of medical systems do little to demonstrate how and why they have taken their present forms and the kind of situations under which they might change. Documenting changes in the post-contact situation will then also obviously become crucial, because the Motu have experienced over a century of Western impact, first with missionary medical efforts, and then with the rise of State-run services, best symbolised by the Port Moresby General Hospital, these changes being much greater than in other places in Melanesia where relative receptiveness to modern medicine has
been assessed.  

A sociological/anthropological approach to the understanding of medical ideas can present difficulties to those from Western cultural backgrounds, where the role of biological factors in the cause and treatment of disease, is seen as fundamental. A sociological approach does not deny such factors and recognises that it is clearly useful to know what causes an illness and whether there are biological, chemical or surgical interventions which can be effective in its relief. The thesis simply debates that what people think and do about illness in Motuan society, and in Western societies, is patterned by their individual cultures. The causes and therapies which Western scientists and the general public assign to the same set of symptoms can vary considerably. This thesis suggests that it may be that the inadequate recognition of traditional beliefs and medical practices is a cause of the relatively limited success of Western health interventions in developing countries such as Papua New Guinea.

Despite the fact that social science and medical science may approach illness in different ways, they should not be seen as mutually exclusive. Sociologists gain a clear understanding of pathology from medical science, and thus of the body conditions they discuss. Medical professionals who seek to change people’s health behaviour are likely to be more effective when they understand why people respond to health and illness in certain ways; and this, in turn depends on an understanding of community and culture. Only when this understanding is available can profitable

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3 As in the case of V. F. M. van Amerlsvoort, Culture, Stone Age and Modern Medicine (Samenlevingen buiten Europa 3), 1964, pp. vii, 245, maps and plates.  
interventions be planned.\textsuperscript{4} Both social and medical science could benefit from a cross-fertilization of ideas, and from mutual co-operation. However, this does not often happen and, as Kleinman well argues, this is usually because:

\begin{quote}
Anthropological and cross-cultural studies of health care often are remote from or irrelevant to the chief interest of a clinician: the exigent and difficult reality of illness as a human experience and the core relationships and tasks of clinical care cause clinicians to tend to be simplistic about clinical practice. Their tendency toward positivistic scientism and a theoretical pragmatism discourages attempts to understand illness and care as embedded in the social and cultural world.\textsuperscript{5}
\end{quote}

This is not to say that Western health workers are disinterested in alternative models. The introduction of social science into medical school syllabi, the growth of interdisciplinary research activity, and multidisciplinary clinical teams, all mark a growing interest in this area and a recognition of its potential benefit.

\subsection*{1.5 NATURE AND SCOPE OF THE STUDY}

In the construction of this thesis the focus has been primarily on the present Motuan population and the oral tradition that can be recalled by them. The interactions under view have primarily been within the Motuan population and its cultural ambience, although the transmission of other ideas through intermarriage, contact with neighbouring peoples and with trading partners have obviously needed considering. Source materials are essentially personal interviews, case studies, and literary records compiled from the time of contact with white civilisation.

This thesis also expands its scope to address indirectly a widely debated issue


\textsuperscript{5} Ibid., pp.27-35.
about the power to heal. Since the publication of Ivan Illich’s *Medical Nemesis*, a
great number of people have challenged the place which scientific medicine and its
practitioners occupy in the present day Western world. Some people are concerned
that the importance assigned to biological factors in the Western medical model has
led Western health professionals to lose sight of the roles of social and spiritual
factors in the health of human populations, and they maintain that the understanding
of the human organism has advanced faster than the understanding of the human
condition. These people advocate alternative approaches to both the understanding
and management of illness.⁶

Moreover, others have become disappointed for different reasons with the
social organisation of medicine in Western culture. For some, the concentration of the
power to define and treat illness in the hands of a small group of specialists is
unacceptable. For some who advocate women’s rights on the ground of equality of the
sexes, the fact that this small group is by and large made up of males makes its hold
on power still less acceptable.⁷

Other people believe that the lack of strict external control over the medical
profession’s conduct has allowed its power to grow substantially unchecked. These
critics maintain that the profession has both the motive and the means to hide its
failures from the public. Periodic disclosures of unethical practice, medical
misconduct, negligence and malpractice, it is claimed, reveal only the tip of the
iceberg; they maintain that the existing means of monitoring and regulating
professional conduct are quite inadequate.

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The disproportionate relationship which, some maintain, exists between the medical profession and society is held to be replicated in the relationship between individual practitioners and patients. The physician’s control is considered inappropriate by those who believe that a patient is entitled to a more active role in both the explanation and management of illness.\(^8\)

In Papua New Guinea it appears that the young medical students are influenced by Western medical teaching to the extent that they are refusing to acknowledge any benefit arising from traditional medical practices. This certainly applies to the Motuan culture. Newly trained ‘national’ doctors do not take adequate account of the needs of the Motuan people, who think of their illnesses in traditional terms. Newly trained doctors are often discouraged from discussing any form of traditional medicine with their patients. There is one example where a very senior Government Medical Officer completely rejected any accommodation of traditional health practices.

The interest and the speed with which orthodox medicine is responding to the challenges of considering the rights and needs of the individual patient varies from culture to culture. But it is almost invariably considered too little and too slow by those who support change, and who turn in growing numbers to the increasing range of alternative medicines.\(^9\)

These problems may have arisen because a single orthodox medical model has come to dominate the explanation and management of illness in Western industrial society and this model underpins the training and practice of medical practitioners and

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the organisation of Western medical institutions. Friedson has shown how, in the United States, orthodox medicine has, by different legal and political means, come to control health care, forcing other groups to accept its control.\textsuperscript{10} As Kleinman has noted,

so dominant has the modern medical profession become in the health care systems of most societies (developing and developed) that studies of health care equate modern medicine with the entire system of health care.\textsuperscript{11}

The supporters of alternative ways of explaining and reacting to illness must compete against this medical establishment for the right to encourage and practise their treatments. Some of these alternatives, such as acupuncture and, in the United States, osteopathy, have been incorporated into the medical orthodoxy, though with differing degrees of enthusiasm. Many others, such as chiropractic and naturopathy, are destined to remain on the borders of medicine for as long as a medical authority effectively controls the power to define illness and manage it. In some ‘developing’ societies this situation is reversed. Here Western medicine must compete for support with established traditional medical systems which enjoy the support of a considerable proportion of the population and usefully control the power to heal; Western medicine is still in the process of gaining control of the power to heal.\textsuperscript{12} This may require some adjustment of its forms to make it more acceptable in new social and cultural settings. However, this process which Kleinman calls “indigenisation”\textsuperscript{13} usually involves lesser variables on the theme rather than major substantive shifts. Cultures in which this

\textsuperscript{11} A. Kleinman, op. cit., p.56.
\textsuperscript{12} See, for example, P. Reynolds, \textit{Traditional Healers and Childhood in Zimbabwe}, 1996; J. C. Sera, \textit{Traditional Medicine in Southern Bahia, Brazil: Illness and Umbanda}, 1993.
\textsuperscript{13} A. Kleinman, op. cit., p.55.
process is taking place present interesting contrasts with the situations with which we are most familiar, and raise basic questions about the control of the power to heal.

Motuan culture presents such an example. Traditional and Western systems which vary in basic and central respects exist alongside one another. The concepts of health and illness, the bodies of knowledge on which their practitioners draw, and the ways in which the systems are organised vary fundamentally. Despite the differences, the systems coexist in a unique combination. Each is assigned a rightful place in the identification and treatment of illness and the systems coexist; users believe that both are required to explain and manage their illnesses. While one or other group of practitioners may come to enjoy a monopoly of certain conditions, neither group enjoys a monopoly of the power to heal. This thesis therefore sets out to examine how such a situation emerged. It seeks to clarify the basis and nature of the relationship between Motuan and Western practices.

Thus, in summary, the intended nature of this study is to introduce one important medical system, to reveal how it works, and to convey a strong sense of its viability for those who use it. This entails a broad scope insofar as the examination of one such system contributes towards the nature of health care in general and the debate over the preferable orientation of public medicine in the future, but the thesis is heavily concentrated on one identifiable human grouping. Where comparisons with other traditional medical systems are drawn, that will mainly be to elucidate further the Motuan case as our “testing ground”.

1.6 METHODOLOGY

Because the majority of available social research plans/models have inherent problems and biases, the choice of a research method usually involves a compromise
between depth and breadth, and reflects the interests and circumstances of individuals who make them. The case study method, which usually involves extended examination of social activity at the micro level, normally in a single village, can yield a rich and detailed ethnography on that place. This method has the benefit of identifying discrepancies between what people say happens and what in fact happens, and of providing a more genuine picture of social life and organisation. However, while such studies can yield profitable longitudinal data, they cannot capture the dynamics inherent in Motuan culture, and on their own are unsatisfactory. Surveys of randomly sampled villages could capture the changeability and allow more reliable generalisations, but are also impractical in the Motuan situation. Motuans are proud of their cultural heritage and careful about sharing it with “foreigners” (that is, people who are not from the same locality). Some of that heritage, ranging from genealogies and associated family history to charms for madness, is secretly guarded by families. Other elements, including many aspects of medical beliefs, are also shared reluctantly with other Motuans, as the author discovered in two proximate villages in the Western Motu area. In addition, such random and cross-sectional testing normally allow only a very restricted time for observation of social life and the accuracy of informants’ information must be accepted at face value.

All the above factors have influenced the methods used to structure this study. It was decided to combine elements of both plans to ensure that the study’s conclusions would be based on detailed longitudinal ethnographic data, and data drawn from a cross-section of Motuan traditional healers and their patients.

On the basis of personal experience in 1974-75, it was believed that there would be differences in traditional healers’ beliefs and treatments, and that this would be directly related to personal, structural and environmental factors. Social attributes
such as sex, age, educational background, social status and religious connections could all influence both belief and tradition, and religious factors could influence healers’ beliefs about family planning, abortion, blood and diet, and their support for carrying out certain procedures. Infrastructural factors, such as ease of access to Western healthcare services, might influence the nature of traditional techniques of healing in different areas. For example, where Port Moresby General Hospital is readily accessible, demand for traditional medicines and procedures is decreasing. Environmental factors could also influence the nature of traditional practice and the medicines of healers with access to the tropical rainforest might vary from those restricted to the more savanna-type vegetation.

To allow as far as possible for these factors, fifteen healers were interviewed. This group was chosen from among people to whom the writer was known personally, and was directly related by blood (*rara*). The group was made up of five women and ten men whose ages vary from 36 to 75 years. Formal education in the group varied from complete Primary to High School education. Of the High School group only two had done some elementary medical training. The group was entirely made up of members of the United Church in Papua New Guinea and the Solomon Islands.

Fieldwork commenced in 1980-81. Interviews were conducted in Motu, or in dialect of the vernacular language. Many of these interviews were conducted at Koki market in Port Moresby, whilst some traditional healers requested they be conducted in their homes so that I could observe them working. The duration of some interviews was approximately two and a half hours, whilst others extended over one to two weeks. Formal interviews were interrupted by medical consultations, during which the traditional healers often explained their diagnoses and treatments as they worked. Their explanations were frequently requested by their patients and were also of benefit
to the study being conducted. Their explanations often provoked interesting and revealing discussions which involved patients, relatives, visitors, and anyone else who had anything to say. Further discussions with traditional healers took place only after patients had left.

Several traditional healers sought discussions over two to four evenings so that they could talk freely and without interruption about their beliefs and work. Some, who talked while they worked, later volunteered additional information usually about the role of the *irutahuna* (a concept more fully explained in Chapter 4), aetiology, diagnosis and treatment, which they had not wished to disclose in front of patients and their relatives. On a few occasions traditional healers asked to speak about something which they felt unable to discuss with someone of the opposite sex. They agreed to the recording of these interviews.

These interviews covered training, beliefs and treatment, and were taped. Because of the author’s personal relationship to most of the traditional healers, the interviews were interrupted by all types of tales and material which had little to do with medicine directly, and these were not recorded. Interviews were played back to those traditional healers who were interested. Playbacks usually reminded them of gaps in their earlier talks and of long rambling stories which they felt better illustrated their point and set them off on new paths. In 1993 five months of follow-up work were conducted in Port Moresby, for analysing the fieldwork set up in 1980-81. The same procedure and interview technique was repeated. There was a further six week visit in early 1994.

Everyday conversations concerning illness and its management in Motuan villages were also recorded and analysed. These recordings were useful in providing an unbroken flow of information which answered some important questions and also
raised new ones. They were also important in portraying common beliefs about, and
experiences of, Motuan medicine. The information was unstructured.

From fourteen years of fieldwork a large body of information has been
collected but has brought with it its own problems. Documenting this data to
demonstrate how any two Motuans perceive and cope, conceptually and practically,
with the problems of health and illness, as these present themselves in their normal
experience, is more difficult than might be assumed. Indigenous Motuans believe
health is the outcome of harmony in the relationship of people and the environment, of
people with people, and of people and the spiritual world. Within this environment
one is safe; danger comes from the outside. Illness represents a disturbance of the
harmony; so treatment is directed to restoring it.

What then are the possible causes of a disturbance of the health balance?
Given the complexity of the factors which operate in the Motuan concept of health
and spirituality, the thesis has been structured to focus on the nature of more common,
central ideas and practices.

More generally, one can begin to see, the thesis method combines the results
of participant observation (with practitioners), ethnohistory (through oral historical
acquisition of testimony material) and phenomenology (as applicable to the discipline
of Religious Studies especially, but also the social sciences more broadly). The
approach has been ‘emic’ in the sense of attempting to empathise with people in the
Motu culture area. This is a possibility much easier for someone already in the culture
(looking like an “indigenous anthropologist”),¹⁴ but over-involvement brings dangers
for one’s critical sense. The ‘emic’ is therefore combined with the ‘etic’ in that the

thesis writer has decided to write up his findings at a critical distance from his own people,¹⁵ at the same time bracketing his prejudices - through the phenomenologist’s epoche ¹⁶ for or against Motu beliefs and practices so that they are allowed as much as possible to speak for themselves. This does not mean that they will present no challenge, but the thesis is designed not to defend positions of claimed religious truth, but rather to understand a tradition¹⁷ and see what practical social benefits may arise from this better understanding. Attempts by others who have published relevant findings in Religious Studies, Social Scientific and Medical literature will naturally be referred to as supports.

1.7 ORGANISATION OF THE THESIS

The first chapter has been an introduction which outlines the scope and approach of the study, the personal background of the author, and the methodology used to collect data. Chapter 2 will define culture and show how perceptions of health and illness, medical practice and institutions are determined by the cultural setting. It will show how illness, culture and society are related among the Motu. The third chapter will explore the health of Motuans prior to the arrival of Europeans. Since contact, the Motu people have suffered disastrously from Western diseases; and even today Motuans claim that their ancestors’ health before colonisation was quite good. The aim of this chapter is to address these and many similar issues which arise out of this claim.

The fourth chapter will document the medical/spiritual paradigm of the Motuan people and introduce the concept of *irutahuna*, the centre of spiritual activity of Motuan people. Chapter 5 examines the place of traditional healers in the Motuan society. The task of Chapter 6 is to set out and examine diagnostic and treatment procedures, and to examine the future of traditional medicine among the Motu people. In the final chapter, to best draw out the distinctiveness of the Motuan approach, the author compares the Motu health model with another traditional one, choosing the Chinese. Then the author draws together the threads of thoughts thus far developed, while at the same time offering some comments on the main ideas in Motuan notions of health and illness.
CHAPTER TWO

CULTURE - A MODEL FOR VIEWING THE WORLD

The purpose of this chapter is to set the context in which people of different cultures and social groups explain the causes of ill health, the types of treatment in which they believe, and the remedies to which they turn when they themselves encounter illness. The chapter examines in a general way some conceptual and theoretical issues, and their examination will form the background to the succeeding chapters.

2.1 DEFINITION OF CULTURE

Sociologists and anthropologists maintain that human cultures are complex systems, each of which is made up of a series of sub-systems. The latter, characterised by their expressions of organisations, act as catalysts around which cultures grow. Each of these sub-systems (religion, education, economics, law, politics and medicine) form a body of beliefs and/or a set of institutions which express social activity. The components of any sub-system are defined by the social organisation of which they are part. Each of the sub-systems is related to the others and changes in one may have consequent effects in another. Therefore, while any sub-system can be investigated on its own, a satisfactory understanding of its nature is

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1 In this thesis, culture will be considered socio-anthropologically, not as high culture (Germ: Kultur) or along aesthetic lines.
2 See, for example, C. Geertz, The Interpretation of Cultures, 1975.
3 The instances of this outcome are often sighted in centralised economic development. The formation of Papua New Guinea as a centralised state resulted in a centralised National Education programme. Improvements in a child’s learning capacity improved the nation’s young talents. The increased educated population gave rise to pressure on the existing resource distribution. This in turn led to pressure for reform of the labour market, this being resisted by those who benefit from existing labour market arrangements. Their successful opposition uncovers their economic power and contributes to demands for more comprehensive political reform.
only possible when its links with other sub-systems are recognised. Sociologists and anthropologists who study medicine recognise patterns of medical belief and practice and show how these are related to one another and to non-medical beliefs and traditions in a given culture. In order to avoid misunderstandings and to demonstrate the link between culture and medical belief and practice, sociologists such as Kleinman and Turner have proposed a model for the study of cross-cultural medical systems.

Several studies, some on Melanesian societies, have revealed how medical concepts and practices are formed by the culture in which they exist. Some of the main elements of these studies are given briefly below. But at the centre of this procedure there is an influencing factor called ‘culture’ which had a more specific meaning at one time and a more general range than it has in common use today.

Amongst the most widely used definitions of culture is one given by E. B. Tylor:

That complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society.

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4 B. P. Pesolido, “The Power and Perils of ‘Paradigms’: Medical Sociology at the Crossroads”, *Contemporary Sociology*, Vol. 16, 1987, pp.5-9. The definition given here is broad and mirrors Systems Theory. While Systems assessments are constantly used in medical studies, some sociologists challenge the sharply defined assumptions which sustain Systems models. While Systems analyses inevitably include a range of issues, some sociologists argue for analyses which centre on more specific concerns.


In another definition, Keesing emphasised the ideational aspect of culture which consist of:

systems of shared ideas, systems of concepts and rules and meanings that underlie and are expressed in the ways that humans live.\(^8\)

From these definitions, culture can be conceived as a set of guidelines (both explicit and implicit) which individuals inherit as a member of a society. These guidelines tell them how to view the world, how to conduct themselves in it in relation to other people, to supernatural forces or gods, and towards the natural environment. It also provides them with ways of transmitting these guidelines to following generations by the use of symbols, language, art and ritual. In this thesis the focus is on the ways in which culture relates to preternatural or ‘supernatural’ forces (non-material elements) that combine with material objects to make up a resource shaping the ways in which humans understand and respond to their environment. Culture is a set of shared beliefs and ideas about the way things are. It is a body of knowledge that followers employ to explain natural and social worlds in which they live. It sets up links between different experiences and becomes a guide to conduct for those who share it. Within these prevailing sets of conduct are subjects which apply to particular areas of human life.

Culture is formed, maintained and modified by humans. It also has an absolute effect on peoples lives, especially on their thought patterns and behavioural attitudes. Kluckhohn sums it up in these terms:

Culture regulates our lives at every turn; from the moment we are born until we die there is, whether we are conscious of it or not, constant pressure on us to conform to certain types of behaviour.\(^9\)

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However, culture cannot exercise total power over humans, and from time to time individuals establish within themselves reactive counter-cultural positions, producing elements of culture which consequently are different from the normal group behavioural patterns.\textsuperscript{10} While humans are rational beings capable of demanding the truth of certain underlying assumptions of culture, some of these are so dominant that people take them for granted. The situations in which humans might be impelled to question them do not rise. Culture, then, makes up a resource which humans create, and of which humans make use, either knowingly or unknowingly, to understand their social and physical environments and their place in them. It moulds the ways in which humans see and experience their world. Culture spells out the ways in which humans see, understand and react to physical, social and spiritual experiences.

2.2 ATTITUDINAL PROBLEMS TO TRADITIONAL MEDICINE

It is difficult to construct a consistent account of a society’s medical beliefs and practices, without knowing the culture from which they emanate. Cultures determine links between belief and practice, and studies compiled without cultural knowledge are in danger of becoming ill-informed, ethnocentric misrepresentations. In Western cultures for example, health workers (Western-trained doctors and ‘health experts’) have often treated traditional medicine as an impediment to ‘scientific’ or ‘true’ medicine. These attitudes frequently prevail because, according to Kleinman, Health professionals usually are insensitive to the views of clinical reality held by other healers, and to the expectations and beliefs of their patients.\textsuperscript{11}

\textsuperscript{10} See, for example, R. Redfield, “Thinker and Intellectual in Primitive Society” in S. Diamond (ed.), Culture in History: essays in honour of Paul Radin, 1960, pp.3ff.
\textsuperscript{11} A. Kleinman, op. cit., p.58.
Furthermore, Kleinman says, this is because:

professional socialisation of modern health professionals causes them to regard their own notions as rational and to consider those of patients, the lay public, and other professionals and folk practitioners as irrational and ‘unscientific’.¹²

Such entrenched attitudes within medical/educational establishments and the providers of funding for research inhibits the conduct of those research projects which might shed light on the value of alternative medical practices. At the same time, some indigenous practitioners in so-called Third World countries have a similar attitude to their Western-trained colleagues, and treat Western medicine with derision, because the culture in which they live moulds and conditions them to believe that their medical system is the superior and more comprehensive of the two. Consequently, one finds in the industrialised world medical practitioners who are intolerant of people who attempt to heal the sick by supernatural means, when modern effective medicine is readily accessible; and traditional healers in the Third World, who marvel at people who heal the sick by medical science alone when the power of the supernatural is readily accessible. The attitudes of both groups are therefore sometimes counter-productive as they fail to recognize the link between culture and medical belief and practice. Each group assesses the beliefs and practices of the other by its own standards and describes as irrational the actions of those whose cultures they have no knowledge. Attitudes are slowly changing but this attitudinal dichotomisation still prevails.

¹² Ibid., pp.56, 57.
2.3 PERCEPTION OF ILLNESS AND HEALTH IN SOCIETY

Most human beings experience episodes of illness at some point in their lives. Their explanations of health and illness, the borderlines between the two conditions, and signs which show that humans have advanced from one condition to another are provided by culture and are learned during social interaction. The language in which humans give an account and perceive their condition is also a cultural tool acquired during social interaction. People know they are well because, during interpersonal exchanges, they recognise a number of signs and feelings as indications of well-being. On the other hand, culture has also taught humans to recognise certain signs and feelings as symptoms of ‘illness’. The importance of culture in explaining ‘well-being’ and ‘illness’ is mirrored in different ways in which members of various societies explain and attend to similar sets of indicators. For example, different pain arousals produce totally different reactions in different individuals in different cultures, because culture influences response patterns. This has been demonstrated by Hardy, Wolff and Goodell in their cross-cultural studies of reactions to pain:

The culture in which a man finds himself becomes the conditioning influence in the formation of the individual reaction patterns to pain ... A knowledge of groups’ attitudes to pain is extremely important to an understanding of the individual reaction.13

What constitutes perceptions of health and illness is often socially determined and can differ from one community to another and in any community over time. A great number of human populations experience the same sets of biological symptoms which are acknowledged universally as illness; yet the signs do not themselves indicate the ways in which people describe, explain and react to them. Beliefs about

the causes and acceptable reactions to similar sets of physiological symptoms differ
greatly and can only be understood through the thoughts of individual cultures.

Almost all cultures also acknowledge as illness other sets of conditions, many
of which have no particular biological manifestations and the conditions grouped in
these sets may differ from one community to another. In some cultures, disorders in a
person’s spiritual relations are viewed as illness or dis-ease. In Melanesia, for
example, disorder in relationship between a living person and his ancestor is defined
as illness, whilst in other cultures, disorder in one’s social relations may also be
viewed as a state of ill-health.

Culture gives not only the means to acknowledge and differentiate between
health and illness, but also provides symbols or signs to describe the seat, strength and
duration of human pain. How to describe symptoms and to determine what, and what
not, to do is again culture-oriented, and offers a guide as to what might, and might not,
be applicable in giving accounts of illness. Therefore, in communities in which social
and/or supernatural influences are usually associated with illness, people include
observations of social and supernatural events in their accounts. In Western societies,
where causes of illness are scientifically investigated, diagnosis will centre first of all
on the more restricted set of physical signs that lead to the appearance of the
symptoms.

Reporting an illness also mirrors the influence of culture. The ‘timing’ when
humans choose to reveal a condition rests on the way in which humans think their
culture relates to illness in general. People in Motuan society, in which illness is
thought to be a retribution for some social sin or a sign of social weakness, may delay
or put off seeking help in the early stages of a condition. Where an illness is thought
to be the result of breach of a social norm, the patient is quite likely to seek the
forgiveness of the offended party. The patient considers that suitable social action will result in a lessening of the symptoms before they become visible to others and his social weakness becomes public knowledge. Only when these determined attempts fail and the symptoms continue is the condition reported. On the other hand, in societies in which illness is normally regarded as a form of biological abnormality, and in which early attention is thought to enhance the chances of recovery, people are more likely to search for medical assistance in the early stages of an illness.

Revelation of certain specific conditions is also the influence of culture. Whether humans elect to report an illness rests not only on how illness is viewed in general but on how specific illnesses are viewed. Cultural traditions often presume links between particular types of illness and particular types of behaviour. Accordingly some conditions are said to have moral implications which influence the likelihood of their being made known. Illnesses that are linked with culturally sanctioned activities are expected to be made known in the early stages, while those linked with cultural activities that are not sanctioned may not be revealed until they can no longer be kept secret. For example, the effect of culture is seen in the ways in which venereal diseases are treated in different societies. Patients with venereal disease in societies where it is uncommon will refrain from revealing their condition because it will be considered retribution for a breach of moral norms. Patients with venereal disease in societies where it is a common occurrence and where it will be viewed with tolerance are more likely to reveal their condition willingly from the outset.

In situations where symptoms of a number of illnesses are of the same kind, culture gives working models to aid diagnosis and to establish the most probable cause. The distribution of information on potential diagnostic possibilities indicated
by a given set of symptoms may differ from one society to another. The questions, the
order in which they are asked, and the leads sought in the course of action differ and
mirror the ways in which illnesses are organised and differentiated by cultural
assumption. If and when this diagnostic course of action leads to the recognition of an
illness, the name it is given will be one which culture makes available and may mirror
the way in which an illness is viewed in that culture.

Again, culture influences the name and information of any illnesses’ likely
cause, and their characteristics. Cultural views mould the sphere of agencies which are
considered to have the potential to cause illness and which must be taken into account
in seeking for a cause. Cultural presuppositions dictate whether a specific condition is
brought about by malignant organism or a malignant ancestral spirit, how each is
anticipated to react and the reason for it.\textsuperscript{14} Information on the cause and pathology of a
condition is put together to establish a forecast of the course of an illness which again
mirrors the society’s perception of illness.

2.4 THE INFLUENCE OF CULTURE ON A SOCIETY’S MEDICAL
PRACTICE AND INSTITUTIONS

A society’s beliefs about the nature of God influence the pattern which
religious institutions and practices are incorporated by it. Similarly, a society’s beliefs
about illness influence the pattern which its medical practices and institutions will
adopt. Cultures mould what members of a society believe about the nature and cause
of illness, beliefs which will determine the behaviour of people when they are sick.
The rights and obligations of the sick will differ from one society to another. Those

\textsuperscript{14} We shall see that, among the Motu, the differences in this instance are more obvious than actual for in
both instances the agents are invisible, and involve, for most people anyway, the approval of the word
of babalaudia (traditional healers) who claim to have seen and understood what others have not.
with preventable illnesses are less likely to be shown compassion and support than those with conditions considered to be out of their control. People with high social status who become ill may have a more persuasive claim to quality service than those who are of lower social status. For example a Prime Minister’s treatment may have a higher priority than that of his gardener.

In the same way the belief about personal and technical competency traits anticipated in a skilled traditional healer are spelled out in a set of social practices. A common intuition in many cultures is that gifted young men or young ladies, and women without children, or people born during certain lunar events, are the most successful traditional healers.\textsuperscript{15} Similarly, the belief that successful healing requires certain types of knowledge encourages the establishment of medical institutions which research and teach new and better methods of diagnosis and treatment.

The social organisation of reactions to illness further varies from one society to another. In some, the social organisation of medical practice is relatively simple. Most Motuan adults are well informed about medical belief and practice and are engaged in some form of diagnosis and treatment of illness although little specialisation exists in such societies as theirs. In Western societies, certain beliefs and practices are thought to be so complex that specialist medical practitioners must be trained. Highly developed institutional structures are set up to train these specialists, and to diagnose and treat certain illnesses. In still others both types of institutions exist side by side with one another. However, in this situation differing

\textsuperscript{15} For background, M. Eliade, \textit{Patterns of Comparative Religion}, 1958, ch. 4 and the literature cited there.
levels of tension exist.\textsuperscript{16}

In a number of societies, a medical practitioner’s task is not controlled. A society’s beliefs spell out the social norm in terms of right relationships between healers and their clients (patients) and between healers and society in general. In Western societies both medical practitioners and their patients have expectations about acceptable service and moral standards which are framed through Codes of Conduct set by professional organisations. In some societies they are put into effect informally. Patients, or healers, who seek correction for what they discover to be violations of right conduct, may disclose them to others in society, or to ancestors thought accountable for healing power. In other societies, rules of conduct are imposed by legally constituted regulatory bodies of professional agencies or by the State. Of course, law in some sense conditions or sanctions behaviour patterns in all traditional societies, and the rules and leaders’ judgements handed down are the subject of legal anthropology.\textsuperscript{17}

Beliefs about the nature and group of conditions which cause any disease are reflected in the practices used in its management. In Western societies there is a variety of responses to illness, such as surgery, radio-therapy, drug therapy, and psychiatry. In traditional societies the scope of responses is determined by the culture and the treatments available. The juice of a plant may be an equivalent for pharmaceutical drugs; a magic spell may act as the substitute for psychiatric therapy.

\textsuperscript{16} A. Kleinman concludes from a few societies he considers that one or other of these forms prevailed. He maintains that all health care systems have three sectors: a popular sector which is “the lay, non-professional, non-specialist, popular culture arena in which illness is first defined and health care initiated” (op. cit., p.50); a professional sector “comprising the organised healing professions” (Ibid., p.53); and a folk sector which, like the popular sector is “lay, non-professional” and non-bureaucratic, yet specialist because of traditional custodians of healing. What varies from society to society is the comparative importance of individual medical systems.

\textsuperscript{17} L. Pospisil, \textit{Anthropology of Law}, 1974.
Treatments offered in any given case will mirror a society’s cultural notions about that condition.

No society is closed. All societies are changing all the time. Hence medical knowledge is constantly changing. Every new discovery in the medical field adds to medical knowledge, and thus new medical practices may be introduced. On the other hand the discovery of new practices may change attitudes about illness. New knowledge adds to the beliefs of its medical practitioners about the nature and causes of illness and their repertoire of reactions to it. Accordingly, at any given time, a society’s medical model is a merger of traditional beliefs and practices which may be reconciled with those from another society. Kleinman observed this in his detailed study of the complex health care system of Taiwan:

The change from old to new social forms holds the same profound implications for health care systems as for other cultural systems--- one finds social realities that are a strange amalgam of modern and traditional beliefs, values and institutions held together in varying patterns of assimilation, complementarity, conflict and contradiction---.  

In assessing the characteristics of health-care systems in various cultures socio-anthropological approaches are now widely employed. Because medical systems frequently have common attributes, this method can be widely applied, and this thesis adopts this technique in its attempt to describe medical practice in Motuan society. It is the working assumption of the thesis that medicine as a body of knowledge and practice is a cultural component, and thus in a situation of change a society may absorb competing cultural trajectories expressing the medical and healing ‘field’. In this way we need to reckon with distinctions that can apply between ‘the cultural’ and

--- 18 A. Kleinman, op. cit., p.37. ---
‘the social’, but for working purposes ‘cultural life’ in small-scale traditional societies such as the Motu is virtually synonymous with ‘social life’, except that certain people will have more cultural knowledge than others. We now turn to the Motuans, to outline the dimensions of their culture before exploring their medical system in depth.

2.5 OVERVIEW OF THE MOTUAN CULTURE AS A PREFACE TO THEIR VIEWS ON ILLNESS AND HEALTH

2.5.1 TRADITIONAL TECHNOLOGY

The Motuan people had no metal tools but shaped stone, bone, shell and wood into useful tools for their needs. The people made mats, baskets, sails, strings, ropes, nets and other useful articles from leaves, the bark of trees and from plants. They also made spears, shields, clubs, pig nets, wallaby nets, bandicoot nets, and arrows for war and hunting. Skilled in canoe craft, they made out-rigger canoes and double canoes (hakona); fish were taken with nets or else stunned with derris or root poison (imora).

In the history of technology, Melanesians have been singled out for their special skills in pottery, and the Motuans are among those better known for their wares.20 Their prized pots were traded in the Gulf through the making of impressive ocean-going, large-logged canoes for their renowned trading expeditions (the Hiri).21

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2.5.2 MIGRATION

In the more recent past, yet prior to contact with the outside world, there was only limited migration when people moved a short distance to another area because of overcrowding or disagreements. When the Barakauans migrated from Tubusereia for example, they brought with them bananas, coconut, breadfruit, mangoes, taro, cassava, yams, sweet potatoes and sugar cane. They also brought betel nuts which they enjoyed chewing with lime and mustard. Betel nut chewing is still widely practised. New settlements also involved getting such animals as pigs and dogs to a new location. In the more distant past, however, migratory movements were over much longer distances, and the Motuan stock appears to have first arrived on the south Papuan coast through deep sea canoe expeditioning.²²

2.5.3 CLOTHING

Clothing was unnecessary because of the tropical heat during the day although men wore perineal bands (sihi) and women wore grass skirts (kapa). These were worn every day and would only need to be replaced when they were completely worn out.

In ceremonies matters changed, with headdresses and headbands, necklaces, armlets or armbands, breast-ornaments and other adornments. Net bags were in such common use with women in carrying inter-alia children, that they were almost an item of clothing.²³

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²³ See, for a beginning, J. P. Thomson, British New Guinea, 1892, pp.[iii], pp.56ff.
2.5.4 HOUSING

The houses (*ruma*) were thatched with *kunai* grass and built on piles close together over the sea, clustered in clan (*iduhu*) groups. Each house was built with a front verandah (*dehe*) on which the men and women talked in a leisurely fashion, chewed betel nut, viewed the passing scene and entertained casual and expected callers. There was a large inner room in which the household members ate, slept and received relatives, close friends and important guests.\(^{24}\) The centre of the peoples' lives was the household, and although kinship ties and work group obligations bound people to the others in the village, the household was a self-governing unit with respect to its internal affairs and this remains an ideal to the present. Each household consisted of several nuclear families, brothers with their wives and children and grand-parents on the father's side cooking food together, but each family ate separately. Social discipline and the allocation of tasks was vested in the head of the household.

Among the Motu there was no men's house whereby men were separated from the houses of their womenfolk and children, although in most villages a large ceremonial platform (*dubu*) held cult objects on ritual occasions.

2.5.5 KINSHIP AND CLAN SOLIDARITY

The extended families in the Motu villages were grouped into clans. In Barakau, for instance the people were grouped into six clans. Nou Tubuna, Geabada, Nokoro, Seme, Gemada and Lagi. Two of these clans - Gamada and Seme have

claimed Koiari origins, and thus Papuan highland groups even beyond Koita territory. Geabada and Nou Tubuna are subdivided into sub clans; into Geabada Diho (descend) for example, or Geabada Dehe (verandah). These clans (iduhu) were patrilineal and exogamous. The members of these clans claimed a single ancestor who held rights to land in their respective areas. Each sub-group within the clan was distinct in that members maintained their recognition of their separate identity and differences of origin. Brothers often lived close to each other while sisters move to other clans by marriage rules of exogamy. The members of a clan are related to each other and trace their ancestry back to a man who is believed to have founded the clan, which forms a strong bond between clan members. Other bonds are formed when the people cooperate in economic and religious activities. In the past, the people joined together for protection from outside attacks, to make gardens, to build houses, to pay bride prices, to fish, to hunt, to make garden fences and to plough the soil, to share food and goods, to go on Hiri expeditions, to make feasts and to transact trade with other groups.

A person’s status in a clan is determined by birth, sex and age. Men play the dominant role in clan life. The respect of status is based on great fear and respect owed by young people to people of a higher status, such as sorcerers, diviners, clan headmen and magicians. Sex and age play an essential role in connection with this custom, which involves treating grey-headed persons with wrinkled faces reverently, not just avoiding disrespect. This custom embraces the respectful behaviour of the young to the aged and to uncles and the rule that a woman is not allowed to use the name of her husband, the names of her uncles and the names of her father’s male descendants.
Clan solidarity was maintained throughout life. Members relied so strongly upon one another that few of them dared to act against the wishes and customs of the clan. There were times when people broke the rules which were made by the elders of the clan and other times when the rules were changed to meet a special requirement. For most part however, a member of a clan knew that he depended upon his clan “brother” (tadikaka rara tamona) as each member helped another in many ways and established a network of mutual obligations.  

2.5.6 MARRIAGE, EXCHANGE AND TRADE

Marriage involved a series of exchanges between the kinsmen of the man and the woman. A complete incorporation never took place while married women still belonged to her own clan, as in times of crisis she would go back to her own people, and in the case of her death her body must rest on her own clan’s land.

In other words this incorporation was only social and had no religious character, although the giving of the brideprice was a ritualised sensitive affair. Brideprice was more formal and initially unaccompanied by feeling between the two partners if the marriage was part of an alliance of convenience, but where old alliances existed, and where the partners had prior association, the giving of the brideprice could be an act to express love.

2.5.7 WAR AND PEACE

It is difficult to reconstruct the pattern of conflict and alliance between the

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Motu tribes, but they were at war among themselves during pre-contact and earliest contact times, and also against neighbouring groups, such as the Gabadi, to the west. The tradition about Taurama village, under Pyramid Point, reveals the extent to which one Motu group could go in despoiliating an enemy, in this case with Koita help. Tensions were so severe for the warriors of Tubusereia before contact that the ‘watchers’ had to sleep in a squatting position holding their weapons in the night. The bodies of the dead were buried in shallow graves under the houses, the smell reminding the family that the enemies responsible - the group responsible for taking a life or inflicting sorcery so as to kill indirectly through ailment - should be revenged, although there are exaggerated traditions that in ‘true ancestral times’ there were ‘no evil things’, so that people died ‘only in war’ and the body was buried quickly, without people looking for signs of sorcery on the corpse. Men lost on lagatoi vessels of the Hiri expeditions, of course, fell into a different category, their bodies not returning and the failure of the enterprise requiring its own special explanation.

In any case, wars were a common enough occurrence. Omens, including the cracking of finger bones, were taken before a skirmish or raid; thankofferings to the spirits were offered after success, and twigs worn in headdresses to show how many of the enemy were despatched. Tabus were kept so that there was fear in carrying the dead away from battle in case, through blood, their spirit seized you; and care was taken never to mention an ancestor’s name who killed on a remembered field of

31 Ibid., esp. pp.98 ff.
conflict in case you were ‘grabbed and possessed’ by him.\textsuperscript{32} Alliances for security were important and festivities involving killing pigs and even a funeral, were used to clinch inter-tribal cooperation, and peace was sometimes made under group duress or out of necessity with those who had been (at least temporary) enemies.

\section*{2.5.8 SUBSISTENCE ECONOMY}

Fishing, hunting, canoe-making and clearing the forest for a garden site were the responsibility of the men, and women were by tabu prohibited from having anything to do with them. The cultivation of the soil was based on shifting cultivation in which the garden was usually abandoned after a single crop, and was allowed to lie fallow before a return to the plot for recultivation with wooden tools (\textit{isiva}). The breaking, harrowing and planting of the soil was put under the care of women along with the responsibilities of child minding, firewood gathering, carrying heavy loads, cooking, washing and mending clothes, and the rest of the household chores. However, men often helped in breaking the soil and planting. Taro, banana, yams, cassava and sweet potatoes are the staple food crops. The planting of these food crops occurred in July-August (\textit{veadi hirihiri}) in the last quarter of the year and they were harvested from early April to June (\textit{lailai veadi ado}). The hunting of animals, especially wild pig, was an important passtime and a test of a man’s agility, sometimes bravery, and oftimes generosity in food distribution.

\textsuperscript{32} OT: Lohia Meba and others, Rearea village, 1977.
2.5.9 CREATIVE EXPRESSION - POETRY AND ART

Writing was unknown before it was introduced by Europeans. Clan legends, names and stories were transmitted to the young by word of mouth. Songs were sung and dances were developed to music. Carving, painting and decorative weaving were usefully employed to ornament both everyday and ceremonial objects such as the ceremonial platform, and elaborate head dresses were prepared for the dances. Valuables of various sizes and kinds such as arm shells (*toea*), pig tusks (*doua*) and pearl shells (*nairi*), were used for trading and ceremonial exchanges connected with initiations, marriage arrangements, peace transactions, compensations, payment for services rendered to the people by diviners or by sorcerers and funerals which were accompanied by ritual feasts.

The traditional life style was deeply anchored in and linked to religious beliefs in the existence of ancestral spirits, and of place and plant spirits. Illness or misfortune was inevitably related to this whole religious and philosophical framework in which human existence was perceived. The passing down of legend and custom, as well as artistic expression (especially in festivals), were to maintain a life-way that was demanded by the ancestors and sanctioned by spirits.

2.5.10 MAGICO-RELIGIOUS VIEW OF THE WORLD

As already suggested by all of the above, traditional Motu life was lived out in the preserve of spirit beings, who, while at most times not visible, could manifest their attention, interest, favour or displeasure. There were various signals of their involvement in the cosmos, from the noise of geckos to the falling of a coconut, and

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every collective enterprise had to take them into account. Hunting parties were aware of places to avoid: fishing in certain places only took place in ‘the sacred tuna (kidukidu) fishing season’, and the expeditions to take pots to the Gulf were shrouded with precautionary rituals - the sponsor or holy man (helaga tauna) undergoing rigorous food abstinences with the support of his family, or being confined to a dark hut or the lagatoi to devote himself prayerfully to the success of the voyage.\textsuperscript{35}

There is a debate about whether the Hiri had a high God, and the old significance of certain sacred sites behind Hanuabada have yet to be unravelled. Certainly, the belief in a senior house ancestral spirit (ruma dirava) was central for day-to-day family attention to the requirements of the invisible world. It is commonly, but not necessarily correctly assumed that the prevailing Christian reference to God as Dirava Dirava derived from the domestic usage and not from the transference of a prior high God to the newly introduced one. Nothing in the missionary literature throws much light on this, although missionaries did find evidence of honouring the goddess of the Elema to the west, Kaivakuku. The revelation to the culture-less Edai Tribe to make a lagatoi was by Kaivakuku,\textsuperscript{36} and both early missionary James Chalmers and western Motu informants concur that the Motu spirits west to the land of the West could be stopped on the islets of Baua and Udia by Kaivakuku if they were unworthy, until she allowed them to proceed at a later time, and at her


pleasure.\textsuperscript{37} Certainly deities were recognised by the Motu (and we know for sure that they had to deal with the Elema ones when their vessels reached the Gulf), the ancestral spirits were crucial for their livelihood, and there were many places in their cosmos marked out as inhabited by spirit beings. Motuan initiatives, tabus, regulations, anxieties (including the fear of sorcery) were all to do with a recognition of the inroads of the spiritual and the possibility of appropriating spirit-power for success or ill. Theirs was above all a magico-religious view of the world. Within or out of this world their traditional medical system emerged. To this world came, first, the missionaries, who encouraged a religious reorientation, and then came many other influences making for adjustment and quite remarkable acculturation.\textsuperscript{38}

\textsuperscript{37} See J. Chalmers, 'Diary, Trip to the Papuan Gulf' (dated 2 Jan. 1880) (Mitchell Library microfilm item 33 A3923-1), and for discussion, along with evidence from Rearea village, G. W. Trompf, \textit{Melanesian Religion}, 1991, pp.44-45, 50.

CHAPTER THREE

THE HEALTH STATUS OF THE MOTUANS BEFORE WESTERN CONTACT

The intention of this chapter is to provide some measure of the health status of the population of Motu living along their 129km stretch of Papua New Guinea’s southern coastline between Galley Reach to the north-west and Round Head to the south-east in the Central Province and the National Capital District of Papua New Guinea prior to Western contact. It is intended that the chapter will provide a picture of pre-contact Motuans’ health, and the relationship between earliest illnesses and the environment.

A generalised social historical approach to the theme of ‘disease’ in this chapter has been adopted as the dominant form of explanation since ‘human history is the history of its diseases’.\(^1\) The physician and epidemiologist, Kunitz, furthermore, develops a more nuanced argument that, to understand morbidity and morality, human beings must understand not only physiological processes and the natural history of parasites, ‘but also the many ways which human beings live on the land and with one another’.\(^2\)

3.1 EVIDENCE OF ILLNESS PATTERNS OF THE MOTUANS PRIOR TO COLONISATION

Little is known about the health of the Motuans before colonisation. There are, however, oral traditions, ethnographic observations from early missionaries,

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\(^2\) S. J. Kunitz, *Disease and Social Diversity: The European Impact on the Health of Non-Europeans*, 1994, p.188.
anthropologists, travellers, patrol officers, annual colonial health reports and health plans from which the health of pre-contact Motuans can be reconstructed.

3.1.1 ARCHAEOLOGICAL EVIDENCE FROM MOTUPORE

In his in-depth analysis of Motuan people’s skeletal remains, pre-historian Webb has concluded that ‘trauma, non-specific infection, treponemal infection, possibly tuberculosis, and syphilis, anaemia and blood dyscrasia, tumours, haemolytic disease and arthritis’ existed among the Motuan population on Motupore Island prior to the arrival of Europeans. According to Webb this is an island which archaeologists have established was occupied by Motuans as early as 1200 A.D. and constitutes our best source of prehistoric evidence about this peoples way of life.

3.1.2 EVIDENCE FROM WRITTEN SOURCES

Medical academic Dr Ian Maddocks, who lived with the Motu people at Pari village in the late 1960s and early 1970s and set up a clinic with his wife there, has suggested that malaria and filariosis were present from early times. Malaria would have been a potent force in determining population size and distribution. Yaws was probably universal in the pre-contact period.

He added that, with population growth before the time of European expansion, internal parasites such as hookworm, round worm, ship worm and amoebic diseases, which were prevalent, would have assumed greater significance.

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5 Ibid., p.121.
One epidemic, evidently brought in from outside the country some years prior to European contact, swept the Papuan coast and greatly affected the population size. L. M. S. missionary Chalmers called the disease smallpox. ⁶ According to magistrate H. M. Chester,

sixteen years ago smallpox was introduced via the Torres Strait, and decimated coastal and inland tribes. Old men still speak, with tears in their eyes, of the frightful disease that carried away their children and friends. ⁷

The traveller Stone saw what he took to be smallpox scarring on the chief of Hanuabada. ⁸ Hanuabada was the largest known Motuan village, near what came to be the town of Port Moresby. Government Anthropologist Williams, on patrol, making enquiries into depopulation of the Suau District 1933, reported a sensational account told to him by an old man of the symptoms of this disease and the course of the illness. ⁹ Maddocks, however, suggests that this disease may have been chicken pox, “which in adult Papuans still produces very severe disease and occasionally permanent scarring”. ¹⁰

While many early European travellers noted that the epidemic disease had appeared in several areas, the extent of the area affected by this disease has not yet been investigated. However, evidence suggests that it extended from the north of Yule

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Island, West of Port Moresby to Woodlark Island in Western Papua. Stone, when writing in 1880, stated that it had occurred ten years before the time of his writing; Chester, writing in 1883, stated that it had taken place sixteen years before, in 1867. The Hula, situated on Hood Point East of Port Moresby were free to obtain land inland because so many of the clan leaders who had title to the land on behalf of the community had died of an epidemic at this time. The disease also gave rise to the dispersal of the Roro from Araha to Yule Island and elsewhere.

One lead provided by present day observers may decide the date for this outbreak. According to Seligman and Strong, on Murua (Woodlark) Island “about 30 years ago an epidemic swept the village nearly clean, and with the dead died the art of making stone implements”. This is consistent with the account given by the French Roman Catholic Missionaries who lived on the Murua Island from 1847 to 1855:

In 1852, the islanders were struck by a disease that in less than three months swept across the island wiping out a quarter of the population. A frightful illness which would in a matter of three days kill two, three or even six members of one family.

If this was the same epidemic as that mentioned in other early sources (and there is room for doubt), it took place somewhat earlier than thought. Although there was an increase in Koitabu population, archaeologist Allen puts on record that “by the time of

12 British New Guinea Annual Report. 1892-93, p.74;
European contact the island (Motupore) between the coast and the Laloki River was almost entirely depopulated.\textsuperscript{16}

The epidemic had a profound impact on Motuan people, since they had no immunity. For example, the people of Tubusereia, east of Manubada and Port Moresby deserted their village\textsuperscript{17} and their population greatly declined.

Fever, ulcers (tropical ulcers), elephantiasis, ringworm, a warty eruption common around the mouths, and ‘tona’ (yaws)\textsuperscript{18} were also present in pre-contact times.

### 3.1.3 EVIDENCE FROM ORAL TRADITION

Oral tradition cites the following illnesses which were believed to have existed among the Motuans before the arrival of Europeans and other complete outsiders. These illnesses are shown in Table 1 to be found on the following pages.

\textsuperscript{17} J. F. Allen, “Nebira 4: An Early Austronesian Site in Central Papua”, \textit{Archaeology And Physical Anthropology In Oceania}, Vol. 7, 1972, pp.92-123.
<table>
<thead>
<tr>
<th>SICKNESS ENGLISH</th>
<th>NAME MOTU</th>
<th>TYPICALLY ALLEGED CAUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headaches</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Simple headache  | Kwara Hisihisi  
Bagu Moru | Seasonal change brought by wind spirit.  
Brought about by sorcery. |
| Migraine         | Kwara Roko  | Ancestors or sorcery.    |
| **Throat & Chest Ailments** | | |
| Sore throat      | Gadoturia  | Eaten sorcerised food or betel nut. |
| Cough            | Hua        | Seasonal change brought by wind spirit. |
| Asthma           | Lagalaga   | Seasonal change brought by wind spirit or sorcery. |
| Shortness of breath | Laga Tuna Tuna | Stepped on menstrual blood. |
| **Abdominal Ailments** | | |
| Stomach pain     | Boga Hisihisi | Eaten sorcerised food or betel nut. |
| Sharp pain       | Boga Namugi | Stern Ancestral warning. |
| Stomach upset    | Mumuta     | Seasonal change brought by wind spirit or ancestral warning. |
| Swollen stomach  | Boga Bada  | Sorcery attack as a result of stepping on or walking over something sorcerised. |
| Diarrhoea        | Hekukuri   | Eaten food contaminated by spirits. |
| Dysentery        | Rarakuku   | Eaten food contaminated by spirits. |
| **Bone Ailments** | Turia Goreredia | Sorcery attack and or hereditary. |
| Arthritis        | Roki       | Warning from ancestors or sorcery. |
| Broken bone      | Turia Kwaidu | Warning from ancestors or sorcery. |
| Swollen leg      | Ae Gudu    | Walked over or sorcerised object or trespassd on property. |
| Malnutrition     | Tau Dika   | Taking by mouth something contaminated e.g. mother’s milk. |
| **Skin Ailments** | Kopi Goreredia | Bathed in a river inhabited by Tabu (Place Spirit). |
| Grile            | Huni       | Bathed in stream inhabited by Tabu. |
| Skin ulcer       | Kopi Toto Toto | Warning from ancestors. |
| Sipoma           | Levo       | Seasonal change brought by wind spirit. |
| Boil             | Iohururu   | Sorcery attack. |
| Egg like boil    | Gegeto     | Sorcery attack. |
| An abscess       | Veto       | Sorcery attack. |
| Non specific infection | Turia Patapata | Stepped on something sorcerised. |
| Treponemal infection | Turia Patapata | Stepped on something sorcerised. |
| Sore             | Toto       | Warning from ancestors. |
| Tropical Ulcer   | Donaiau   
Toto Dika | Stepped on sorcery stone, stick etc. Trespassed on Tabu’s ground. |
Table 1. Common Illnesses Before Contact (Continued)

<table>
<thead>
<tr>
<th>SICKNESS</th>
<th>NAME MOTU</th>
<th>TYPICALLY ALLEGED CAUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fevers</td>
<td>Tauanina e Kerumu</td>
<td>Seasonal change brought by wind spirit.</td>
</tr>
<tr>
<td>Malaria</td>
<td>Keru</td>
<td>Seasonal change brought by wind spirit.</td>
</tr>
<tr>
<td>Slight fever</td>
<td>Tau Ribiita</td>
<td>Seasonal change brought by wind spirit.</td>
</tr>
<tr>
<td>Fever (mild)</td>
<td>Tau ariari</td>
<td>Seasonal change brought by wind spirit.</td>
</tr>
<tr>
<td>Cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>Boga Toto</td>
<td>Eaten food contaminated by a sorcerer.</td>
</tr>
<tr>
<td>Mouth cancer</td>
<td>Udu Toto</td>
<td>Sorcery on betel nut or lime.</td>
</tr>
<tr>
<td>Warts</td>
<td>UduToto Toto Mala Reho</td>
<td>Seasonal change brought by wind spirit. Warnings from ancestors.</td>
</tr>
<tr>
<td>Mental Ailments</td>
<td>Kwara Harana Hisihisina</td>
<td></td>
</tr>
<tr>
<td>Unconsciousness</td>
<td>Lalo Boi Boi</td>
<td>Charmed object thrown over intended victim.</td>
</tr>
<tr>
<td>Restlessness</td>
<td>E Loa Kava Loa Kavamu</td>
<td>Trespassing on sorcerised private property and or trespassing on ground of Tabu.</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Kwara Hegiro</td>
<td>Trespassing on sorcerised private property or walked through magicians' potent magic.</td>
</tr>
<tr>
<td>Insanity</td>
<td>Kava Kava</td>
<td>A past wrongdoing, or refused love or sorcery.</td>
</tr>
<tr>
<td>Fits</td>
<td>Tau Heudeheude</td>
<td>Attack of Atani Tano (Sea Spirit).</td>
</tr>
<tr>
<td>Gynaecological Ailments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menstruation</td>
<td>Hua Gorere</td>
<td>Birth of the new moon.</td>
</tr>
<tr>
<td>Spouting blood</td>
<td>Rara Pou</td>
<td>Trespassing on sorcerised property or eating sorcerised food.</td>
</tr>
<tr>
<td>Blood from vagina</td>
<td>Rara Garu</td>
<td>Trespassing on sorcerised property.</td>
</tr>
<tr>
<td>Deformed child at birth</td>
<td>Bese Karukaruna Masenai e varamu</td>
<td>Sorcery attack or ancestors.</td>
</tr>
<tr>
<td>Other Ailments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paralysis</td>
<td>Pada</td>
<td>Hereditary.</td>
</tr>
</tbody>
</table>

Joint pains and backache, abdominal discomfort, malaria, headache, tropical ulcer, diarrhoea, eye ache, yaws and toothache were the commonest health problems.

Malaria was endemic in coastal areas, but initially absent from the New Guinea Highlands and most of Polynesia and Micronesia. According to the historian Latukefu,
the most serious problem that the South Sea Island missionaries had to face was that concerning their health. Before World War II more than 150 mission men, women and children died of disease in [Papua] New Guinea alone. Malaria was the most common killer. 19

Samoans and Micronesians who joined the London Missionary Society in Papua especially suffered this fate. “Of 201 South Sea Islanders who had come to help the work of the mission 103 had died, most of them from malaria which also carried off baby Percy Lawes” (son of the British missionary). 20

Because of the distance from Europe and the low population density, diseases from densely populated countries such as influenza, leprosy, measles, mumps, smallpox, cholera, plague, tuberculosis, typhoid, whooping cough, and most venereal diseases are thought to have been absent from Papua New Guinea prior to European contact. Hepatitis B, though, could have existed among the Motuans before contact. Both scarification and tattooing, which had a social function and were widely practised, carried with them the danger of local infection and serum hepatitis:

Dead bodies were left either close to the house in the open to rot away or put in an open shallow grave to rot away. The skeleton was then removed to near clan platform (iduhu dubuna). This practice is excellent setting for the transmission of infectious diseases. 21

21 OT: Prof. R. Kearney, Department of Infectious Disease, University of Sydney, 1996.
3.2 PRE-CONTACT ILLNESS RESULTING FROM ENVIRONMENTAL DANGERS AS GARNISHED BY ORAL HISTORICAL RESEARCH

A number of pre-contact illnesses, which the study has to explain, are caused by the presence of natural and environmental dangers, and information about them has required ethnohistorical fieldwork.

3.2.1. ENVIRONMENTAL DANGERS ASSOCIATED WITH THE SEA

At sea dangers were confined to crocodile and shark attacks. Oral tradition cites wounds inflicted by these creatures often caused severe pain and death. Some of the victims were said to have been crippled as a result of a crocodile’s lashing tail (*e kwadia huala iuna ai*). Victims were helpless against the spinning action that crocodiles use to tear flesh from large prey. Most were thought to have died immediately from drowning. Others who did survive the encounter died later from severe wounds that they received. Only a few bore for life the scars of their encounter with the flesh eating creatures.

More men than women are said to have been attacked by sharks. Fishing, which is a male-dominated activity, contributed to this. The following sea creatures inflict stings with their poisonous spines: spiny echinoderms (acanthaster spinus) (*dala, dedeva*); estuarine stone fish (synanceia trachynis) (*nohu*); stingray (urolophus testaceus) (*daedae* and *giau*); the eagle or bat ray (myliobatus Australis) (*roroho*); rabbit fish (siganus spinus) (*beki*); spinefoot (siganus doliatus) (*uraio*); flathead (platycephalus fuscus) (*nabatora*); butterfly scorpionfish (dendrochirus zebra) (*manumanu*); hair jelly (cyanea capillats) (*aponi* or *garagara*); the bites of venomous Stokes’ sea snake (astrotia Stokesii) (*davara gaigaina*); sea krait (laticauda laticaudata) (*koukou rereva*), the remedy for which was a spell blown into the bite by
a traditional healer; wounds inflicted by giant clams (*labu*), and clam fish (*butubutu*) could also cause death or injury.

A small group of Motuans suffer from allergic reactions to shellfish. Allergic reactions may occur from eating molluscs such as oysters (*siro*), scallops (*kuadi*) or mussels (*keva*), crabs (*bava*), small land crabs (*dubara*), prawns (*pai* or *sara*), and crayfish (*ura*). Strict precautionary measures are still observed to avoid the offending sea foods completely. The victims suffer for days or even weeks with headaches (*kwara hisihisi*), muscular aches (*tauani hidiodia e hisimu*) and itchy skin swellings (*kopio barotadi e hemaihemaimu*).

### 3.2.2 ENVIRONMENTAL DANGERS ASSOCIATED WITH THE LAND

On the land there are many natural dangers: the bites of the venomous (*gwalena*) black ant (*dimairi koremanu*) and the centipede (*ahia*) cause some pain but are rarely fatal. The Papuan black snake (*gaigai koremanu*) inflicts a fatal bite on Motuans. Constriction by a python (*lavara*) is dangerous and often fatal; wounds inflicted by wild boars (*uda boromadia*); the stings of certain spiders (*makera*), wasps (*ubama*), and bees (*nanigo*) all cause extremely unpleasant symptoms but are rarely fatal. However, they can be fatal if the victims are immobilised by injury or exhaustion. It is said that victims who are allergic to the venom suffer severe reactions to the bites. The wallaby (*maganu*), cassowary (*kokokoko*), rat (*bina*), cuscus (*vauna*), lizards (*ariha*) and dogs (*sia*) inflict wounds which cause the victims unpleasant experiences. These dangers were widely understood and considerable care was taken to avoid them. Allergic reactions are also caused by a few plants and flowers.
Apart from these the greatest dangers resulted from exposure to the elements, the quality of drinking water supplies, unbalanced diet, and sundry trauma incurred in work and war.

3.3 PRE-CONTACT HEALTH, CULTURAL AND ENVIRONMENTAL FACTORS

The amount of infection that exists in a community depends on a number of cultural and environmental factors. For example, where villages are located, the way humans live, their behavioural patterns, management of the environment and the food supply, nutritional standards, population size, and inter-village and clan relationships affected the health standards of the early Motuans.

3.3.1. RELATIONSHIP BETWEEN LOCATION OF VILLAGES AND HEALTH

Local environments in which some Motuans lived were very poor. Rearea in the 1880’s was unhealthy; “the place is surrounded by swamp, and the people looked very miserable” and Tatana was “a collection of huts”.\(^\text{22}\) Manumanu village, before relocating to its present location in 1881, was situated in a mosquito-ridden swamp and the people lived in fear of their enemies.\(^\text{23}\) Fear was not confined to people in Manumanu village but extended to all the villages in the Motu area.

Some villages elsewhere are located at least five kilometres from the swamps. In others, pools of water lie in the middle of the street during the wet season, which begins in December and continues until the end of February. “Mosquito-ridden stagnant pools and sickness do have a connection”,\(^\text{24}\) according to ethnohistorian Prof.

G. W. Trompf in his study of Melanesian Culture, but Motuans whether from necessity or choice still lived near them.

3.3.2 RELATIONSHIP BETWEEN ENVIRONMENT, FOOD SUPPLY AND HEALTH

A series of common practices further increased the range and incidence of illness. Some of these increased the likelihood of illness and others the probability of transmission.

The pre-contact Motuans had a diet with a high carbohydrate content and often consisted predominantly of vegetables such as bananas, coconuts cultivated yams, and wild yams. Because Motu people inhabit an unproductive natural environment with poor rainfall which is seasonal, a delayed wet season quickly depleted food supplies. Even when the wet season arrived in December it lasted for three months (December, the traditionally named month period of (Biriabada), January (Guiraura), and February (Goha), and the gardens were completely under water. Groves outlines how, in western Motu villages, yams harvested in April (Darodaro Taboro Huana) “begin to rot by November (Manumaura) or December (Biriabada) when the rains return”,25 and food, as a result, was short till the next harvest. Frequent harvest failure was reported by several informants, and this was confirmed by many early eye-witness accounts, for example Chalmers and Lawes, in British New Guinea Annual Reports. Consequently, hunger and death frequently occurred, “mostly of the very old and very young”.26

Vegetables grew relatively slowly and considerable effort was required in almost all Motu areas. There was pressure on land resources, and production of

cultivated foodstuffs could not be increased without considerable effort. Potentially productive land close to the village was often limited by natural factors, such as a harsh climate and poor soil. Bush gardens could not be developed because of fear of enemies. When the cultivation of vegetables was interrupted, usually by drought or north-west monsoon squalls, Motuans turned to famine foods. They were mangrove pods (gavera), a fibrous root known as batu, nuts from a plant called hodava, cycad palm (hatoro), wild yams (taitu kava), wild taros (muga muga), and the bottom part of the banana trees (dui malana), and wild root plants known as matoa and lakara. Wild plants are worthwhile as sources of food, but some producing “ill effects, are eaten only under pressure of hunger”\(^{27}\). Matoa and lakara, for example, are said to have ‘caused dysentery (rarakuku) and stomach ache (boga hisihisi)\(^{28}\) respectively. While less preferred, famine foods provided acceptable short-term substitutes. Inadequate dietary intake, however was always a potential threat to the health of the whole body.

### 3.3.3 TRADING, FOOD SUPPLY AND HEALTH

Because of the pressure of food shortages, large-scale trading systems existed along the Papuan coast to sustain the Motu population with sago (a bulk carbohydrate). The size of the trade undertaken by the Motuans is summed up by Allen in these terms:

> People engaged extensively in a variety of year round exchange, including an annual long distance trading

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\(^{27}\) N. D. Oram, “Environment, Migration and Site Selection in the Port Moresby Coastal Area” in J. Winslow (ed.), The Melanesian Environment, 1977, p.84

\(^{28}\) OT: Legu rahobada of Pari village stated in 1993 that dysentery was caused by matoa, a famine food for the Motuans. It was also recorded by N. D. Oram in 1977 as given above. Other informants include Lohia rahobada of Boera village 1993; Gavera Ovia of Hanuabada village 1993; Hanua Kwalimu of Tubuereia village 1993. However, this claim has been disputed by Gamoga rahobada of Gabagaba village; Eli Tau of Gaire village and Raiva Tau of Barakau village who stated that matoa and lakara never presented any health problems.
voyage to the Gulf of Papua (300 kms away) where as many as 30,000 pots might be exchanged for up to 600 tons of sago.\textsuperscript{29}

Shortages of food still continued despite the Hiri trade. Chalmers observed that after bringing sago from the Gulf the “Motu distributed their sago widely and kept little for themselves”,\textsuperscript{30} with starvation conditions thus continuing. This claim has received considerable support. Fellow missionary Lawes observed that on 11\textsuperscript{th} January 1876 “the canoes have come back from Elema”, yet on 13\textsuperscript{th} January he noted:

> The people are all very hungry now, living almost entirely on mangrove fruits [\textit{gaveri}] and the bottom part of the banana tree [\textit{dui malana}]. On the 1\textsuperscript{st} April, six Toaripi canoes (lakatois) brought sago and people felt joy at their arrival. They have been short of food for some time now.\textsuperscript{31}

Another missionary Romilly observed that, even though the estimated 150 tons brought back by the Hiri expeditions “sounds a large quantity, it lasts but a very short time, for the whole population get through it as fast as possible and make no provision for the six months of the year during which they have to go without it”.\textsuperscript{32} Describing the Motuans’ state a little later on again in 1903, magistrate Barton stated:

> As it is now, all the sago brought back by the lakatoi a few weeks ago, has been consumed or sold, and many of the people are subsisting on \textit{mala} (the bottom part of a banana tree), relying for better fare on chance cargoes brought here in traders vessels or on the scanty supply of vegetables got from their drought stricken gardens.\textsuperscript{33}


\textsuperscript{31} W. G. Lawes, ‘Diary’ (MS, Mitchell Library, Sydney, 1876-85), 13 January 1876.

\textsuperscript{32} H. H. Romilly, \textit{Letters from the Western Pacific and Mashonaland}, 1893, p.257.

From this evidence it can be concluded that food shortages were a common occurrence for some years at least, and the dietary intake inadequate, despite the importation of sago for the Motu people by Hiri voyages from the Gulf area. Because of poor nutrition and inadequate supplies, the Motu people were vulnerable to infection, and diseases were contracted and infection spread at a rapid rate.

3.3.4 AVAILABILITY OF PROTEIN IN DIET AND THE RELATIONSHIP TO HEALTH

There was no regular access to food rich in protein because fishing and hunting were seasonal activities. Unreliable weather made it difficult for people to exploit their sea resources. During the north-west monsoon (lahara) in January, February and March (Biriabada, Guiraura and Goha), Motuans depend on fish. However, fish which is very rich in protein was limited. Inshore fishing was hindered by the rough weather and the terrific north-west squalls, especially with rain which fell persistently for months. Chalmers reported that, during one year in the 1890s, Hanuabada canoes were barred by heavy seas from going to Rearea or Manumanu to collect edible mangrove pods.34 This area was sheltered by both barrier and bordering reefs; but from Redscar Head to the west, except for the adjacent area close to Yule Island, there was no barrier reef. According to informants from Boera village, the coast between Redscar Head and Cape Possession was predominantly bare: the only settlements were three Motu-speaking settlements on Yule Island and perhaps a Waima and Kivori village at the western end of the area. Kivori and Waima were located on river mouths and creeks to keep the canoes safe from the storms.35 In April

1846 the crew of H.M.S. Bramble made a landing in that area in a whaleboat with some difficulty. Several types of flesh were available in the Motuan diet but oral evidence suggests that their intake was limited. The sea provided a range of fish, shellfish, red emperor, squid, crab, turtle, dugong, crayfish, lobsters, and rays of various kinds. Supply varied with location and some villages had more favoured situations than others. For example, “crayfish is more abundant in Delena waters in autumn than in any other waters in Central Province”. In all cases, however, availability was limited by conditions at sea which determined fishing techniques and thus the species available at any given time. Since some species were also migratory, or were more abundant at certain times of the year, the availability was further limited.

Vegetables grow relatively quickly following a good rainy season. At this time there is no pressure on land resources, and the supply of certain cultivated foodstuffs can be increased when necessary. Motu land is generally poor, and its production potential for vegetables high in protein is limited by natural factors. When the supply of cultivated vegetables is interrupted, usually by drought or warfare, Eastern Motuans turn to wild yams of various kinds, the bottom part of the banana tree (dui malana), mangrove pod (gavera), the root of a twining plant (batu), cycad palm (hatoro), a kind of wild breadfruit (lahua) and the fruit of a plant (hodava), while western Motuans turned to the Hiri voyages which sailed to the Gulf of Papua to trade pots for sago. But these provisions never prevented the Motuans from experiencing hunger.

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37 OT: The Rev. I. T. Lahui, of Tubusereia village, 1996.
38 Sibona Kopi, Fieldnotes taken during 1976-79 from Gabagaba, Gaire, Barakau, Tubusereia, Pari, Vabukori, Hanuabada, Tatana, Porehada, Boera, Rearea and Manumano villages for research project for a B. A. Honours programme at the University of Papua New Guinea.
OT: Tamara Lahui of Barakau village, The Rev. Nou Auda of Rearea village, Kone Biga of Tubusereia village and Bagelo Vagi of Gabagaba village, all affirming that the climatic conditions prevalent in the area where the Motuans live are frequently harsh and drought is a common occurrence. As a result food shortages are common and dietary intake is inadequate.
The reliance on sago as a staple food has been proved to cause dental problems. Sago areas in the Sepik District have similar dental problems to the Motuans. The people from Motupore had a very high incidence of caries whereas people who live in areas not dependent on sago as a staple food, for example the population of Nebira have had a low incidence of caries. It has been established that other areas in the world where sago is the staple food produce similar dental problems.\textsuperscript{39}

A range of land animals provided meat in the Motuan diet: the wild boar (\textit{uda boromadia}), wallaby (\textit{magani}), bandicoot (\textit{mada}), lizard (\textit{ariha}), pigeon (\textit{pune}), flying fox (\textit{maribo}), other birds including some now extinct; the land crab (\textit{dubara}), and domesticated pigs. But fish was the staple flesh food. The availability of food was further limited by the fact that both fishing and hunting were seasonal occupations.\textsuperscript{40}

Cultural factors restricted the variety of food available for consumption in any particular area. Members of a family were forbidden to eat the creature linked with their kin group. For example, the eel is linked with the Gamada kin group of Barakau. Members of that kin group are forbidden to eat any food preparation containing eel. Others, who possessed magic or sorcery were not allowed to eat the creatures linked with their magical and sorcery spells. All traditional healers refrain from eating the creatures associated with their agents. Periodical taboos (\textit{papu}) were observed on certain creatures in honour of the deceased by members of the kin group.\textsuperscript{41}


\textsuperscript{40} On the basis of personal experiences during adolescence and early adulthood.

\textsuperscript{41} OT: Tau Egi, Maleva Gomea, Vali Iko, and Sere Ugava of Gaire village, 1993; Gamoga rahobada, Vagi Loi, and Vali Vali Bagelo of Gabagaba village, 1993; Raiva Tau, Gebo Egi, Vali Asi of Barakau village 1993; Hanu Kwalimu, Iubu Hehuni and Logona Tai of Tubusereia village, 1993; Aire Aire, Legu rahobada of Pari village; Eava Maraki of Vabukori village, 1993; Gavera Ovia and Kamea Gabe of Hanuabada village 1993; Madaha Resena of Tatana village, 1993; Riu Morea and Busina Loa of Porebada village, 1993.
were forbidden to eat creatures linked with taboos surrounding pre and post natal conditions. Males were forbidden to eat creatures linked with reducing male attractiveness to the opposite sex and with reducing personal courage when facing situations of danger or adversity. Girls were not allowed to eat creatures linked with tattoo.42

Neither individual dietary intake nor village to village differences can be established with any degree of precision from the data available, although certain tentative statements may be made about the role of diet in the health of the Motuans. First, because vegetables were readily available, they formed the basis of the Motuan diet. Second, the meat which was available in limited quantities was mostly lean meat. Pigs, wallabies, dugongs and turtles were eaten only at certain times (June, July and August) when the hunting season commenced and on special occasions (at bride price payments, weddings, funeral festivities, and tabu festivities). Third, culturally sanctioned reciprocity ensured that catches were distributed within the hunter’s or fisherman’s kin group.43 The continuing obligation to redistribute food among kin evened out supply and ensured that the chances of illness, stemming from inadequate food, was significantly reduced. However, a poor environment limited food surplus.44 The health risks linked with food shortage increased the chances of Motuans becoming sick.45

Health was not equally enjoyed by men and women. Generally women aged

42 i.e. Fish with spines such as rabbit fish (beki) whose stings were considered poisonous. No young girls were allowed to eat them because it was believed their tattoos would become extremely painful.
44 On the basis of personal experience during adolescence and early adulthood.
45 OT: Dr V. R. Tamarua of Port Moresby, 1993.
faster than men and died younger than their brothers. This disparity may be explained by differences in diet. Men had first priority to high protein food and the women ate what was left when the men had finished eating. In time of food shortage women consumed very little protein. Small fish were forbidden to women during pregnancy or lactation and after menopause some fish for example beki were forbidden.\footnote{46}

3.3.5 ETHNOLOGY OF FAMILY HEALTH PRIOR TO EUROPEAN CONTACT

Motuan child rearing patterns were passive and indulgent. All women breastfed their babies and lactation failure was uncommon. Breastfeeding for the young was on demand. Complete severance for last born children might not occur until their fifth year of life, and even at this age it would be rare for a mother to refuse her breast to a child. Subsequent pregnancy was usually the inducement to weaning.\footnote{47}

The first introduction of supplementary foods to children traditionally seemed to have occurred at twelve months. Even where supplements were introduced relatively early in life, consumption was irregular and the amounts were small. Hence, supplements made minimal impact on total food intake, even at twelve months of age. The introduction of supplementary foods was thought nonessential, unless the baby showed hunger by crying or touching the food. The weaning food diet was the same food eaten by adults and only limited foods were used in weaning.\footnote{48}

The daily meal pattern curiously started with a morning meal, including fruits, nuts, or tubers. Depending on activity and location, raw or hurriedly cooked food might be eaten during the day. The main family meal was eaten in late afternoon or early evening and comprised the staple vegetables and varying amounts of a wallaby meat or fish. Poor mothering also played a role in limiting the child’s feeding patterns. While pressures to breastfeed on demand were strong, competing needs to tend to children, gardens, dogs, shellfish collection, firewood, water and kinship obligation, placed excessive additional demands on women. Commonly, a crying baby over about six months old and under one year old, who might otherwise be fed, was hustled into the string bag (kiapa) and lulled to sleep by a grandmother, while the mother completed another task. By the same token, older children were made to wait until the infant was cared for before their own hunger could be satisfied. In short, training towards achieving appetite control and expressing minimal demands for food took place throughout childhood.

Traditionally, freedom was widely enjoyed by children between five and ten years old as far as food was concerned. At this age children were self reliant. They satisfied their hunger with snacks acquired by themselves, or from other children or adults. Hence, while it was still unbecoming behaviour to express repeated demands for food, it was acceptable for the child to find and cook a banana, eat a fruit, or catch and cook a small fish without parental intervention. This freedom extended only until adolescence, especially for boys. During adolescence they, once again, had to learn inflexible appetite control under the attentive eyes of older males in initiation schools.

49 Sibona Kopi, 1976-79 Fieldnotes. From Research Project conducted for a B. A. Honours programme at the University of Papua New Guinea.
50 On the basis of personal experience during adolescence and early adulthood. OT: Dr V. R. Tamarua and Dr Reia Taufa of Port Moresby, 1993.
Foods, in particular the relinquishment of juicy childhood favourites and esteemed meats and fish became the medium for expressing the realization of full masculinity. While this was perceived as a way to improve male growth, it was likely to have dampened the normal accelerated growth at adolescence, adding further to the overall small size of adults and the late growth cut-off point. Food controls for female adolescents were rarely as restrictive as those for males, but when young women became pregnant, additional prohibitions were placed upon their diets in order to ensure the well-being of the baby. These restrictions were severe and were associated with fears of having large babies and complicated deliveries. These practices no doubt contributed enormously to small sizes at birth, hence continuing the cycle of biocultural change towards small body size.  

In addition to its reproductive consequences, prolonged breastfeeding placed an enormous burden on the lactating mother’s energy. Widdowson estimated that the 36,000 kcal stored by average, well-nourished Western women during pregnancy is enough to provide only about one-third of the energy required to support four to five months of lactation. The US National Academy of Sciences recommends that lactating women consume 500 kcal day over their normal daily requirements. This recommendation is based on the assumption that, during pregnancy, the average woman gains about 3.5 kg of fat that can be mobilized to provide the 300 kcal/day necessary to produce 850 ml/day of milk for about three months. The average Motuan

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woman was far from the paradigm of the average, well-nourished Western woman. She began pregnancy with lower nutritional reserves. She gained little if any fat during pregnancy. She lactated for more than three years, not four to six months. She does not appear to have supplemented her own diet during lactation. And her milk provided almost all the nutrient required by the child for at least the first six months post-partum. The net effect of these differences was that the nutritional status of Motu women declined cumulatively with each round of reproduction.

It cannot be doubted that within this context of food production and food-related beliefs, the most important causes of growth retardation were low levels of nutrient intake, low birth weight, and morbidity. The consequence of low intake of protein was the obvious culprit in many problems of infancy. Cultural deprivation, poor sanitation and poor mothering played equal roles. Motuans endured high infant death rates, possibly as high as 50%.

Mortality rates were especially high in the first year of life, and weaning on to the high carbohydrate diet of adults was a most dangerous transition.

3.3.6 WATER SUPPLY AND HEALTH

The water supply was usually an open pool in a creek, polluted by users upstream, and a long way from the houses. In such cases not much water was used for personal hygiene. Where creek water was not available, some springs have been used as sources of water supply. They were not always properly protected and could be easily contaminated. Most wells were unprotected and the water drawn by basin (*bio*). This provided the ideal setting for transmission of infectious diseases.

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54 OT: Gavera Ovia, Gavera Baru of Hanuabada village; Oala of Manumanu village; Morea Rearea, Lohia rahobada of Boera village; Eava Rau of Vabukori village; Aire Aire of Pari village; Noho Airi of Tubusereia village; Raiva Tau of Barakau village, 1993.
3.3.7 FOOD PREPARATION, COOKING AND EATING HABITS AND HEALTH

Vegetables, mostly carbohydrates, were usually peeled and boiled but sometimes they were baked unpeeled and the charcoal scraped off after cooking. Leafy greens were usually boiled, or steamed with other foods in bamboo tubes, or cooked in a hole in the ground containing hot stones. Losses of vitamins and minerals during cooking were negligible; for cooking time was short, and water used in cooking was consumed as soup.

It was the practice to eat one or two meals each day. The largest of these meals was cooked and eaten in the afternoon or evening. Snacks were eaten during the day but these amounted to not more than about 10% of the total calories consumed. Feasts were commonly used to reinforce the importance of certain social events such as marriages and deaths. The killing of many pigs was often an important part of these occasions.

3.3.8 VILLAGE ORGANISATION AND HEALTH

People lived very close adjacent to one another. Houses were built over water on raised wooden posts and situated close to the shore. Water eased waste disposal. Ceremony was important and *dubu* on which ceremonial festivities were held formed a significant part of village life. More than one family lived in each household and there was close physical contact between individuals. Furthermore close physical contact between individuals was a common occurrence in all facets of Motuan communal living. This practice provided an ideal setting for increasing the spread of infectious disease and high frequencies of anaemia and parasitism. Island

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55 OT: Dr V. R. Tamarua of Port Moresby, 1993.
environments naturally limited space both for people and their building activities and enforced close physical association between individuals.\textsuperscript{56}

3.4 WARFARE AND HEALTH

Warfare was an important contributing factor in the Motuans' depopulation. Motuan warfare was frequent, and was largely a matter of surprise and massacre. For example, in one well remembered village raid almost the entire population was completely wiped out. A pregnant woman, who escaped unhurt, was the sole survivor. Since men, women and children alike were victims, and its effects brought depletion of population, the effect of war must not be minimised.

Retribution against enemies took various forms. These included the more formal arrangement of war canoes (\textit{revareva}) lined up against each other; or set battles on pre-arranged fighting grounds; occasional mass slaughter of whole populations; the surprise ambush in which indiscriminate killing took place; employment of a sorcerer to work sorcery in a particular blood feud; and the refusal to invite to a clan tabu festivity. Wounds inflicted as a result of these inter-tribal feuds heightened the likelihood of contraction and transmission of infection and certain types of diseases.

A number of villages lost their canoes in 1890.\textsuperscript{57} There was always the danger of being swept out to sea and the canoes being lost. Sometimes they were carried past their own villages and wrecked. The occupants faced death on landing among hostile people.\textsuperscript{58} For example, all crews of an abandoned lakatoi landed at Bonanamo beach and on their way home, they were killed by enemies except for two who managed to

\textsuperscript{56} S. Webb, op. cit., p.270
\textsuperscript{57} \textit{British New Guinea Annual Report}, 1890-91, p.102.
\textsuperscript{58} \textit{British New Guinea Annual Report}, 1886, p.46.
escape the attack. A total of 177 Boera people were massacred as a result of a payback by Waima people around 1877. Wounds inflicted by clan feuds and inter-tribal warfare increased the contraction and transmission of disease. Sorcery was characteristically attributed to enemies, or an “out-group” in traditional, pre-contact times, and whether real or imagined its effects were part of the ethos of war, its bad psychological effects enhancing illness. At this point we should introduce the clear traditional distinction between the sorcerer and the healer in Motuan Society. The village sorcerer was expected to work against the enemy, and thus was valued; it was the outside sorcerer who was feared. The healer (babalau) was dedicated to curing health problems within his or her own village or “security circle”, and hold the power to counter sorcery (or of counter-sorcery).

It can be assumed that before contact, then, there was an apparently reasonable range of endemic diseases, and that natural and environmental dangers caused health problems; persistent hunger and various practices and customs concerned with ‘public health’ all contributed to the generally poor standard of health. These factors may have contributed to the low population density, and unstable situations produced patterns of disease which most likely explained the limited growth in population. The pattern of disease in Motuan Society and the way Motuans reacted to illness prior to Western contact is given in the next chapter.

59 N. D. Oram, Gori bona Sene Sivaraidia, 1974, pp.4-8.
60 J. Chalmers and W. W. Gill, op. cit., p.305.
62 For the idea of security circle see P. Lawrence, The Garia, 1984, pp.38-60.
CHAPTER FOUR

IRUTAHUNA - THE LOCUS OF SPIRITUAL ACTIVITY

4.1 INTRODUCTION

This chapter concerns itself with the way Motuan people historically explained illness. Illness was in most cases thought to be a reflection of the displeasure of ancestral and nature spirits with humans for breaching the social mores of the *irutahuna* (literally the centre or heart of a house) and their attempts to identify the cause of the displeasure and to placate the spirit involved. Supernatural agencies (ancestral and nature spirits) were at the centre of the Motu people’s medical paradigm before colonisation and they believed that ancestral spirits (*diravadia* or *laumadia* or *laulaudia*) inhabited the spiritual world, while humans inhabited the physical world with its natural resources. The ancestral spirits were seen to be both guardians and punishers, interested in upholding the established social order, who frequently indicated their disapproval by inflicting illness when their living descendants, through disobedience and/or negligence, failed to meet the social requirements of the *irutahuna*. The ancestral spirits could inflict illness directly, or could enlist the services of place spirits, including the spirit of the forest (*godio*), the spirit of the sea (*atanitano*), the spirit of creeks, pools or lakes (*tabu*), or living human beings as their agents in rewarding, healing or punishing sin, the choice of agent depending upon the seriousness and the type of the breach of the social mores of the *irutahuna*. In this overall context, the anthropologist Murray Groves has described sin for the Motuans as "all acts endangering the harmony, strength, continuity
and respect of the lineage”, and it was also believed that ancestors punished others for offences against their kin-group. The swelling of the scrotum (*abo bada*) was such a punishment, most generally reported as a result of sorcery, for the breach of sexual conduct of the *irutahuna*. Belief in this power gave rise to a set of practices which were thought to identify the probable cause and appropriate response to illness, and explained why one individual rather than another was afflicted by illness and misfortune. It was argued that the *irutahuna* was the locus of ancestral spiritual activity, which provided the means of interpreting significant events influencing well-being and illness, life and death, prosperity and poverty, harmony and disaster. All of these were comprehensively covered by an *irutahuna* “logic”, which came to be the way the Motuans analysed the logical sequence of cause and effect of any social event. Illness was seen as a conflict between the living members of a household and ancestors of the same household who caused the illness to the living for breaching the social mores of the *irutahuna*.

One of the major components of the *irutahuna* was the belief about the relationship of humans with nature, of humans with humans, and of humans with the supernatural powers which Motuans recognised as controlling the universe. These beliefs were incorporated in the Motu people’s cosmology, in their philosophy and in their *irutahuna*. Their understanding about life and death, health, illness and accidents was imbedded in this concept.

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1 M. Groves, “Motu Morality” *Papua New Guinea Society Report And Proceedings*, 1955, p.11. The author was referring to the Western Motuan village of Manumanu.

2 OT: A village councilor of Manumanu village, 1993; Avuru Auda of Rearea village, 1993; Lohia rahobada and Miria rahobada of Boera village, 1993; Riu Morea, Gorogo Sioni, Vagi Arere, Busina Loa and Seri Bitu of Porebada village, 1993; Madaha Resena of Tatana village, 1993; Gavera Baru, Nou rahobada of Hanuabada village, 1993; Kamea Gabe of Elevala village, 1993; Maraki Maraki and Mase Dabu of Vabukori village, 1993; Aire Aire and Legu rahobada of Pari village, 1993.

3 For background to the study of “retributive logic” as an explanatory mode in Melanesian Societies, G. W. Trompf, *Payback*, op. cit., ch. 3.
Another ascribed cause for illness was sorcery, a dominant cause of serious illness in Motuan Society. Sorcery was regarded as a means of enforcing the moral code. The infliction of all these serious illnesses occurring amongst the Motuans is brought on by violation of the irutahuna’s social norm. There are two ways that the punishment can be carried out. The ancestral spirits can use human agents, sorcerers, to inflict serious illness. Secondly ancestral spirits can communicate with the nature spirits who in turn either inflict the punishment themselves or aid the sorcerers, acting as a third party, to fulfil the punishment. This can only happen to the victim once the protective shield of the irutahuna is removed. Hence the victim is vulnerable to any external forces that can harm him/her. Motu people also believe that ‘black’ magic (vada) could be used to harm whereas ‘white’ magic was able to heal by reversing the influence of the black magic. Thus it can be seen that, even though in pre-contact times almost all sorcery was thought to come from outside enemies (whereas upon pacification a new fear of sorcery from within the village came into the picture), the source of the sorcery is less relevant than the removal of the ancestors’ protectiveness.\(^4\)

A widespread belief incorporated in the irutahuna concept was that illness and premature death were a punishment for the infringement of the ethical code. Parents’ infringements of the sexual code of the irutahuna, for example, could cause kwashiorkor in a child. Medical psychiatrists\(^5\) treating mental health symptoms have detected an extreme neurotic anxiety among Motuan patients arising from a consciousness of having ignored the sexual code of the irutahuna.

\(^4\) Whether this logic applies beyond the Motu remains to be seen, but this aspect of retributive thinking is not fully addressed by G. W. Trompf in Payback, op. cit., ch. 3, although he writes much of changing patterns of sorcery fears, pp.60-78, 355-64, cl. also M. Zelenietz and S. Lindenbaum (eds.), Sorcery and Social Change in Melanesia: Spec Number: Social Analysis, Vol. 8, 1981.

\(^5\) OT: Dr V. R. Tamarua of Port Moresby, 1993. A medical practitioner and a former medical Superintendent, Laloki Psychiatric Hospital, Papua New Guinea.
In order to understand the Motuan concept of health and illness, one also needs to consider the Motuan world view. Motuans believed that there was a physical world with human inhabitants and natural resources, which existed alongside an equally important spiritual world peopled with ancestral and nature spirits. The human condition was seen to be affected by relations between individuals and the physical and spiritual domains, and it was considered that the desired condition was one in which relations between humans and each of these two worlds (physical and spiritual) were stable and in harmony. Where harmony existed between the two worlds, a feeling of tranquillity and well-being was experienced. In individuals this was referred to as asi udupapamu or asi heginiginimu and in collectivities asie udupapamu. These were idioms used for those who heeded the social norm of the irutahuna. Unfortunately there was seldom, if ever, complete harmony.

Many of these influences could be inimical to the welfare of the people and continuing health and well-being could only be assured by correct inter-personal relationships and the observance of the ethics of the irutahuna-helaga (tabus or prohibitions) so that the spirits would not be offended, although people could be delivered in times of emergency by the correct ritual, formula or spell. Over many generations the Motuans and their forebears developed an elaborate philosophical system in which the people were seen to be continually interacting with place, plant, and ancestral spirits, which all had an influence on the affairs of the living and were capable, conversely, of being manipulated to a person’s advantage. Feeling themselves in the centre of a web of personal and spiritual relationships, Motuans were first of all aware of the strong influence of their ancestors, who continually demanded the maintenance of the social order and realised that inattention to this influence resulted in illness or misfortune. Further on in this chapter, we will deal with the role of nature and ‘place’
spirits in causing illness, but so dominant is the attention with the ancestors in Motuan culture that even these rarely act independently of ancestral directives.

The ancestors were believed to be primarily concerned with the welfare of their living descendants bestowing the good things of life, including health. People believed that the ancestors were with them (ruma diravadia e moalemu, e harihari henidamu) and that they insisted that people maintain their contact with life through producing children of their own. When misfortunes happened Motuans believed that the ancestors were “facing away” from them (ruma diravadia ese e henidamu) and were believed to withdraw their protective shield and gifts of good fortune from erring descendants. Without their protection the living descendant’s became vulnerable to all sorts of misfortune and illness.

The words tauanina goevagoeva, standing for health, constitute a more comprehensive phrase in the Motu context than the plain translation suggests. Perhaps the best English equivalent is “fullness of life”. Tauanina goevagoeva in its broadest sense means to be in harmony with the universal force. This well-being included not only a healthy body but also a flourishing family. Life was a dynamic force flowing from the father to all his children. The possession of this vital force or power (lauma) was crucial for the well-being of the Motu people.

4.2 IRUTAHUNA

The term irutahuna could be used in many ways and could mean different things to different people in different contexts. Irutahuna literally means the centre of the house. Before colonisation Motu houses were inhabited by both men and women in family groups. This, we will recall, is in contrast with the normal Melanesian pattern where the men lived in men’s houses and women and children lived separately (cl.
chapter 2). The large inner room in their houses had a front part (vaira) and a back part (dura). The irutahuna was a specific place between the vaira and the dura, and it was regarded as a holy place. When a shelter (kalaga) was built in the centre of the garden this was regarded by Motu people as the irutahuna of the garden. J. W. G. Williams stated that the principal significance of the irutahuna was that “the spirits of the departed maintained their special point of contact with the physical world at the irutahuna”.6 These places in a house, garden, canoe or lakatoi (this ocean-going vessel often being made by lashing three or more canoes together) were widely believed to be centres of spiritual power. Sacred objects were placed at the irutahuna of the house. Graveyards and chiefs’ platforms (dubu) were often found in the centre of a village. For example, Tubusereia’s cemetery was in the central part of the village.7 Initiates often slept in a house at the centre of a village.

Motuans maintained that the irutahuna was the spiritual and physical centre for activities involving household members and the specific point of contact of ancestors with the physical world. As ancestors remained active members with their living descendants in the same community of people and spirits, they came together at the irutahuna to explore together the probable causes of an illness and the appropriate measures to be taken to restore a balanced relationship. These measures included confession, restitution and reconciliation. The only institution designed to make peace with the spirits involved was the irutahuna. The same view was expressed by Groves when he said:

Irutahuna is the focal point of significant events and ritual undertaken in pacifying the (spirits).8

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The *irutahuna* is a more than a physical place and cannot simply be taken as spatio-moral centre-point, even if it is associated with various places and objects (especially the centre of a family house), and it is not so grand as an *axis mundi* (or cosmic centre as generalised for human cultures by Mircia Eliade). It is a complex notion which incorporated the traditions and rules which governed daily living. These rules ensured personal and public well-being and were enforced by religious sanctions. There were prescribed rules about abstinence and restrictions with regard to food and water on given occasions such as fishing for turtles or dugongs, or Hiri expeditions. When these aspects of the *irutahuna* were strictly observed the well-being of the society was maintained. An *irutahuna* underlying health practices not only codified health practices but gave an additional sense of security to those who adhered to the precepts.

*Irutahuna* is a very complex concept which is at the centre of the Motuan way of life. *Irutahuna* functioned as a meeting place where household members discussed daily activities and from which the head of the household maintained discipline and allocated tasks among the men, and where his wife, who was in charge of domestic arrangements, also allocated domestic duties to her daughters-in-law. The house was often an extended family home or lineage house made up of several nuclear families: brothers with their wives and children, of father and sons with their wives and children. When family members were together at the *irutahuna* of the house they discussed a variety of things, such as the building another kind of a house or a canoe, demolishing a house, going fishing, hunting or making a garden. It was also a spiritual centre where rituals were performed. The unity of the physical and the spiritual were believed to be present at the *irutahuna*. *Irutahuna* rites were part of everyday life in a Motuan village.

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because Motuans believed that ancestors possessed greater power and greater knowledge than the living. Rites were performed at the *irutahuna* to obtain this special kind of power and knowledge linked with the ancestors. Every household had religious responsibilities and its members were required to obey the ritual prescriptions associated with their household name, to honour the household ancestors and to respect the *irutahuna*. All members were expected to sleep together in the house on ritually significant occasions such as after a death or before a member left on a journey.

Finally, the *irutahuna* was the centre or heart of a person. The *irutahuna* formed a protective shield around a person if that person was in a right relationship with nature, his fellow humans and with the supernatural world. If the *irutahuna* was intact the person was protected from danger by his or her ancestral spirits. However, if the rules of the *irutahuna* were broken the protective shield was removed and the person was vulnerable to attacks from sorcerers and supernatural forces. For example, a person was believed to have escaped from death from a fall because the person’s *irutahuna* was good.

The *irutahuna* consultation rite, where the living and their ancestors shared a communal meal, was not only to obtain the favour of living elders, but especially from the ancestors who were present with their living descendants at the (‘spatio’)-spiritual centre. *Irutahuna* symbolised the unity of the ancestral past with the living present. It linked the *helaga* (sacred) with the non-religious at the same time as it linked the past with the present, and they all in turn were linked with each other. There was a focal point of spiritual energy in the house. The *irutahuna* meal was therefore a ritual meal at the holy place of this spiritual energy. It was a communion at which past (ancestors) and present (the living), sacred (*helaga*) and ungodly, came together in unity in the one presence, and those who ate the meal were part of that presence, accordingly obtaining
ritual power (*siahu*). The dipping of hands in a bowl of water, and prayers offered were a symbol of confession and restitution, linking the victim with the power of the household ancestors. When a man offered a prayer at the *irutahuna* of a house he ended by invoking the names of his ancestors, calling them into a mystical communion with himself. Motuans maintained that ancestral power was present in this *irutahuna* rite. It not only represented a ritual power, it incorporated it.

### 4.3 ANCESTRAL SPIRITS AS 'GENERAL CAUSE'

In order to understand the thought patterns of the Motuans, it is necessary to examine the operation of the ancestral cult. There were several words to denote the dead. *Mase taudia* was a collective term for all the departed spirits; *laulau* meant particular spirits that had materialised as human beings, birds, reptiles or insects. The latter would usually serve a purpose at a particular time and place, and could disappear whenever they chose. Other terms employed with the same meaning in the same context were *dirava* and *lauma laulau*, but these also referred to a shadow. A shadow was believed to depart from the body when a person died, and a dead body was believed to cast no shadow. A shadow in this sense could be seen as synonymous with a soul (*dirava or lauma*), in that it was believed to depart from the body in the form of the body, although invisible. A dead person was initially a *lauma* until a rite known as *lahi dairi* (funeral feast) was performed after a period of mourning. The *lahi dairi* integrated the person with the body of the ancestors, and also brought the person back home as a *dirava or lauma*. *Dirava* and/or *lauma* go away to join the ancestral spirits. They also return in spiritual form to visit their loved ones. They both go away and come back. They return to ensure their loved ones that they know what they are doing, to protect them when they are living in harmony with the rules of the *irutahuna* and to punish
them when they depart from those rules. They were responsible for protecting and/or disciplining their descendants. *Dirava* and *lauma* refer, in particular, to the spirits who exercised a legal role in the interpretation of ancestral spiritual laws as these laws affected their descendants. *Mase edia hanua* simply means those who were in the world of the dead, for, while the dead were believed to live in another world where they remained, as Trompf has maintained, still regarded as part of the community of the living.  

Ancestors were also believed to be primarily concerned with the welfare of their descendants. They surrounded their descendants with a protective shield which was only withdrawn from the living descendants when they violated the social requirements of the *irutahuna*. When the good things of life, including health, were realised, Motuans believed their departed ancestors were with them (*ruma diravadia e moalemu, e harihari henidamu*), but when misfortunes (eg. crop failure, a collapsed roof, drought, physical injuries) and sickness happened, they believed that the ancestors were “facing away from them” (*ruma diravadia or laumadia or laulaudia na se moalemu, e muridamu*), for the ancestors were believed to withdraw their protection and gifts of good fortune from erring descendants. Without their protection the descendants became vulnerable to all sorts of misfortunes and illness.

However, the withdrawal of the ancestor’s invisible protective shield was not seen as a sign of malice towards the living or without a just cause. As custodians of the *irutahuna*, ancestors were interested in upholding the established social order and frequently indicated their disapproval when their human descendants, through

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10 G. W. Trompf, *Melanesian Religion*, op. cit., p.16. Man lives in a community comprised not only of men and women who are now alive and present with him, but in a community of man and spirits, all of whom alive. This is a common belief held by many cultures. With the Motu *laulaudia* is synonymous with *diravadia* and *laumadia* referring to all the dead who belong to the family. The term most commonly used by Motuans in everyday speech was *ruma diravadia* (household ancestors), who were the custodians of the *irutahuna* responsible for rewarding, protecting or disciplining the descendants.
negligence or some other reason, failed to meet the *irutahuna’s* social mores. The people themselves were believed to have provoked the ancestors. Thus, in this sense, ancestral spirits could be seen to be directly responsible for a death that might have been brought about by other factors. Similarly, when their protection was withdrawn, a person became vulnerable to sorcery and other environmental dangers (from nature spirits, place and object spirits)\(^1\) as well as being prone to accidents. Ancestral spirits could use both sorcerers and nature spirits as their agents. They were used to persuade the living descendants to respect the *irutahuna* and comply with the social norm. This strengthened the ancestral spirit’s power to punish those who stepped out of line regarding the *irutahuna*.

The Motuan people did not differentiate between ancestors who could punish or reward, and ancestors who were powerless to do this. All ancestors, it was assumed, being in the spiritual realm, had the power to punish the living with illness and death, but they were not maliciously inclined toward the living without cause, and in all cases illness was seen as a result of incurring their anger through failure to comply with various moral rules of the *irutahuna* as sanctioned by the ancestors. An illness so mild as to be ignored ordinarily, might produce a guilty conscience sufficient to induce a patient to fulfil neglected obligations of the *irutahuna* without the advice of a *babalau* (traditional healer). One important element in the notions regarding the *sene goreredia* (illness of ancestors, muscle wasting [*mamano*])\(^2\) in particular was that not only the offending person himself might be afflicted by the ancestors, but that his children, and his children’s children for generations, might suffer as a consequence, until the ancestral

\(^1\) Both sorcerers and nature spirits were believed to be ancestral spirit’s agents for punishing sin.

\(^2\) The term which referred to this sort of misfortunes was *gebi* (literally means the ancestors were facing away from him).
spirit had been identified and appeased.

Ancestral spirits can also inflict punishment that can be for a lifetime. For instance, when a proportion of a bride price is not shared equally among the relatives this can create social tension. Aggrieved relatives can go to an ancestor’s grave and call upon the ancestor to make the bride barren. If the problem is recognised and the tensions resolved the ancestor can reverse the punishment because social tensions have been addressed and harmony restored.

A further Motuan belief was that ancestors continued to remain members of the family, and continued to exercise their influence on the living members of the family by punishing them whenever they were offended because of breaches of the social mores of the irutahuna. This punishment was often imposed by them by inflicting illness, or by creating unfortunate accidents which in some instances cause the death of the person.. Ancestors could be encountered on moonlight nights, on dark nights or in lonely places and often took the form of parents, or other relations, either dead or alive. However, ancestors could also take the form of one’s children, other human figures, animals, or insects of their choice.\textsuperscript{13} When ancestors appeared in human form, they characteristically appeared clothed in bark or traditional costumes,\textsuperscript{14} but in more recent times it was not uncommon for ancestors to appear in Western clothes. In general it was believed that ancestors were ghosts, apparitions of dead relatives appearing to the living.

\textsuperscript{13} OT: Kini Baia of Tatana village, 1993. This elderly lady died long before I was there to interview her granddaughter, Keity rahobada, the traditional healer (babaleu). While I was talking this young lady about the interview, the old lady, Kini Baia took possession of her and was talking to me through her granddaughter. This lasted for about five minutes and we (including those who were present in the house) said goodbye to each other and then she left.

To the Motuan people, health was understood to be “living well with the *irutahuna*”, and any departure, temporary or permanent from this condition was termed *kerere*, a broad term meaning trouble. When this term used in the context of illness, it means any disruptive social event which calls for a positive response in order to re-establish harmony. Therefore illness was seen as a departure from living in a harmonious relationship with the *irutahuna* which was believed to be the focal point of spiritual energy in the house. Illness, to a Motuan, was evidence of ancestral (*senemai, ruma diravadia, launadia, laulaudia*) displeasure which the people experienced, from time to time, as a reminder that social obligations of the *irutahuna* (in the sharing of food, cooperation in family activities, bride price payments, funeral feasts, wedding feasts, gardening, fencing, fighting, fishing, hunting, etc.) were not being observed. As custodians of the social mores of the *irutahuna*, ancestral spirits were anxious that the living should maintain the *irutahuna* traditions they themselves had practised when they were alive. To depart from the accepted custom could result in punishment in the form of illness (*gorere*), or injury (*bero* or *heala*), which was never attributed to a natural cause. The occurrence of an illness indicated a dangerous imbalance which needed to be re-established. Commenting on such perceptions, Maddocks, a Western medical practitioner who worked among the Motu people, has stated:

People saw health as something to do with good relationships. Sickness occurred in situations of wrongdoing or anger or jealousy, and the correct response to a sickness was to gather the family in consultation and explore together the various happenings which might be responsible, confessing, redressing, repaying, making straight.16

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15 G. W. Trompf, *Payback*, op. cit., p.133. *Kerere* (trouble) is a broad term covering a host of things. But when it is used in the context of illness, it means any disruptive social event that calls for a positive response in order to re-establish harmony.

The central value of life to the Motuan was the vital force which was manifested in a healthy condition. They understood illness as the withdrawing of vitality or soul (lauma) from the body, so causing weakness, loss of consciousness, wasting and death. The Motuan tried all cultural means to restore his vitality if it was taken out of the body.

In Motuan philosophy, humans occupied an important status in the hierarchy of powers. This hierarchy was, for example, reflected in the different powers attached to the mixing up of medicine. Remedies consisting of components of animal origin were more powerful than those of plant origin, and medicines which came from human sources had the highest place on their scale. When a man recovered from a severe sickness, for example pneumonia (rudu hisihisi or ragaraga hisihisi), and felt better again, he normally told the healer name taunimanina, which literally means “I am a man now” (and not less than one).

4.4 DISCERNING PARTICULAR CAUSES IN THE CARE SITUATION

Both the presentation of illness, and the response of others to it, were largely determined by socio-cultural factors. Pain was not only a physical condition, but also, in a general sense, a painful situation or event. Symptoms might not have been very severe in themselves, but suggested to the person, from previous experience, that they might be feeling ill. Reactions within the person were determined by personality and disposition. Symptoms may have been ignored or brooded upon. Either way, if the symptoms


persisted, and if working capacity was still further reduced, so that meals or sleep or leisure could not be enjoyed, the question “am I ill?” was frequently asked. Family members also became aware of the effect of the pain on the person as, even if that person was disciplined and uncomplaining, his general behaviour would have changed sufficiently to make them ask the same question, “is the person ill?” On confirmation the family would apply a simple home remedy.

If, however, the illness did not respond to the home remedy, and the patient’s condition persisted, the immediate relatives of both husband and wife were requested to assemble at the *irutahuna* in the patient’s house. The head of the household asked the relatives whether they were harbouring any anger against the patient. If someone confessed, he or she alone was asked to burn his or her arm hair (*ima deradia*) ceremonially with *kunai* grass (*kurukuru*) and then the burnt hairs were rubbed on the patient’s body at the *irutahuna*. The author heard the following prayer offered for Siage at the *irutahuna*:

> *Why have you inflicted Siage with this illness? Come and take this illness away from him, and do not make him ill any more (Umui be dahkan dainai tau ariari Siage enai ome ha varaia? Vada baoma ina tauariai vada bame kokia ena amo. Enai ma basio daukau lou).*

A confessor, together with everyone who was present at the *irutahuna* would gather to wash their hands ceremonially. The water was rubbed on the patient’s body, by an aunt muttering the above prayer.

The patient was closely monitored for improvement by the relatives (*bese ese*). If, however, the condition continued as before the ritual reconciliation of the immediate relatives with prayer and communal meal at the *irutahuna*, the senior members of the kin group were urgently requested to assemble at the *irutahuna* in the patient’s
household to find the cause of the trouble. They would sit around the patient, and ask him: “Oi nano?” (Are you well?) “Oi be daika ese eha hekwakwanaimu?” (What bothers you?) They would touch the patient to locate the seat of the pain. After this the head of the household briefly outlined to them the actions taken to date in order to improve the patient’s condition. A physical examination was carried out, taking into account the past history of the patient. Particular attention was paid to the reactions of the patient. This might be helpful as the patient’s behaviour was associated with similar types of illness in the past. If, however, the physical examination failed to produce a basis for formulating a diagnosis, the senior members of the kin groups turn to *tuakekero*, which literally means to seek out, or to find out the cause. The English equivalent is divination.

The most senior man in the kin group requested the head of the household for a clay bowl (*ataga*) into which a resin (*lamanu*) was placed and set alight. He passed it to the man sitting next to him, and this man passed it to the next man, who repeated the action until everyone had a turn holding the bowl (*ataga*) (see figure 1). When the light was extinguished, the person holding the bowl was deemed responsible, through influencing the ancestors to make the person ill. If the resin (*lamanu*) failed to extinguish (*bodo*), but kept on burning, the curiosity of the group increased and the

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20 OT: Vali Vali Bagelo, Vagi Loi, Gamoga rhababa and Hare Bore of Gabagaba village, 1993; Sere Ugava, Maleva Gomea and Badira Goa of Gaire village, 1993; Egu Aue, Itana Lahui, Vara Valahu, Raiva Tau, Vali Asl, Gebo Egi and Ugava Maraki of Barakau village, 1993; Hanua Kwalimu, Logona Taei, Hitolo Hanua, Loi Lahema, Abi Vavia and Raka Kopi of Tubusereia village, 1993; Aire Aire of Pari village, 1993; Riu Morea and Gorgoro Sioni of Porebada village, 1993; Nou Mada, Seri Mase, Valahu Valahu, Koana Mada, Kebe Henao, Vegudi Aria and Maiari Kopi of Barakau village, 1976; Dairi Taumaku and Koani Toea of Porebada village, 1976; The Rev. Nou Auda and Gobuta rhababa of Rearea village, 1976. A prayer (*gwa* hervia hervia or *gugurigugu*), offered to the ancestors at the *irtahuna* (the ritual centre or the heart or the nerve of the house). It was believed that these wishes or petitions often were answered more quickly and effectively.
family involved posed more questions to themselves, “who was the cause of this illness?”, “who sent this illness?” These crucial questions were pondered until they were satisfied with the answers they received. They were less interested to know, “how did it happen?” than “who was responsible?” They, in their causal thinking, were more concerned with persons than with things. They believed that illness, accidents, and other misfortunes were intentionally caused by ancestors (senemai diravadia), because of breaches of the social mores of the irutahuna. They could not accept the hypothesis of chance or accident as the explanation of someone’s misfortune. “Why did this happen to him?” Every important happening must have had a reason or cause for its occurrence and the people must know this cause or reason. The alternative was chaos.

FIGURE 1. Divination at the Irutahuna.

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Another method of divination was the cracking of finger-joints (*ima hatoru*). The person who practised this art called out the names of the patient’s ancestors (*ruma diravadia*). The cracking of a finger joint as a particular ancestor’s name was called indicated the aggrieved ancestor who had caused the person’s illness. When there was no noise from the knuckles that is they do not crack this indicated that the ancestral spirits were not angry.

Sometimes a decision was made to consult an outside diviner called a *deidei tauna*. The person was chosen on the basis of his or her fame in the clan, (there were more men than women who practised this art) and the number of favourable consultations experienced by the family in the past. On the agreed day, the selected *deidei tauna* or *bagu ita tauna* would be asked to come to the house where the patient had been lying (usually at the *irutahuna*). The relatives of the patient arrived and took their seats at the *irutahuna* in a circle around the patient. *Deidei tauna* spent at least the first ten minutes physically examining the patient’s body including the hands (*imadia*), legs (*aeda*), armpits (*kadidihadia*), ear (*taiadia*), mouth (*udu*), eyes (*matadia*), neck (*aio*), groin (*kamika*) and the head (*kwara*).

In this examination it was important to give attention to the behaviour of the patient. For instance, instant vomiting (*kara haraga baine mumuta*) or the patient’s difficulty in opening his eyes (*mutana mahuta mahuta basine hanoga*) suggested “ancestral-infection” (*ruma diravadia ese taunai e daukau*), and would point to a breach of the social code. The following questions were usually asked of the patient: “How did you get this illness?” “When did you get ill?” “How long have you been ill?”

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22 Arguments over equal share of bride price payments often led to injured social relationships. Isolation and loneliness were deemed unethical behaviour thus anti-social behaviour unacceptable to *irutahuna* custom and could easily offend *irutahuna* ancestors, who were the custodians of all moral rules that *irutahuna* embodied and to which ancestor exerted social control. Health, according to Motuans’ view of their world, begins with good relationship.
The answer to these questions must correspond to the hypothesis formulated on the basis of the physical examination. The next step was to identify the ancestor responsible for the illness. It was by a process of divination that the ancestral forces causing the illness could be determined. The burner was set alight in a clay bowl (ataga) and passed from the deidei tauna clockwise to the relatives around the circle at the irutahuna. When the burner extinguished, the person holding the bowl was deemed to “have” the ancestors causing the illness.

Hui raga was another technique used amongst western Motu people to investigate illnesses whose causes were attributable to the patient’s ancestors. A man whose illness had been cured through this technique reported that an elderly woman who knew the art was called in to see him. She sat beside him at the irutahuna. The names of all the ancestors on his father’s side would be mentioned one by one. As each name was mentioned the old woman pulled out one of his hairs. Any hair that made a whistle noise was put aside. She repeated the process for ancestors on his mother’s side. The hairs that were put aside were burnt and rubbed on his body. This action was said to rid the patient of illness and drove out the spirit ancestors from his body. The patient recovered completely.  

The main cause of ancestral displeasure was thought to be the failure to observe the traditions and rules of the irutahuna. On certain occasions a communal meal should be prepared for the living and the dead and placed at the irutahuna. When an individual is preparing to absent himself for a period of time from the family and the clan (iduhu),

23 OT: Aire Aire, Gaba Legu and Legu rahobada of Pari village, 1993; Eava Rau, Maraki Rau and Mase Dabu of Vabukori village, 1993; Gavera Ovia, Nou rahobada and Guba Hanua of Hanuabada village, 1993; Kamea Gabe of Elevala village, 1993; Madaha Resena, Keity rahobada, Rahe Henao and Gamu Rahe of Tatana village, 1993; Besego Seri, Kohu Lohia, Mataio Tau, Karua Loa and Vagi Arere of Porebada village, 1993; Dairi Taumaku, Koani Toea and The Rev. Ario Dogodo of Porebada village, 1976; The Rev. Ario Dogodo was from Papa, a Koitabu village situated on the coast within a few hundred meters east of Rearea. At the time of interview, The Rev. Ario was a pastor at Porebada.
for example, he was expected to make a *dabara* (communal meal) at the *irutahuna*, seeking approval from the members of the living and the members of the departed ancestral spirits of the household (*ruma diravadia*) to leave. A young man was known to suffer a severe side pain which was said by the healer (*babalau*) to be due to his failure to perform this *irutahuna* communal meal.

When a valuable object handed down through generations was to be given away, elders of kin group should be invited to the *irutahuna* of the house where everyone is present to share the communal meal and then their views were sought on whether the object should be kept or given away.

As a key informant Tau explained to me, if a man performed the correct rite then he should get the result he sought. The ritual symbols were themselves useful as they were in some sense sacramental. How else could it be possible for Motuans to say, as they still do, that a victim was completely healed, or else the person was inflicted with diarrhoea because ancestors were offended due to the breach of the social norm of the *irutahuna*? It is the duty of the household head to ensure that the family members follow the social rules of the *irutahuna*. If they do not do so their ancestors’ spirits can inflict illness. This is indicated in the following situation.

A household head who was visiting his daughter at Tubusereia village fell ill because he had neglected his religious responsibilities in the house and strict discipline for the members of the household had not been enforced. Members of the family were required to obey the ritual prescription linked with their household name, to honour the household ancestors, and to respect the sacred place in the centre (*irutahuna*) of the inner room. All members were expected to sleep together on ritually important social events, such as a death and before a member left on a journey. Most of these moral rules
of the *irutahuna* had not been fully observed and because of this, ancestors inflicted him with an illness. In other cases a small child became ill because an important detail in connection with his father’s wedding had been overlooked, and a man was inflicted with an illness by the ancestral spirits of the *irutahuna* because he failed to make the funeral feast (*lahi dairi*) for his father. *Lahi dairi* refers to the funeral feast which is held two to four weeks after death. This feast is held to release the spirit of the deceased to unite with the ancestral spirits. If this is not done the spirit of the deceased is thought to be restless and to roam the physical world, causing misfortune to the living descendants. Relatives of the deceased are required to gather to decide on a suitable day when they have sufficient provisions to cater for the occasion. Those who are required to take part in the funeral procession must fast from that day until the *lahi dairi*. Fasting consists of limited food (vegetables only) cooked over charcoals and eaten with a long stick in a squatting position (*idori*). It is forbidden in the *irutahuna* for those fasting to use their hands when eating their food. To break this rule would result in shortness of breath, premature ageing, teeth falling out or weakening of the knee joints. *Lahi dairi* is lead by the immediate relatives of the deceased. If any of these people fail to participate in the *lahi dairi* they will be punished by a reduction in prosperity over their lifetime. This will be brought about by the ancestral spirits because of the violation of the established norm.

In another case, some years after she had a miscarriage, the author’s cousin was troubled with recurrent pains which the healer (*babalau*) diagnosed as resulting from the fact that she had made no *turia* feast (funeral feast) for the dead child. The *turia* is an elaborate feast held twelve months or more later in honour of the deceased. This occasion is held for one day. The relatives of the deceased meet to decide the time for the occasion. The head of the family tells those in attendance to ask their wives to
prepare food. This food is taken to the *irutahuna* of the family head as a communal meal to be shared by every adult male in the village. At this time the head of the family announces the date of the *turia*. Once this date is publicly announced those who are present at the meal are forbidden to touch their banana gardens until they harvest the bananas for the turia feast. If this rule is not observed those concerned will be ridiculed in public. *Lahi* and *dairi* and *turia* are customary obligations that the living descendants have to carry out. The established social norms of these feasts are embodied in the *irutahuna*. Breaches of these rules can bring misfortunes inflicted by the ancestral spirits.

To take yet another example, a terribly crippled man was born, according to informants, with a sound and normal body, and his father was responsible for the illness which left him a cripple (*mamano*). The father’s younger brother had in his possession an arm shell (*ato kwara toeanu*) which he was saving for the feast of his daughter, and he told the rest of the kin group and his elder brother not to give it away as he was saving it for that purpose. When, however, their last born sister got married, the elder brother gave the arm shell (*ato kwara toeanu*) to her husband’s people as part of the wedding (*headava*) gifts. This action was a breach of the social norm of the *irutahuna* and thus his son was inflicted with illness.\(^\text{24}\)

Quite often illness was attributed to offences committed by the ancestors which had never been wiped out. A man who had been married to a woman from Gaire village for seven years during which time she had remained barren, consulted a healer (*babalau*) and was told that in the past her husband’s ancestors had shed too much blood in the old tribal wars. I have come across two other interesting attributions worth

\(^{24}\) OT: Koana Mada of Barakau village, 1976.
reporting here. Vara, an old age man from Rearea village was a very humble old man, but long ago his quick temper had scarred all his clan members and in the end he suffered from an illness caused by the anger of his elder members of the clan. In another case the illness of a woman in Rearea village was attributed to the fact that she had breached the social norm of the irutahuna of the house for she was perpetually disobedient to her elder sisters.25

The anger of the individual who had offended was potentially dangerous and was evinced by the fact that the one who had offended should perform a ritual reconciliation feast (herohe maino ariana) at the irutahuna to the person whom he had wronged and to present something as an atonement for the offences committed.26 Failure to perform such a reconciliation feast might result in illness or punishment. The author’s wife Joyce, for example, witnessed her mother being slapped by her deceased eldest sister for whom no reconciliation feast was held. She heard her mother requesting the deceased sister’s spirit to leave her alone as she had children to care for. This occurred in the presence of the mourners for a younger sister who died about two weeks later. This younger sister was the eldest sister’s first victim. Other family members were also taken later by the eldest sister’s spirit.27

Due to their extraordinary supernatural power, ancestors (ruma diravadia) could take the form of any human beings, animals, birds, reptiles or insects that would usefully serve their purpose at a particular time and place, and they could disappear whenever they chose. As a result the means of causing illness available to them were many and varied. Severe stomach ache, stomach cancer, stomach ulcer, mild stomach ache and

27 OT: Joyce Kopi of Barakau village.
bowel upsets as in diarrhoea and dysentery could occur as a result of the consumption of food contaminated by the ancestors. The bones of snakes were sprinkled on the food, and as the food settled down in the stomach, the bones turned into a snake known as lavara, which squeezed the intestines, contracting them and gradually eating them away so as to prolong the suffering. A second method was for the ancestral spirit to enter the stomach through the anus (kunu matuna). In the case of miscarriage, the ancestral spirits entered the pregnant woman rogorogo hahinena through the vagina and broke up the blood by squeezing the foetus while it was in the embryonic stage. Hence a lot of blood in the form of lumps or clots were unexpectedly discharged. Sometimes the blood came before, or straight after the normal monthly cycle, though the flow of the blood would be irregular. The ancestors could end the life of a full-term unborn baby by throttling it a few days before birth. Another technique alleged of the ancestors was to use a bone as a spear and to direct it at the eye-balls of the offending descendant such that a blow was said to be so severe that it was impossible for the patient to open his eyes, and resulted in paralysis.

A still more elaborate technique of ancestral attack was employed for the infliction of a second group of diseases collectively known as paralysis (pada) in which the principle of contact operated again as the primary means of causing paralysis. Paralysis is contracted while the intended victim is in the mother’s womb, and whilst the disease is transmitted to the offspring by the parents through heredity, the ancestors are believed to be ultimately responsible. Very few Motuans contract this disease and it is estimated that only 2% of the Motuan population become victims of paralysis, and are found only in a couple of villages. Additionally, this disease appears to be confined to families whose ancestors had contracted it earlier. In Barakau, for example, Ugava had six children, four of whom were paralysed; Ugava’s uncle had six children three of
whom were paralysed. Vaira Uga had the same disease. The ancestors, who were active at night, were understood to come to the sleeping mother, and enter the womb, where the victim was developing, through the vagina. The arms and legs were pulled apart so as to dislocate the joints and damage the legs in such a way as to make walking impossible.\textsuperscript{28}

Sometimes, however, the victim was fed by the ancestors while in the womb. They purposely closed off the food supply from the mother. In other words, the child was being fed from food specially grown, intricately designed and manufactured supernaturally for the purpose of inflicting paralysis. This food, however, is invariably intended only to cause one particular sickness at a time. Inflicting permanent body damage belonged to the sphere of the ancestors or their agents as a group.\textsuperscript{29} Nature spirits and spirits from other areas were able to come to their aid.

Any intended ancestral task was usually agreed collectively by the ancestors beforehand if they were to achieve their desired ends. However, mild forms of sicknesses did not result from collective consultation between the ancestors because the causes of these sicknesses fell within an individual ancestor’s sphere of influence. Therefore each ancestor acted independently whenever he or she was invoked by his or her aggrieved descendant. Aggrieved descendants could pray to an ancestor requesting the ancestor to punish a living person for unfair actions. The ancestor sought to redress injustices. A prayer, the only medium of communication available to non-sorcerers, was employed to invoke the ancestors. Then came the ancestral intervention which, in producing sicknesses, provided a moral rectification to counter the unfair treatment

\textsuperscript{28} OT: Nanai Peri, Bishop Ravu Henao, Tamarua Lahui, Nou Mada, Tau Asi, Seri Mase, Henao Egi, Mada Egi and Asi Nou of Barakau village, 1976.
\textsuperscript{29} OT: Bagelo Rei, Bogana Sabadi, Mavaru Gini and Manega Doana of Gabagaba village, 1976; Mera Kei and Ulatu Hanua of Gaire village, 1976.
exercised by someone in the kin group.

Invocation to bring sickness was effective, and quick results were achieved only if the procedures involved in performing the ritual act of prayer were followed carefully and correctly. An aggrieved person for example, would take with him betel nut and a lime pot. When no one was looking, he quietly rose from his sleeping mat and walked slowly and carefully to the focal point, an area (rumma irutahuna)\(^{30}\) where he took his seat on the floor. Sitting on the same spot for the first five minutes in complete silence, the worshipper seriously connected his communication links with the ancestors through a vehicle we may refer to as meditation,\(^{31}\) and this link is completed by plucking off the skin of the betel nut while uttering the prayer. Words of the prayer\(^{32}\) and the objects that went with it must be thoroughly observed and understood. A knowledge of when and how to say the prayer, of how to sit in absolute silence and in a definite position and location for meditation before uttering the prayer, were prerequisites if prompt, positive answers were to be procured.

It is generally believed that the ancestor could bring sickness, in a number of different ways and within a few days to the intended victim. First, eating contaminated food which could “startle” one’s stomach and made one upset in the “heart”. This was said to make one’s blood dirty. Second, the ancestor could enter the victims body and take control of it. The ancestor could continue to make his victim angry and greedy, or could encourage secret emotions like envy, or they appear to the victim as some distorted human or animal figure. The purpose was to generate fear in the victim so as to reduce or thin out the victim’s blood, leading to a shortage of it. Finally the ancestor

\(^{30}\) OT: Kone Biga, Loa Tau, Gamoga Airi, Egi Vavia, Vabu Vara and Ray Lahui of Tubusereia village, 1976.
could enter the victim’s body and withdrew the victim’s spirit. Prayer was believed to be the most useful weapon employed by most aggrieved non-sorcerers. An example of such a prayer would be:\textsuperscript{33}

\textit{Spirits of my forefathers; spirits of my parents, aunts, uncles, cousins, sisters and brothers; come together now, at this very precious hour; listen attentively to what I have to say. My share of the bride price payment was not handed to me. I am sure you would not have done this if you were still alive. Punish him, punish him bring the result to bear within a few days.}

4.4.1 SIGNIFICANT CASE STUDIES

In the context of examining the relationship between people and their ancestral spirits, six oral testimonies relating cases of illness linked with ancestral intervention will now be considered.

\textbf{Case 1}

A nineteen year old woman became pregnant by a man who was not prepared to marry her or to support the child. He paid damages, in the form of a pig (\textit{boroma}), twenty armshells (\textit{toea raburua}), twenty bananas (\textit{biku raburua}) and two hundred kina (K200) (\textit{moni sinahu rua}), to girl’s parents, who prepared a feast in which the pig was killed to thank the ancestral spirits of the \textit{irutahuna} for the blessing. Relatives of both parents sat around the \textit{dabara}, (a communal meal spread on banana leaves) at the \textit{irutahuna}, and consumed it.\textsuperscript{34} After the baby’s birth, the young woman’s father slaughtered another pig (\textit{boroma}) to thank the ancestors of the \textit{irutahuna} for the safe

\textsuperscript{33} OT: Raiva Tau of Barakau village, 1993.
\textsuperscript{34} As the ancestors remained active members of their families and protected the living in their role as family elders, they were present at this communal meal.
arrival of their grandson and to request protection for him. The baby was in this way adopted by the young woman’s parents. He grew up calling them father and mother and regarding the young woman as a sister. The young woman later married someone else. The boy grew up, and in due course he married. Soon after he set up his own home he took his genitor’s name against the advice of all his relatives, who pointed out that one does not simply change a name without involving the ancestors in the process. He soon experienced misfortunes. His first child died. His second child became ill at the age of ten years. She suffered from an illness which paralysed her lower limbs and she was hospitalised most of the time. After twelve years of marriage the man himself became ill with swollen feet, and died early in 1975 at the age of forty. His illness was said to be a result of harmful substances smeared on the tools he used at work, and it was generally believed that he died as a result of sorcery which was, as has been shown, ‘indirectly’ a form of ancestral punishment. His death and his child’s illness were associated with a lack of ancestral protection. His biological mother believed that her son was stubborn, and that he would still be alive if he had heeded the advice of his relatives.

Case 2

A woman had given birth to twins, a boy and a girl but because of the sudden illness of the baby boy, she consulted a traditional healer (babalau). The traditional healer said that the baby boy was sick because his father’s ancestors were offended and had withheld their protection of the baby, but emphasised that it was not the baby’s maternal ancestors who were angry, as they were satisfied with the irutahuna procedure that had been followed concerning them. The father had killed a pig, but had eaten it without sharing it with his relatives. He failed to thank the ancestors for the safe delivery of not one baby but two babies. The household ancestors who had ensured the safe passage of the twins into the world of the living were offended. The traditional healer
stressed that the medicines he could provide would have no effect unless the father made peace with the ancestors by admitting guilt and promising to put matters right as soon as possible. When the father admitted guilt and resolved his differences he returned to the irutahuna with his relatives and harmony was restored. The baby recovered.

**Case 3**

A woman returned to her parents’ home for the birth of her baby, but had a difficulty with the delivery. Her natural mother and her mother-in-law acted as midwives during the delivery, but when the labour became protracted, there was concern for both their lives. At this point both midwives asked the ancestors for assistance and asked the ancestors why they were sitting there doing nothing. After the baby was born, two geckos showed their heads between the thatched wall and the floor prompting one of the midwives in the house to remark: “There they are. Look at them watching and enjoying the baby”. The ancestors were believed to have materialised as geckos.

**Case 4**

Sorcery can be instigated by the ancestors who use black magic to harm or white magic to heal by negating the black magic. A young Koitabu man wished to be betrothed to a Motuan girl from Porebada village. It is the Motuan custom that the boy’s parents to approach the girl’s parents to arrange the marriage. When the girl’s parents asked their daughter she declined as she already had a boyfriend from Porebada village. When the Koitabu man discovered this he requested his father, who was a sorcerer, to cast a spell on a small stone which he through over the boyfriend’s head. As a result the boyfriend became very sick and his family called a babalau to visit him. The babalau knew at once who the sorcerer was and sent one of the patients relatives to confront the sorcerer. The sorcerer denied the accusation so the babalau insisted that he go to the victim’s house. When he still denied his involvement the babalau confounded him by
showing him the evidence of the stone that had inflicted the boy with illness. When the sorcerer was alone with the babalau he admitted the truth, then removed the spell from the boyfriend who immediately recovered.

Case 5

A man had three daughters. According to the social mores of the irutahuna the bride price payments for the first two daughters were shared among all the relatives who not only benefited from the wealth received, but ate together with the ancestors at the communal meal at the irutahuna. When the third daughter was married, no communal meal was prepared at the irutahuna for the relatives, and the parents kept the bride price payments for themselves. The father did this against the advice of all his relatives, who pointed out that one cannot be greedy (anigunita) without antagonising the ancestors in the process. Soon after this event the parents experienced misfortunes. The only child of the third daughter died and after the death of the child, the woman became barren.

Ancestors intervened for a variety of reasons in the lives of their descendants. In some cases, an illness might be believed to have been caused by a number of offended ancestors; in others, it might be ascribed to one in particular, as is illustrated in Case 6. One of the informants had a personal reason for not obliging her dead sister’s wish. She explained it as follows:

Case 6

The informant’s sister knew she was close to death so she called the informant (second in the female line) to her bedside and laid down her obligation, as the eldest girl, to look after their parents. Failure to do so, she said, would result in punishment through sickness. One day the informant was playing cricket with her friends (a group of teenagers) when her mother called her. She acknowledged her call but did not respond quickly so the spirit (her sister) punished her with a stomach ache so severe that she fell
to the ground, feeling dizzy. She was carried to the house where she had a bad attack of diarrhoea and vomiting, leaving her very weak.

The cure for such troubles required the propitiation (hamarumaru) of the ancestors concerned at the irutahuna. The mother knew that her daughter had caused the illness so she took a bowl of water to the irutahuna to perform the appropriate ritual. She dipped her hand in the water and offered a prayer to pacify her daughter’s spirit, and then gently rubbed the informant’s body where the pains were with the ritual water and burnt hair from her arm. The prayer offered at the irutahuna was as follows:

You are now in another world. Who will look after us if you keep harming your sister? Please leave her completely alone now and never cause any more pain.

The water was then taken to the pit toilet to be poured out. This was to ward off the laumadia (spirits) who detested the odour of the toilet. After this irutahuna ritual, the informant recovered, but it took two days to regained her strength. When laumadia harm household members physically, their strength is sapped necessitating some time for recuperation.

4.4.2 REFLECTIONS ON THE CASE STUDIES

Motuans not only attribute illness and misfortune directly to the agency of ancestors, but also to human sorcerers and nature spirits, such as those of rivers, forests, valleys, rocks, trees and lakes. As in any society, bystanders not directly involved are quite willing to accept that such troubles have resulted from natural causes. Careless handling of any metal tool such as a knife, axe or spear, undoubtedly results in wounds; failure to moor a canoe securely at the time of the north west squall (guba or gadagasi) will most probably result in the disappearance of the canoe. The victims, however, all
too frequently blame the wound or loss on ancestors, or on human or non-ancestral agencies. The spirits involved can be identified and asked to assist in effecting a cure or solution although a healer (babalau) is perhaps the only person with the expertise to do this. He understands the origin of an illness and the causal agent involved, and knows that by properly applying this understanding he can control, in some measure, the effect of such illnesses. His aim is to improve the health of the patient by supernatural means, to alleviate suffering and/or to enhance the patient’s chances of a healthy life.

Ancestors are believed to be the members of the household and are not considered to be “dead”. They continue to exercise their influence on the rest of the family, much as they would have done when they were alive. In some cases an illness is believed to have been caused by a number of offended ancestors while in others it is ascribed to one in particular. The cures for such troubles require the propitiation (hamarumarua) of the ancestors concerned.

An offended ancestor might only afflict his descendants with misfortune, or he might prefer to enter the person in the form of a snake (lavara) which would inhabit his body. Exorcism (followed by propitiation) was therefore a necessary ritual to ‘drive out a malignant oppressor’ before the descendant could return to his normal state.

Illness was often described as a reminder from ancestors for some behavioural lapse with irutahuna. The ancestor might be offended by a person’s behaviour such as rudeness, sullenness, meanness, disrespectfulness towards elders, negligence of the aged, the sick and the crippled, inhospitality, or quarrelsomeness with his kin. The ancestor might feel he was being neglected, or that respect had not been shown him, in that his relatives had failed to make rituals on appropriate occasions. Changes in the

35 G. W. Trompf, Payback, op. cit., p.139.
location of a household must be announced to the clan ancestors, for example, using rituals made at the irutahuna both before leaving the old house site and soon after entering into the new one. Changes in status were announced at the irutahuna as when a household was instituted for the first time, when a man built his house, his canoe, his garden, and when the first offspring was born into the family. The initiation of some activity and its successful completion such as hunt, a fishing expedition, a Hiri trade expedition, or a journey to work, called for ancestral worship at the irutahuna. At the grass burning season (veadi hado-veadi hirihiriri) in June and July, a land owning clan carried out rites to ask for a good catch and to make hunting successful. At harvest time, each household thanked its ancestors for help in making the crop. The ancestors must be appeased and behaviour must accord with the moral rules of the irutahuna. Above all, proper relationships must be preserved between man and man, and between the living descendants and their departed ancestors. If these requirements were met there should be a cessation of attacks by aggrieved ancestors.

Every child was placed under the protection of the household ancestors by taking the child after birth to the irutahuna, where the ancestors took their seat and watched the social events in the house. A petition was offered to the ancestors and a week or two later a communal meal for all relatives was prepared at the irutahuna where the ancestors were thanked for a safe delivery, and where the child was publicly named. The child would only be known by that name. Those in attendance confessed any personal ill feelings that they might have had towards the child’s parents. Once any conflict had been resolved, the elder of the family would announce the name of the child in front of those present (both the living and the dead) and a communal meal was eaten by all. This rite admitted the child into the physical world of the living and the spiritual world
inhabited by the ancestral spirits. Members of both worlds would provide protection against any evil forces exerted on the child from these worlds.

As exemplified by Case Study 1, it was through the *irutahuna* that the social parenthood was established. The boy was adopted by his mother’s parents in what might be called the rite of entry into the family of the living and into the family of the dead. He would be known in both worlds by the name given to him during this naming rite. He had the same ancestors of the household as his mother, who then became his sibling. It was only when he married that he decided to change his name and assumed that of his natural father. In so doing he ignored the importance of the *irutahuna* where his naming rite took place, and which was acknowledged by the members from both worlds (physical and spiritual), and this had offended the ancestors of his natural mother. The ancestors of his new name did not know him and therefore could not protect him, thus he was in a vulnerable position for evil forces to penetrate and harm him, even if he attempted to call for ancestral aid. This could have been corrected if he had gone to the *irutahuna* where he took his name to seek ritual reconciliation from the living and from the ancestors.

Breaching the social mores of the *irutahuna* angered the ancestors who punished the offenders or those close to them as shown in Case Study 2 where the ancestors were angered by their descendant’s not honouring his social obligations, and they manifested their anger through the illness of one of the babies.

Case Study 3 was of particular interest, as it demonstrated that the traditionally correct place for a wife was at her husband’s home, and not at her parental home. Once more, moral rules of the *irutahuna* had been breached.

In Case Study 4 the boyfriend was vulnerable to the power of the sorcerer because he failed to break the relationship with the girl even when he was aware that the
young Koitabu man had made his intentions known to the girls parents. When he became sick his parents consulted the babalau who was able to identify the sorcerer. The Koitabu father had used his sorcery powers inappropriately so was unwilling to admit to his actions. However, when persistently confronted he was prepared to admit his guilt in private to the babalau. He was prepared to remove the spell either because he was ashamed of his actions or because he knew there would be unfortunate consequences if he continued to avoid the truth.

Case Study 5 illustrated that it was the traditional norm that the bride price entitled the relatives of the wife and the relatives of the husband to receive equal amounts of the bride wealth known as aivara (shell money). This shell money was hung on a pole set aside specifically for the relatives of both parents. The bigger proportion of the money (gabuato) was for the parents, and, according to the moral rules of the irutahuna, relatives had no claim over the parent’s share. Relatives could only claim the share of the bride wealth to which they were entitled. In this case the ancestors were angered because the parents kept all the bride price for themselves, and that the other relatives did not receive their entitlement. Accordingly, they manifested their anger through the death of the only child of the third daughter. Since the bride wealth rite (sharing the bride wealth at the irutahuna) was not performed, the woman could not conceive, demonstrating that the ancestors controlled the mother’s fertility.

4.5 NATURE SPIRITS

These were bearers of disease. Intervention by nature spirits (non-ancestral spirits) in the lives of people from the Motu village of Barakau cannot be ignored, and these spirits, like the ancestors, inflicted sicknesses for a variety of alleged reasons.
Some specific complaints such as pneumonia, mad, fits or convulsions, and stomach ulcers, were associated with place spirits known locally as godio. These were bush, forest, tree, hill, and rock spirits which normally appeared to people in human form, but such a spirit could assume the shape of anything to express the supreme power it commanded and it could disappear whenever it chose. Lavara mentioned earlier as used by ancestors, appeared in the form of a large carpet snake. It possessed extraordinary powers to do anything that physical man could not do. It was a river, swamp, pool, bush, cave, valley and ground spirit. The distinction between godio and lavara is nowadays less and less frequently drawn. The last type of spirit belonged to the category of spirits known as atanitano or spirits of the sea. They lived under huge corals or rocks in the sea. They usually appeared to people in the form of an octopus or sea eel. Such a spirit commanded power which it could employ for its own advantage.

Indeed, these spirits were usually employed by the ancestors as agents to inflict sicknesses on intended victims. The victim could be directed to the invisible villages and territories of these spirits who intentionally struck him for being on their premises as a trespasser, or else the ancestors could direct a spirit, such as lavara, to enter someone. But some illnesses were ascribed to these nature spirits as agents acting quite independently. Motuan people were taught from childhood to know the territories which were inhabited by these spirits and that to trespass on their premises would definitely result in sickness and/or insanity. However, it was believed that a nature spirit’s attack on the victim generally followed the ancestor’s earlier attack on the same victim. The victim carried with him the ancestor’s distinct odour which was then radiated from the

36 Unlike pneumonia in category 1, pneumonia in category 2 is an epidemic and many people can contract the disease at the same time, while the latter is not an epidemic, and godio (a nature spirit), is responsible for this.
body of the victim who blamed his own ancestor for directing the nature spirit to inflict sickness on him. The author has seen illnesses termed 'diseases of the Motuans' (Motu goreredia) which probably resulted from various types of behaviour, including offences committed by humans directly against the ancestors, and situations which involved broken relationships between individuals, and only indirectly implicated the ancestors. All illnesses in this class were categorically said to be due to the anger of the ancestors (ruma diravadia) linked with a breach of the moral rules of the irutahuna. It must be again emphasised here that illness was seen as an automatic result of wrongdoing. Its occurrence depended upon the type of the social norm breached, the time most appropriate for the agent to execute it, and the severity of the penalty. For example, if two brothers argued over a piece of land for a garden, illness would be automatic for the brother whose behaviour displeased the ancestors. The retributive killing of a murderer would not be automatic because the punishment to be imposed would be very severe and sometimes the punishment was believed to run on in families. For this reason the fear of illness was a very powerful influence for people to conform to social norms.

Certain mental disorders were a common complaint and could take the form of violent madness. The spirit, godio, which was considered responsible for a sudden attack, was believed to be a creature in human form, though he could assume the shape of various animals, insects and objects. He would come out and wanders about in his territory on rainy and moonlight nights. Should this spirit desire a man or woman, he would kidnap him or her and a severe illness resulted. If, however, the victim had the misfortune to meet this spirit, godio, there would be a struggle. Should the victim win, he was taught the art of curing violent madness. Should he be defeated, the spirit entered his body through the nose, the mouth, the anus or the vagina, so that he, or she, became very sick and often died. This is an interesting rationalisation concerning the struggle of
a man with insanity. Should he be cured, he had obviously defeated his tormentor and, in doing so, learned how to help others suffering from the same affliction.

A mere faint, lasting no more than ten minutes, was not usually considered to be a possession. Burning a coral weed (*toni*) in a clay bowl, with the patient held over the smoke and covered in blankets, would usually be sufficient to bring the victim around. Seizures of longer duration were regarded as possession.

The author’s uncle Bagelo and the last informants on these matters classified the varieties of possession into five types. The first type was *tatakau*, a word which is derived from a root meaning “collision”, “to enter (something)”. The period when the sun was setting was an especially dangerous time as the spirits were in many places wandering about visiting friends and at this time a person was likely to encounter them. *Tatakau* was the common variety of possession and accounts for the majority of cases.

The second type, *heau roho*, means literally “to come from a long distance and stop briefly at a friend’s place while on his way to somewhere else”. Thus *heau roho* as possession was much the same as *tatakau* except that the spirit was not from a local hill, valley, or swamp, but usually from a faraway place. Spirits from distant places could cause inconvenience to someone’s descendants, such as unborn children, or could be employed as agents; for it was the ancestors who were considered as the supreme rulers of the Motuan universe. For instance, when a man who had been visiting friends in an unknown place uncharacteristically started hitting one his children, his mother or wife would say to him “you must have been entered by *godio* during your inland trip”. This kind of possession was mild and usually a good bath with *vasepa* (a tree plant), roots and leaves, would cure it.

The third type of possession (*kava*) was like the second type except that it was more serious. The person was not severely ill, but it took the diviner a day or two to
remove the spirit from him. The diviner would discover or identify how the spirit possessed the patient and will tell him to make certain kinds of offering in order to rid himself of it. For example, a certain Idau took some armshells (toea), and at dawn walked to the swamp identified by the diviner, where the spirit of the victim was being held by the spirit of the swamp (lavara). Arriving at the swamp, she dipped the armshells, securely tied to a stick, in the water. A fire was lit and she asked the spirits of the swamp if they would accept the armshells in exchange for the victim’s spirit. While registering her plea, she dipped the clay pot (hodu) into which the spirit of the victim was drawn, together with a quarter of a pot of water. On arrival at the house, this water was poured on the patient who started to recover immediately as a sign that his spirit, the source of health and life, had returned and entered him. This act was said to effect a cure.

The fourth type of possession (kava) could last a very long time. The man who suffered from this was not sick, but he was odd and behaved curiously. For example, he may eat an extraordinary amount or, on the contrary, go a very long time without eating, or he may have little sleep at night. This may cause him to become restless and wander about. His senses may be abnormally sharp and he may think a lot, often with greater clarity than usual. This last type of possession occurred when the spirit entered the victim through the nose so that the victim became half crazy. Through this experience he may have developed certain powers, for example the ability to cure, and he may have felt that the acquisition of these powers made the experience worthwhile. Alternatively he may try something unusual just for the experience.

In addition to insanity, stomach ulcer was considered the work of lavara, who invaded the stomach through either the vagina, mouth, anus or nose. He ate his way through both intestines (large or small) so that sores started as a result. Sometimes,
instead of eating up both intestines, *lavara* covered the intestines completely with his body by winding around them. He would push them forcefully from side to side, pounding them round and round all the time so as to avoid digestion. Sores developed as a result. Sometimes, when *lavara* covered the intestines completely with its body by winding itself round and round them he rocked them from side to side, or round and round and pounded them sporadically. After repeating this process for a couple of hours, the weaker parts of the intestines would fall apart, providing excellent breeding sites for a stomach ulcer or stomach cancer.

Pneumonia and tropical ulcers were inflicted by *godio* who employed a spear (*garagota*), made from a palm tree, as a weapon to down his victim. The victim was believed to have been speared from both sides (*rudu*). The spear stayed there, and this caused the victim extreme difficulty in breathing or shortness of breath. Tropical ulcers were caused by *godio* when he, for example, changed himself into an ant, which bit the intended victim. It is believed that a tropical ulcer would develop from such a bite. Another method *godio* could use to cause a tropical ulcer was to urinate on the victim. The urine was usually in the form of a water droplet from a tree. The water droplet in the form of urine fell on the victim as he walked through bushy country. Immediately a tropical ulcer developed around the spot where the water droplet landed. If, however, either a bite or urine drop was on the head, it could paralyse the victim and he could contract mild insanity as a result.

Fits and convulsions were caused by the spirits of the sea (*atanitano*). Such spirits entered the intended victim through the nose, mouth, anus or vagina. In this way these spirits (*atanitano*) invaded and possessed or even sought to “marry” their victim. The victim could die if the blow he received was severe. The spirits could be defeated if effective medication was applied, however, such medication could be rendered
ineffective by the power of love and by the spirits’ determination to marry the victim. If medication was successful, fits and convulsions would subside and the normal patterns of life return. This departure of the spirits was only temporary. When they returned to the victim, fits and convulsions occurred again.

4.6 SORCERY

The illnesses in this category, distinguished by the Motuans on the basis of causal factors, comprised illnesses brought by sorcery.

Illness caused by sorcery might be viewed by the Motuans and/or the victim as justifiable punishment or retaliation and this has been remarked on by a number of writers. Lieban, an anthropologist, noted that “the belief that illness is a punishment for wrongdoing is widespread in human society”. 37 Beliefs in sorcery and the actions of supernaturals against those who breach the social norms are reported in many Melanesian societies. Ethnohistorian Trompf, in his in-depth analysis of Payback in the context of sickness as trouble in Papua New Guinea, writes much on sorcery fears, attributions and syndromes, and also reports that “trabel as ill-feeling is perceived to be the cause of sickness, with health only being restorable when bad relations are dispelled”. 38 Lawrence, as an anthropologist, surveying religion and magic in Papua New Guinea, says that “virtually all societies acknowledge the power of sorcery, but the importance attached to it varies throughout the country”. 39 In some societies, sorcery is seen as a legitimate form of self-help, or retaliation against wrongdoers. 40 A number of

40 Ibid., p.191.
societies including Motu view ancestors and/or ghosts and other supernaturals as upholders of their moral code and as punishers or wrongdoers through illness and misfortune. Such forms of social control in Melanesian societies might be attributed to the lack of other means of control, especially the lack of superordinate political authority.  

“Sorcery”, according to Trompf, “is typically portrayed as the black side of magic”. In this view, sorcery has to do with the malevolent use of superhuman power or the employment of powerful rites to inflict harm in the form of illness and misfortune on an intended enemy. Here sorcery will be referred to as ideas held by the Motuans about the potential ability of other people to inflict illness and misfortunes on their victims with any effects acting as a reminder that the moral code of conduct of the irutahuna has been violated. It is the ancestral spirit’s role to restore social order. Blaming other people for one’s illness, obviously, was and still is a common feature of the Motuan social scene, where inter-personal conflicts were frequent. But all troubles inflicted could not happen without the permissions of the ancestors, or their removal of protection.

Among the Motu the commonest forms of sorcery were knot sorcery (ikwatu or ibodi), straight sorcery (vadari or kara dibadiba or kara bolauko) and black magic (vada). In all three, illness (gorere) and misfortunes such as a roof collapsing, a crop failure, the theft of one’s property and infertility, were ascribed to inter-personal malevolence, whether conscious or unconscious. Each of these sorcery practices expressed the set of causal beliefs which the Motu drew on to explain the origin of life-

42 G. W. Trompf, Melanesian Religion, op. cit., p.89.
threatening illness and the causes of death in the community. "Black magic" (vada) was to do with magic spells (meamea) or medicine (muramura). The strongest type of vada was designed to inflict considerable harm and death. A subordinate type of magic (vadari) could be used for damaging a person as well as a person's property. The third type known as knot sorcery (ikwatu) only inflicted illness and was not as harmful as the other two (vada and vadari). "White magic" was designed to heal. Both black magic and white magic used by the Motu people originated either from the Koiairi people or the Koitabu people through inter-marriage, trade as well as by ancestral inheritance.

"Black magic" (vada and vadari) among the Motu took the form of both magic spells (meamea) and medicine (muramura), whereas knot sorcery (ikwatu) only consisted of charms or magic spells. The medicine (muramura) was made up of material substances including leaves, roots, lime (ahu), pebble (tomena), human bone, bark (apiapi) and ginger (sioha). These medicines (muramuradia) when applied to inflict illness must always accompany a charm or magic spell (meamea) so that the desired result was obtained. Medicine (muramura) was not a substitute for the charm or magic spell, but was complementary to it. In this way a greater degree of success was achieved when black magic was put into effect. In rarer, more recent cases, vada can involve physical assault and interference (see below). Knot sorcery was equally effective although it only employed charms (meamea) and charm objects (see below) to achieve a desired end.

Some of these medicines (muramuradia), however, might have biochemical substances which could be useful in the medical field. Many of these medicines, it was believed, could be useful in the practice of psychology. Charms or spells and medicines therefore cover all the materials used by black magicians (vada), sorcerers (vadari taudia) and traditional healers (babalaudia) respectively. It was believed that some
knowledge of these medicines was held by a great number of Motu people. For instance, some Motu people knew medicines for toothache (*arituma*), stomach ache (*boga hisihisi*), sore eyes (*mata dika*), diarrhoea (*hekukuri*), dysentery (*rarakuku*) and headache (*kwara hisihisi*); while others knew charms or magic spells for toothache (*arituma*), sore eyes (*mata dika*), sore throat (*gado toto*), pubic pain (*sinadiho*), ear ache (*taia hisihisi*) and back ache (*doru hisihisi*). Many of these charms or magic spells and medicines were known to traditional healers (*babalaudia*) and their services provided to the Motu people were not free. Payments were made either in Motu armshells (*toea*) or in kind. Free services were generally only given to close kinsmen, and close friends.

There needs to be a further clarification of terms here. The basic difference between *vada* (black magic) and *vadari* (sorcery) was that the former was designed merely to kill while the latter was designed to inflict harm or injury. Sorcery (*vadari*) could also be used against other black magicians (*vada taudia*). Acquisition of *vada* (black magic) and *vadari* (sorcery) required physical endurance, and people who were enlisted as sorcerers must undertake rigorous training, and different types of tests. People who failed were asked, for their own safety, to leave the profession. It was believed that the consequences of failure were shame and ill-health which usually led to death. Motuans usually explained their successes and failures in terms of *irutahuna* logic; that is, ancestors of the *irutahuna* refused to train a person as a sorcerer because the person had a weak character and would have probably abused the trade. Because of this rejection in the first place by the ancestors, ‘magical’ or ‘familiar’ spirits, also believed to be ancestors, were employed as agents for rewarding or healing or punishing the victim in ways that went against the unworthy, or would-be, sorcerer. The ancestors refused to give permission for such a person to practise the cult and as a result he failed.
By far the greatest moral influence beside ancestral and nature spirits among the Motu people, however, was the belief that certain people (the sorcerers) had a supernatural power which caused illness and death to others by "choking" or "trembling", or by eating them inside, and seizing opportunities of 'spiritual permission' to have their effect.

Motuan children began to learn of the dangers of black magic (vada taudia) as soon as they were able to understand what was said to them. A two year old child would cringe in fear when teased with the threat of a vada tauna. In the child's mind vada tauna were ubiquitous. A five year old from Manumanu village who was spending a school vacation with her family at Hanuabada went outside one night and came back a few moments later to relate, in a state of agitation, that he had seen three vada taudia out there. Asked what they looked like, he insisted that they all stay indoors and locked the door.

Many adults were reluctant to speak about sorcery of any kind to a foreigner or even at home among family members, but the younger children were allowed and keen to talk about the activities of vada taudia. A twelve year old girl, for instance, described a attack on her mother at a garden:

One day five vada taudia (black magicians) came to the garden where my mother was digging yams. One jumped over the fence, and one crept up from behind and jumped on her. A second man took a club and swung it with full force and it landed on her back of the head. She fell on the ground unconscious. The third black magician cut open the stomach, took something out and replaced it with grass to stop the bleeding. The last two black magicians who acted as revivers (lohe lohe taudia), massaged her stomach and used spirit familiars to bring her back to consciousness. They were not satisfied until she was thoroughly befuddled, and unable to remember who or what had afflicted her. A characteristically sadistic touch was to ask simple questions or set simple tasks to test her mental state: "Who are we?" "Where
were you now?” “Point to where the sun sets”, and resume the attack if she responded sensibly. After they had tormented the woman in this way, the black magicians (vada taudia) told her that she would only live for three days after she returned home because a snake would bite her. The vada taudia’s spirit familiars would take control of her and complete the job by changing into a venomous Papuan black snake which would bite her causing death within a few hours.

This is a story more to illustrate fear than anything else, but it also illustrates the existence of a newer version of vada involving physical attack, called elsewhere in Papua New Guinea sanguma.43

The fear of vada prevented most people from hunting, gardening or travelling alone. While out hunting, men would stay within sight of one another. They would rarely venture alone from the immediate vicinity of the house at night. Everybody was potentially vulnerable. On one occasion the writer’s brother decided to walk alone along the Magi Highway, the main road to Vailala about five kilometres from Barakau. He was stopped by some men from Seme, a Koiari village located three kilometres inland in the north east direction, going to Port Moresby. A close friend among them was extremely angry and chided him in a loud voice for risking his life in an area inhabited by black magicians (vada taudia). He insisted that he accompany him back to Barakau and refused to talk to him for the rest of the day. Unless symptoms indicated otherwise, death was believed to be the result of a wrong of some kind of the irutahuna. Every effort was made to know why the attack took place at all. A person was presumed to have caused every attack even if this was only the malice of the black magician (vada tauna).

43 See G. W. Trompf, Payback, op. cit., p. 70.
The reasons given for the use of sorcery ( vadari ) centred on conflicts between individuals and groups and on breaches of social and sacred laws which could not go unpunished or unavenged. All of these were embodied in irutahuna logic - as the saying goes “he was sick because his irutahuna was not good.” He died because he had committed adultery, or refusal to accept the arrangement of a marriage to one of their members. The system of morals of Motu people included not only what was right but also the sanctions that ensure that consistency was maintained with those ideals. Irutahuna validated morality for its household members. Ancestors who were believed to be the custodians of ethical conduct of living members of the household which they governed, punished sex offenders, scandal mongering, obscenity, failure to pay debts, failure to provide security for the aged, unwillingness to help relatives, carelessness over keeping one’s house in repair, and neglecting to acknowledge services in return for benefits received. In many cases for which author was able to obtain information, illness was explained as due to reasons of this sort. For neglecting the above moral duties, ancestors of irutahuna sent illness and sometimes death, and could sanction the use of nature spirits and sorcery to punish for all these failures to meet obligations.

The fact that a family used the irutahuna of the house for the economic life of the household did not guarantee the family ownership of the irutahuna. The family only maintained it for social, economic and political necessity. The irutahuna belonged to the ancestors. The family was only the caretaker. It was a traditional concept of society and the way the Motuans believed the society should be maintained. The traditions were passed on to the young by the elders. The irutahuna might be the only institution designed to preserve social order.
Sorcerers (*vadari taudia*) could use black magic to harm or white magic to heal. The sorcerers were ordinary people who were taught to use the power of the nature spirits. These nature spirits were used to enforce social order. The power (*siahu*) of the sorcerers (*vadari taudia*) derived from the nature spirits who were the agents employed to enforce the social order. Sorcery was preserved and practised as a means to punish with harm or ordeal, a Motuan who did not conform to the normal rules of social conduct. A personal grievance arising out of a broken marriage contract, for example, typically entailed recourse to sorcery. Adultery and love affairs provided abundant motives for presumed sorcery attacks. A seventeen year old girl experienced fainting spells, a swollen groin and malaise. It was privately acknowledged that the victim’s uncle caused her illness because she refused to accept the arrangement of a marriage to his wife’s nephew. Sorcery was said to be justified because the marriage was approved by the relatives but the victim was being pig headed.

Fights and quarrels have often occurred as a result of tensions inherent in the marriage system and exacerbated by life in densely populated communities such as Tubusereia, Hanuabada and Porebada. One old man, for instance, suggested that the terminal illness of a man of one of these communities was caused by his daughter’s boyfriend. A sorcerer (*vadari tauna*) was hired by the boyfriend who was angry about her father’s opposition to their relationship. Murder was a cause for revenge. All deaths

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in Motuan thinking were intentionally caused. Theoretically once the cause was established either through a dream or through communicating directly, brothers of the deceased would hire sorcerers (vadari taudia) or black magicians (vada taudia) to avenge the death.  

In the past sorcery was practised by a small number of people and it was limited to a few families who acquired the knowledge from past generations. It was used mainly to maintain social order. Today, however, it is widely used and many Motuans believe that sorcery is out of control. Many young men between the ages of thirteen and twenty four years of age have become sorcerers. They use it indiscriminately for social prestige. This is a contributing factor in the breakdown of the social order of the irutahuna. In the past of course sorcery was a vital instrument of the village security circle against enemies. Sorcerers went out before any battle to sorcerise the fight-ground, and during the skirmishing would be there to deflect enemy weapons by spiritual power to ensure they did not hit his people. This was war sorcery for success and the weakening of the enemy, and it was backed up with covert action by whispering spells against the enemy wounded near their hamlets (or conversely by healing, with spells and plants, the wounds of his fellow warriors, because sorcerers, unlike babalaudia who only healed, could do some healing along with their work of harm against foes). Today, however, the tightness of the security circle has loosened; the sense of survivalism has been lost, and the possibility of intra-village as against inter-village sorcery has been heightened.

In the past jealousy was one of the motives most frequently cited for sorcery (vadari) attacks. When a warrior became seriously ill at Hanuabada village, for example,

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46 For deeper appreciation of the beliefs of cultural behaviours linked to ethics see G. W. Trompf, Melanesian Religion, op. cit., ch. 3; G. W. Trompf, Payback, op. cit., p.362.
his brother suggested that people there might be jealous because of his influential position in a custodial or legal battle over land involving the claim of ‘free hold’ land at Konedobu by a different clan. Jealousy as a factor naturally persists in the present time. Today if a man acquires special status, he has reason to fear those who might resent his good fortune or superior abilities. A senior village court magistrate, who was enthusiastically describing the progress of his village court area and plans for the future, qualified his expression of hope because he feared that, if he became a highly honoured person, some people might be jealous and complain. Another village elder said that he feared for his young son who had been to University. He believed others, who were jealous of his son’s abilities, might try to kill the boy. A senior English Curriculum teacher in one of the Provincial High Schools expressed similar fears for himself but said that no one could actually kill him because his uncle was a traditional healer (babalau). The spirit familiars would warn the healer of the approach of any assailant and he would be able to avoid such assailants.

In 1968 the author was teaching at Western Province. One of the staff members was ill. A traditional healer from the local area diagnosed a severe headache. When the author asked the traditional healer what had caused this condition he indicated that people from his village were jealous because he had built a modern home for his parents and lived a more comfortable lifestyle than the rest of the people in the village. Such are some of the main offences and conflicts which are said to constitute provocation for the use of sorcery. However, as already pointed out earlier in this chapter, sorcery is only effective on someone whose spiritual protection has been withdrawn because they have breached the social mores of the irutahuna, and therefore deserved punishment. In this case, many of the victims attributed the attacks to people other than themselves,
believing the attack to be caused by the malice of the sorcerer, a case of mistaken identity, or that they were attacked because of a relative's wrongdoing.

Most people assumed that anyone from another village or hostile area may attack a Motuan. For this reason strangers were feared and avoided. A elderly man from Gaire village in the Eastern Motu area expressed great distress when some visitors from Senunu (an inland Koiari village) arrived. He feared they would attack him or others at Gaire. At one time a party which consisted of a District Minister, senior Motu Pastors and a couple of Koiari leaders visited all the Koiari villages in Port Moresby area where they confiscated sorcery substances hoping that by doing this sorcery would cease to exist. However, sorcery practices have increased and many Motuans are now taking up the art for protection. In the past black magic (vada), sorcery (vadari) and knot sorcery (ikwatu) secrets were confined to men who were physically and mentally mature and were passed down from one generation to another. Today sorcery can be used by outsiders who acquire the trade secrets by extracting the knowledge when they have made the sorcerer drunk, for example, recording it on a tape recorder and trying out the art at home until they master it. Secrets in the past could be purchased with armshells, and pigs; today money has become the medium of exchange and trade.

The commonest way of working sorcery (vadari) amongst Motuans was by the use of food, a short length of hair, betel nut skin, spit, or anything closely connected with the person on whom sorcery was to be practised. In knot sorcery (ibodi or ikwatu) kunai grass was knotted up in a ball and hung around part of a house or a on a nearby tree as a directive or protective devise. This was a medium through which the power of the spirit was communicated. It was necessary to have a bone of a dead person to get the spirit to

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work. In this way the charm (meama), and an oval shaped pebble (tomena) might have the power (sialhu), to inflict illnesses. This could be done when something belonging to the victim could be used, such as hair, nail, betel nut skin or a leaf with which the victim had wiped the perspiration from his face. This could also be done with equal effect when a piece of food which has passed into the victim forms the link. A scrap from the victim’s meal could be taken up secretly with the stick and buried by sorcerer (vadari tauna) in a place infested by ants. Similarly the sorcerer (vadari tauna) could have wrapped the knot around an oval shaped pebble (tomena), and the charm which caused a continuous flow of blood (rara garu meameana) was uttered into it in short phrases, with a vicious spitting of ginger into the knot. This knot was then hung up on one of the branches of a mango tree or tied around the betel nut tree frequented by the victim. The spirit of this knot lived in the tree and entered the victim when he took a mango or betel nut. Pain was felt around the sex organs as a sign that blood was about to journey out of the body through either the penis (usina) or the vagina (kiona or ramina, an idiomatic expression). Each sorcerer usually knew and practised one type of sorcery.

4.7 CONCLUSION

Serious illness and death was attributed either to human agents (sorcerers) or to the effect, direct or mediated, of a breach of religious laws or social norm. By far the most commonly postulated cause of illness was sorcery. In either case, illness and death were not viewed as natural or chance events, but as the outcome of hostility between individuals or groups, or the outcome of failure to observe the irutahuna laws governing the relationships between the ancestors and the supernatural.
The causal beliefs outlined in this chapter could be regarded as a unique paradigm or socio-medical theory. Although Motu people would not, of course, describe them in these terms, the proximate and ultimate causes of illness constitute an explanatory framework, a framework embedded in the fabric of personal and political relationships as expressed in the social life of the community. By analogy with the theories of Western science, the socio-medical theory of illness and death in Motu can be seen as made up of the following elements: (1) a set of independent variables, the social and political relationships and religious life of the community; (2) the values of these variables, such as hostility, peace, amity, jealousy, harmony, anger; the dependable variable, that is the illness or death to be explained; (3) and the intervening variable or mechanism of causation, such as sorcery.

The primary function of the socio-medical theory is to provide understanding when the loss of a member of society is a reality or a threat. The theory links perhaps the most uncertain, and therefore anxiety-ridden area of human existence, that of health and ill-health, to the most pervasive and culturally structured area, that of human relations. It explains variations in one by variations in the other: If personal or clan conflicts become more frequent, the incidence of sickness will rise. The immediate cause of the illness or death is usually sorcery. The ultimate causes, however, are disturbances in social relationships.

49 B. Barnes, "Paradigms - Scientific and Social", Man, 1969, Vol. 4 (1), pp.97-102. The author defines a paradigm as a "set of categories, theories and procedures learnt in connection with concrete examples, accepted by the entire reference group and applied to deal with problems in concrete situations". A paradigm includes both theory and some exemplary applications to the results of experiment and observation. The author is taking a somewhat narrower view of the aetiological beliefs described in this chapter and designating them a theory; that is, an explanation of certain phenomena which is based on principles or variables independent of phenomena to be explained. R. Horton, "Ritual Man in Africa", Africa, 1964, Vol. 34 (3) pp.197-219. M. G. Marwick, "Is Science a Form of Witchcraft?", New Scientist, 1974, Vol. 63 (913), pp.578-81. The terms 'model', 'paradigm' and theory tend to be used interchangeably by the above mentioned authors.
Motu people consider that any explanation of an illness or death which does not identify a proximate and ultimate cause is incomplete. Evans-Pritchard, an anthropologist who worked with the Azande people in Africa reported similar beliefs among the Azande. He observed that anthropomorphic and spiritual explanations of sickness and death are deeply satisfying, for they tell not only how a person has been afflicted, but why. When termites eat through the supports of an Azande granary and it falls and kills a person underneath it is not enough to say that it was merely bad luck. The death requires answers. The victim’s fellows are fully aware that it collapsed because of the termites but want to know why it fell on that person and not someone else. For an Azande, witchcraft provides the answer: for a Motuan, sorcery.

The conviction that there was a causal relationship between social and somatic phenomena required only one supposition: that power existed at the irutahuna which could be mobilised by humans in certain known ways for their own ends, be they bad or good. All other relationships postulated by the theory flow logically from this assumption, and it has been shown in this chapter how human intentions and responses, the direct actions, permissions and withdrawals of protectiveness by ancestors, the powers of environal forces and sorcery, all interrelate in the Motuan world-view and have as their ‘lynch-pin’ the irutahuna concept. It followed that diagnosis of the cause of illness which made use of this theory were not statements about bodily symptoms and illness processes but were statements about social processes and their implications. And there is no sense of accidents; everything is subsumed under the pivot of meaning provided by the irutahuna.

In the traditional sense, certainly, the dominance of the ancestors in the realm

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connected with harm and healing was unquestionable. The ancestors are hierarchically more powerful than enviromal powers or humans wanting to wield spirit power. The ancestors, though, were perhaps not at the very top of the spiritual gradation, because it is possible that the shadowy diravadirava was a kind of high God and more work needs to be done to recover old and apparently lost conceptions here. Diravadirava, however, does not seem to be a being involved in the transactions of the Motuan medical system; he apparently transcended and was removed from such day-to-day occurrences, even if possibly a Sustainer behind all (like Aitave among the Enga).\textsuperscript{51}

In recent times, it has been admitted the Christian God is accepted as the Great Spirit and Diravadirava, but conceptualised as quite definitely involved in human affairs. In explanations of sickness and death, God now comes to figure in many a case as the causal agent, thus modifying the traditional aetiology. At Barakau in 1955, for instance, a man’s epilepsy leading to uncontrollable behaviour was put down to the Christian God, because consultations found that he had stolen fruit from the sacred (Helaga) precincts of the pastor’s house, and prayer to God removed the problem. In the late 1980’s, at Gaire, when a young man was taken by a crocodile at low tide, God was evolved as cause because the victim had made love to his girlfriend in the village church. Changes in explanation like these need to be reckoned with.

But it is now time to pass from the isolation of causes and symptomology to the arena of healing. Clearly it is not enough simply to locate and explain an illness or death. A diagnosis or divination contains within it an indication of the most appropriate response. Diagnoses were statements to mobilise power for healing and reverse the damage the sorcerer has done. The person who had access to the power necessary to heal

was the traditional healer (*babalau*). It was he or she who could extract and neutralise objects of sorcery, strengthen and cure a patient, divine the cause of death, and protect an individual or group members from further assaults.
CHAPTER FIVE
TRADITIONAL HEALERS IN MOTUAN SOCIETY

5.1 A GENERAL OVERVIEW

This chapter is about healing and the healer (babalau) among the Motu. In previous writings about traditional medicine in Melanesia, it has been healers, their diagnostic techniques and their therapeutic activity that has dominated research - on the Gnau and other Sepik groups, for example the highlander Gimi and Huli, the New Britain Mengen, the Solomon Moli, and the Fijians.\textsuperscript{1} The thesis has already redressed this typical imbalance by stressing the culturo-cosmic context of the Motuan traditional medical system first and by characterising ‘the hierarchy of powers’ in which the system is perceived to work.\textsuperscript{2} The need to place healing and the healer, through the plain humanness of culture - the consensus perceptions of networks in the system at the village level - also has to be conceded, as well as the role of the healer in relation to other leaders at the village level. Before considering the healer, we should briefly reflect on cultural pressures to remove dis-ease and find harmony, and on Motuan leadership.

The links between health, illness, culture and social organisation are not always immediately obvious to those accustomed to thinking of them as separate parts.


\textsuperscript{2} This is a recent emphasis in Melanesian anthropology inspired by Louis Dumont’s Homo Hierarchicus (1970), as in D. de Coppet and A. Iteau (eds.), Cosmos and Society in Oceania, op.cit.
of human activity. My argument is to suggest that there are these links, and that
culture is a frame or ‘model’ which, enabling humans to understand their world and
their place in it, signals how these links are to be made. Among the things which
culture defines and explains, I wish to argue for Motuan society, are health and illness.
The various cultural beliefs about illness apparent in human societies are, therefore,
reflected in diverse responses to illness.

Culture is a set of beliefs, ideas, and values which is translated into human
action, and is most readily seen and understood in social organisation. Culture gives
the rules or laws which mould human conduct. Therefore illness, and human
responses to illness, can best be studied in their cultural and social settings. The ways
in which any group of people thinks about illness and responds to it are most
profitably understood in that group’s own terms. This thesis attempts to examine how
Motuan Culture shapes the ways in which the present Motuans think about, and
respond to, illness.

Motuans understand that humans live in three “Worlds”: a visible physical
world, a social world, and a spiritual world. At any one time the human state of affairs
is affected by the relationships between individuals and the natural, social and
spiritual domains. The desired condition is one in which relations between humans
and each of these worlds are constant and in harmony. Where such harmony exists, a
feeling of tranquillity and well-being is experienced. In Motuan individuals this is
referred to as namo herea, and in society as a whole as hereadae. There is seldom, if
ever, complete harmony. Some remaining tension, lalo metau or lalo hekwarahe, is
inevitable, but Motuan culture defines acceptable limits. Social organisation assists in
curbing this tension within the individual and the society for most of the time. More
serious disharmony is, however, unavoidable in the society; for, as the Motuan saying
indicates, *guba davara bogana baine hohoa baine hurehure murinai vada baine kida* or *gaima na hegwaru tao*, the storm and calm are neighbours. In the past, harmony within each security circle or village was essential as numerous economic and social endeavours vital for the survival of individuals and groups relied upon cooperation. Unmanaged tension was undesirable since it jeopardised the basis of survival. In the past, but to a less important extent today, a divided group was a vulnerable group. Group unity kept the community socially and politically stable. Community stress and hostility which rendered a group vulnerable was a cause for concern, and constant efforts were made to contain tension and to protect unity.

Early detection and management of any tension is essential to ensure stability in the community. Conflict management and resolution is always a significant concern in Motuan society. Clan leaders (*Iduhi lohiadia*), family heads (*bese ikwariadia taudia*), household heads (*ruma lohiadia*), and pointedly, traditional healers (*babalaudia, hedaro or pururu pururu taunimanimadieia*) as well as healers who use only herbs in treatment (*muramura mo e hedurulaimu taudia*) were all traditionally involved in different ways in this process within the village (*hanua*) setting, and today pastors (*haroro taudia*) and church elders (*diakono*) naturally become involved. The person who becomes involved in administration and decision-making, and decides which courses of action are taken, depends on the protagonists and the source and nature of the conflict, but all the above-mentioned leaders play roles which are considered significant in Motuan culture.

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3 Plural *dia* is a suffix and when it is attached to the end of a noun or a pronoun that word becomes plural. For example, *hahine* (woman) is singular but it becomes plural when *dia* is added to it at the end.

4 In urban villages older forms of conflict management are greatly reduced and perhaps will not operate as effectively in transformed social and economic environments.
Despite the fact that there are parallels in the work of all who seek to identify the causes of disharmony and to re-establish harmony, there are also important differences. These differences are sharpened by today’s post-pacification conditions, under which old (but now underlying) tensions combine with more frequent intra-village conflict. Causes of stress and conflict between villages (hanuadia), clans (iduhudia), families (besedia) or individuals (taunimanima ta ta) are normally more or less easily identified and tend now to emanate from secular social activity.\(^5\) The causes can usually be traced back to an incident, in many instances witnessed by others, which involves known individuals. Responsibility for containment and settlement falls on heads of families, clan leaders, deacons, pastors and village court magistrates.

Let us first look at pastors. For their part, their most important role is a preventative one. In their teaching they emphasise useful values and patterns of behaviour on which the frail social order rests. Where they become aware of growing tension, they try to prevent it with diplomatic, and from time to time less subtle, advice to those directly involved and others who might become caught up in the problem. Their guidance is grounded in Christian Scripture, and sharply defines the Biblical attitudes to the conduct at the centre of the dispute and the results of its continuing. The fact that they are not directly involved in the events and the politics which surround them allows them to make points which others could not make without intensifying the stress. Normally their advice is conveyed from the pulpit in such a way that its importance is immediately clear to those people for whom the

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\(^5\) Causes may include incest, theft, adultery, violence, slander, dishonesty and lack of respect for authority. In the past religious activity could incite conflict. The defection of families from the village church to dissenting churches, and the introduction of freedom for new denominations in Motu villages caused very considerable opposition. Greater acceptance of religious pluralism appears to have reduced these oppositions.
message is intended. It is impossible to know how much hostility is resolved by pastoral advice or by their physical presence in situations in which stress is high. Some hostility may take place despite their activities and the pastors then become mediators (*herohe maino taudia*). They play a significant role because they are recognised as being qualified to speak for peace (*maino*), forgiveness (*gwaunatoa vaitani*) and reconciliation (*herohe maino*) in situations in which the groups involved may feel honour-bound to pursue their cause until one or the other is in an advantageous position. Pastors may also be asked to play a part in the reconciliations (*herohe maino*) which follow open hostilities. In this role the pastor attempts to persuade the people that forgiveness (*gwaunatoa vaitani*) and reconciliation (*herohe maino*) are the only acceptable paths for those who claim to be Christians, and that those who would promote prolonged conflict are, by implication, not true followers of Christian practice (*ekalesia*).

What of Clan leaders? These *iduhu lohiadia*, *kwarana* or *igunalaina* may individually and/or collectively restrict and control tension in the groups they lead. Their influence and power rests on their ability to sustain the success of the activities of the clan (*iduhu*) and to mobilize resources, which is possible only when they can maintain unity among members of the clan. Consequently, an *iduhu lohiana* seeks to control and eliminate tensions which develop between sections of the clan so that when a crisis calls for the clan to act as a unit, they will be prepared to do so. Similarly, heads of families (*bese lohiadia*) and clans within a village will try to contain tension between each group so that when crises arise, the whole village is able to mobilize the resources of all families. Management of tension within the household is the responsibility of the household head. However, disagreements occur even in well led families and villages, and *iduhu lohiadia* are charged with defusing these
situations. They establish the names of offenders and the nature of the offence, and a reconciliation feast (*herohemaino ariana*) will be offered to offended families by the offenders’ family. This is a symbolic feast which unifies not only the living members of the families of the offender and the offended, but also their respective spiritual relatives. A reconciliation feast (*herohemaino ariana*) is the socially prescribed solution.

Clan leaders (*iduhu lohiadia*), heads of families (*bese lohiadia*) and household heads (*ruma lohiadia*) also take action with the support of those concerned to stop prolonged and more pressing disorder which can develop as larger groups of people become involved. Village court magistrates take action with the support of the legal system in place. Their influence and power rests on their ability to settle disputes amicably without favour. However, disagreements occur over decisions which often conflict with administration of traditional justice in the village.

Traditional healers are also involved in the reconciliation process, but while their role is more central, it is less discernible. It is more central since humans can be particularly vulnerable to certain biological, social and spiritual forces which can disrupt their personal harmony and cause illness. It is less discernible since the social consequences of illnesses may be far less obvious than, for example, a village fight. As illness reflects a disruption in the relationship between individuals (*taunimanima ta ta*) and one of the worlds within which Motuans live, a traditional healer must investigate a range of physical, spiritual, and social causes, and must be aware of the possibility that the illness and its social setting are linked. The traditional healer’s task is to establish the most probable cause of any given set of symptoms, and to offer an answer that will resolve the tension. The course of action is made more difficult as the
patient may be ignorant of the connections involved, and may not be able to participate fully in the diagnosis.

A traditional healer, in the past and up to the present time, who employs herbs as the only mode of treatment is consulted to establish whether or not an illness has a natural cause, that is whether or not the symptoms are caused by organisms (gaigai) which are generally linked with the natural world. In the first instance this person is usually a family member or near neighbour who recommends a type of herbal remedy, and usually a life-style change in such areas as diet, personal hygiene, physical activity, and so on. Establishing the correct diagnosis, and the correct combination of therapy and lifestyle change, is believed to be all that is needed to restore harmony and therefore health if the illness has a simple physical cause. If however, this treatment is unsuccessful the clan elders will be summoned to carry out divination. If the patient’s condition is caused by spiritual, social or supernatural factors, the herbalist, who has no expertise in these areas, must refer the patient to a babalau.

Naturally caused illnesses have social and economic effects which differ with the social status of the sufferer and the nature and duration of the illness. A sufferer’s role in the household division of labour determines the immediate economic consequences of his or her illness, whilst a sufferer’s role in family (bese) affairs determines the social and political consequences of that illness. The more dominant the sufferer’s role in these areas, the more potentially serious are the consequences. A traditional healer’s successful treatment reduces the social and economic costs of the illness. A traditional healer’s successful prevention and/or treatment of debilitating disease is of great importance for the sufferer’s family and for the village.

Other forms of illness can be recognised which indicate that an individual’s relationships within the social domain are disrupted and because, by definition, these
relations involve other people and groups, they have a widespread relevance. Unless the causes of stress in these relationships are recognized and eliminated, such situations have the potential to produce more serious outcomes for both the individual and the group. The traditional healer’s task is to locate which relationships are strained, to establish the sources of tension, to draw these to the attention of all parties involved, and to mediate between them. The social importance of early diagnosis and control of this type of illness lies in the fact that it may stop minor conflicts becoming more widespread involving more people and generating secondary conflicts. This is illustrated in the following Motuan case studies:

5.1.1 THE SOCIAL NEED FOR HEALERS: THREE CASE STUDIES

Case 1

An eighteen year old girl was betrothed to a young man of the same age. The parents of both agreed to the arrangement, but the girl was not consulted. She loved another boy and they had been going out secretly for about a year. She eventually told her parents of her intention to marry the boy she loved. Her father refused to give permission, as was his right in Motuan culture, since the promise he had made to the parents of the boy must be honoured. The girl and her sisters bitterly resented their father’s attitude, but continued to reside in the family home. One morning the young lady told her father she was unwell and wished to visit a babalau (traditional healer) at Pari instead of collecting firewood. Her father told her publicly that her problem was not illness but the result of dating, and the best thing for her would be some hard physical work. The following night she overdosed on aspirin and died.

This death affected many people. The young man lost his lover, her family lost a daughter who would have brought economic wealth (bride price) and grandchildren.
Relations between the sisters and their father worsened as did the relations between the father and his brothers, and between the father and his brothers-in-law. After the suicide the atmosphere in the village was strained as all meditated on the extent to which the father’s attitude had contributed to his daughter’s death.\(^6\) It was rumoured that the father might have hired some magicians (\textit{vada taudia}) to punish his daughter and that the “young lady had died for her own father’s stubbornness”.\(^7\) The father confronted the man who had made this allegation and a shouting match followed in which the father was blamed for various crimes. People gathered, and when the men began to fight, a scuffle involving practically all of the adult spectators developed.\(^8\) Many people were hurt, and following the commotion relationships between families in the village were strained. Whenever the families directly involved came into contact there was a danger of new conflicts occurring. The confrontation aggravated existing ill-feeling in the clans, particularly between the clan of the father of the deceased girl, and the clan of the man who started the rumour. The fight undoubtedly interrupted a process of reconciliation (\textit{herohemaino}) which had already been underway between the clans.

The sisters (\textit{vara bouna kekenidia}) were bitter because the incident was used to bring dishonour to the family, but realised that it would continue to reflect on them because, as Motuans said, \textit{daedae ese e gwanumu durina e kwaidu Kopimu ai} (the stingray has broken free but has left behind its spike). The sisters (\textit{vara bouna kekenidia}) also disliked the innuendo of wrongdoing by relationship but understood

\(^6\) This is unheard of in the past. Arranged marriage was a widely accepted practice.
\(^7\) OT: Logona Tai of Tubusereia village, 1993; Kopi Loa of Barakau village, 1993.
\(^8\) Spectators take sides according to clan allegiance. Most often clubs, sticks and knives are used and many people are hurt and some sustain serious injuries, even death, which is attributed the sorcerers. Social conflicts like this provide excellent opportunities to avenge past offences.
that it would remain because an attribute found in one member of the family, in this case their father, was expected to appear in time in others.

One can only speculate as to the probable outcome if the young lady had been granted permission to visit the babalau. Apparently there was a history of problems between the father and his daughter. This was demonstrated by the fact that on the way to the uncle’s house that night, the girl told her cousin of many similar arguments with her father, and of the shame this event had caused her. She could not understand how a father who claimed to love his daughter could incite such public disgrace. The root of the problem was in the relationship between the father and his daughter. The traditional healer’s intervention could have convinced the family of the need for mediation (herohe maino) before the conflict had intensified to a point where it gave rise to such serious consequences leading to prolonged hostility within the family, the clans and the whole village.

Similar consequences may occur where early attention is not paid to signs of anxiety in an individual’s relationships with the supernatural realm. A babalau who possesses secret knowledge, which is believed to have been revealed by his or her deities, can discover a supernatural connection in an individual’s illness. The babalau may be able to point to a required appeasement before the ancestral spirit (laulau) feels obliged to utilise a more severe mode of displaying indignation.

While there is perhaps little support in present day Motu for the notion that ancestors (tubu laumadia) can vent their anger on the whole family there is also a striking disinclination to deny it. In such cases the babalau may be able to see the circumstances which have the potential to break up relationships as the following situation reveals.
Case 2

A boy became ill after working in the garden. His mother and his uncle became concerned with his condition and took him to the babalau for treatment. The babalau concluded that the boy had become ill after he was struck (e kwadia) by his deceased father’s spirit while returning from the garden. The babalau enticed his father’s spirit to reveal his reasons for striking (botaia or kwadia) the boy. The father’s spirit was disturbed because the living descendants of the dead had forgotten the dead ancestors, and this was evident from the state of the graveyard and the widespread disregard for the graveyard. Since those who were buried with him had established the village and its good name for being strong and united, this was a very disturbing situation. He claimed, furthermore, that the living, who had never contributed anything constructive for the good of the community, often complained bitterly over the proximity of graves of people buried in and near the village. He was disturbed that some people sang, beat drums (mavavu gabadia) and conversed obscenely as they took the short route through the graveyard, and because the children used stones from the graves to throw at flying birds.9

The babalau was able to establish the cause of the disharmony with the ancestral spirit and initiate a meeting where the clan leaders (iduhu lohiadia) met and discussed the problems. The families concerned were told to respect the graveyard. The clan leaders organised a well attended ceremony at which the cemetery was cleaned and stones put in order. The event, an intriguing mixture of pre-Christian and

9 OT: Abi Vavia of Tubusereia village, 1993. This occurred twenty years ago. The village councillor from Manumanu and several elders from most Motu villages stressed the importance of cleaning the graveyard because it is regarded as a permanent home for the dead and the living. In the past, graveyards were at the middle of the village. Anything, including the stones in the graveyard, is helaga and therefore must not be touched or removed by the living.
Christian ritual, honoured the lives of those who had founded the village. The boy then recovered.

It is not difficult to see the psychological factors at work in this event. The deceased father’s spirit was thought to be annoyed because of the treatment of the graveyard. He had had a close relationship with his own father and he had been immensely fond of him. He objected to the fact that people treated his and his father’s resting-place without due respect. By causing the illness in the boy he drew attention to the problem.

More important are the social consequences of the traditional healer’s \textit{(babalau’s)} diagnosis. His capacity to pinpoint the cause of the illness and to draw attention to a source of tension between an individual and the supernatural world was crucial in what followed. In indicating the possibility that other people might suffer a similar fate in the future as other ancestral spirits in the neglected graveyard \textit{(midava)} asserted their displeasure, the \textit{babalau} drew public attention to this source of potential trouble. He forced the people to deal with a problem which they had previously failed to recognise. When the villagers worked together cleaning the cemetery, they established social unity and strengthened community spirit in the village. Lastly, in identifying supernatural intervention in the illness and making the villagers think about its wider implications, the \textit{babalau} re-affirmed the significance of both the supernatural agency and those with the expertise to be aware of it. This outcome is also shown in the following case study.

\textbf{Case 3}

A young lady was ill for seven years. She knew she was going to die and before her death she made one special request to her parents that, when she died and her body was put to its final resting-place, her parents would take the family members
away from the village and settle in Port Moresby. A week after her death and burial, they held a funeral feast; and while the feast was in progress, the spirit of the deceased was understood to have attacked a five year-old girl who died immediately. She was buried the next day and a week later her funeral feast was held. During that feast the spirit of the young lady came again and was understood to have attacked a toddler who was also a girl. She died the same day, and her burial took place the following day. After this incident the spirit returned frequently attacking the seven year-old brother often making him ill. This event reminded the father of his deceased daughter’s request. He went to her grave, apologised to her and told her that he would honour her request. The next day they left the village. There has been no further trouble.\(^\text{10}\) Had the problem been diagnosed earlier much suffering could have been prevented.

Therefore, while the \textit{babalau}'s first duty is identifying and attending to particular illnesses in individuals, his or her role must be seen in its wider context. This work is an endeavour to restore harmony in and between the physical, social and supernatural environments of individuals’ lives. In the process, the \textit{babalau} may identify matters which have relevance for the community to which the individual belongs. In drawing attention to these the \textit{babalau} may prevent problems from escalating into disorderly conflicts which involve a great number of people and have serious social, economic and political consequences. The Motuan notion of well-being, and the role which \textit{babalaudia} play in its retention, makes their social contribution at least as valuable as their medical contribution.

\(^{10}\text{OT: Joyce Kopi, the wife of the author of this thesis. In fact all the members of her family confirm the incident.}\)
5.2 HEALERS IN THE TRADITIONAL MEDICAL SYSTEM

It might be expected that the babalaudia would be very highly respected because of the important work in which they are involved and that they would hold positions of leadership in Motuan society. Signs of respect are not absent, yet they live ordinary lives just like any other Motuan, and conduct their healing as part of the daily sequence of events which varies little from that of their patients. In their own village among people of their own blood (rara tamona) and in their extended family (bese dogorona), they are frequently called out (eha boihenidiamu) to their patients by children. It is said that children who are sent to invite a babalau appear no more overawed or intimidated when talking to a babalau than when talking to any adult person. There is nothing obvious in their appearance to indicate their involvement in the healing profession or in the appearance of their place of abode so that outsiders (idau gabi taunanimadila) have generally to ask villagers where a babalau can be located.

5.2.1 STATUS IN THE COMMUNITY

The respect the community has for a traditional healer is dependent upon both his or her proficiency in the profession, and the other positions held in the community.

Some traditional healers, for example, are also deacons11 (diakono), big men (karakara taudia), pastors12 in active service or retired, or teachers (hahedibatauna). Some babalau hahinedia haida (women traditional healers) are teachers, wives of very influential public figures, such as clan leaders (iduhu lohiadia) or big men,

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11 The United Church does not allow deacons to practice traditional healing.
12 The United Church discourages its workers from traditional healing practices as it conflicts with Christian teaching. However, there are regions where Ministers of the United Church practice traditional healing.
including women, *karakara taunimanimadina*, or hold positions in groups such as women’s fellowship groups. Other *babalau* are successful because they possess charismatic personalities. Their charisma draws people to them and inspires confidence in them.

Their reputation as healers of illness emanates from either the extent of the illnesses for which they have medicines (*muramuradia*) and remedies (*ihanamolaina muramuradia*) or their success with a specific illnesses (*gorere uhena idauidau karoa tamona ai ehaboua*). One hears people say of healers, “*babalau ena muramura moma hereadae gorere idauidau ai heduru baine hen*”. This means simply that ‘a traditional healer has abundant worthwhile medicines; there is no case for which she or he does not have treatment’. It reflects the eminence gained from the spread of their medical reputation. One also hears people say of traditional healers, “*ta ta na e diba herea gorere haida ai bena bae gaukaralaidia kara haraga mauri bae davari*”, which means that the practitioner is very proficient in the cure of that case. His or her medicine (*muramura*) is exceptionally potent for that illness, which indicates the possession of skills that may have resulted from successful specialisation.

The importance of the work done by the *babalaudia* is recognised when they intervene effectively in situations which have not been successfully treated by others; in situations where Western-trained medical practitioners appear to be unsuccessful, and in treating the illnesses of eminent people. Thankful patients and their kinsfolk advertise by word of mouth the effective treatments of the *babalaudia* thus increasing their social standing. On the other hand, *babalaudia* themselves do not normally seek community praise for their efforts.
5.2.2 THE RELIGIOUS SIGNIFICANCE OF THEIR WORK

Ever since Christianity was embraced by Motuans, some traditional beliefs have been merging with Christian beliefs. Some Christian congregations restrict the practice of traditional healing carried out by the *babalau* while others are more lenient. A great many *babalaudia* seek to blend traditional healing practices with their Christian faith and believe that their Christian God has chosen to give them the gift of healing, and to fulfil His purpose through them.\(^{13}\) This is much more important than earthly acknowledgment.\(^ {14}\) Nevertheless those who are willing to serve as *babalaudia* may achieve a measure of worldly recognition because of their medical success and this is seen as a manifestation of their favourable relationship with God. In speaking of the accomplishments of a *babalau*, a retired deacon (*diakono*) has summed up his observation in these terms:

A *babalau*’s life is a model to his family and clan (*iduhu*). He is mature, with a pleasant personality, and lives a staunchly Christian life. He consistently lives like this and supports the church. He is the person selected by God and trusted with God’s gifts of healing. For this reason he is a successful *babalau*.\(^ {15}\)

5.2.3 REMUNERATION

The successful achievements of traditional healers may be acknowledged as gifts from God even though their work does not regularly bring about important material reward. They are given gifts (*hari hari gaudia* or *herahia gaudia*) from

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\(^{13}\) The claim advanced by the traditional healers (*babalaudia, pururu pururur taudia* or *au raudia, ramudia, au kopidia asi meadia ai e hedurumu taudia*) is grounded in Romans 12:4-5; 6-8; 1 Corinthians 12:4-11; Ephesians 4:11.

\(^{14}\) Sentiment expressed here is similar to the resolution passed in the 1987 United Church Assembly meeting at which the author was a participant from the East Papua Mainland Region.

\(^{15}\) OT: Madu Nou of Barakau village, 1987. This belief is persistently held, not only the traditional healers, but by the majority of the Motuan Christians.
kinsmen of patients whose afflictions they successfully treat. These 'payments' are
normally small and are more the expression of indebtedness than planned 'fees'. The
form and worth of these gifts varies and expresses both the gratitude of patients and
their relatives and the material resources available to them. The majority of
babalaudia do not depend on making a living from their medical skills and continue
with subsistence gardening characteristic of people of their age and position as a way
of meeting their basic economic necessities. But when payment of a bride price for the
sons is made, the financial support received by babalaudia from patients and their
families is considerable, as can be seen from the following events observed by the
writer in 1975:

A babalau, who routinely commanded $80 in consultation fees, lived in June Valley at Port Moresby.
This fee applied to full time urban wage earners and well-off self-employed locals. Most of his patients were
unemployed Motuans from villages near Port Moresby. These he charged only $20. His son married a Motuan lady. He paid $20,000 bride price money for his son's wife. Half of the total bride price money was received
from grateful Motuan patients and their families.

There are in existence a small number of babalaudia working in urban and
non-urban villages, who charge excessive "fees", though not so much by specifying an
amount as by indirectly commenting on highly priced items in patients' houses. In the
Motuan culture people are obliged to give that item to the babalau. Patients and their
families are most pleased to give and regard it as a blessing.16 Educated Motuans
believe such babalaudia will destroy their own credibility by this form of
exploitation.17 However, babalaudia, in general, are valued as providing a necessary

16 A few Motuans who have been educated abroad view the practice as exploitation.
17 OT: Dr A. Toua, of Hanuabada village, the former Secretary of the Department of Health Port
Moresby; Dikana Kema of Gaire village; Dr V. R. Tamarua of Port Moresby, 1993.
service in the villages where they live even though they do not anticipate great economic wealth from their services.

5.2.4 RATIO OF MALES TO FEMALES AND THE ROLE OF EACH

Both men (tatau) and women (hahine) have always been babalaudia in Motu. Morea Igo and other informants stated that “men and women are equally important in the job as anointing doctors”\(^\text{18}\). Before 1950 informants claimed that there were equal numbers of male and female babalaudia. In 1987 the author’s research found about equal numbers of men and women. Most recently men have overtaken women numerically. One reliable source estimates the numbers of men and women working as babalaudia (traditional healers) are declining.\(^\text{19}\) Of the seven healers whose work was researched, four were men. It is impossible, for different investigation appraisal factors, to confirm the actual male-female ratio among healers. It appeared more profitable to investigate the differences within their personal practices based on their gender.

All babalaudia and Motuans in general acknowledge that midwifery is the specialisation of women practitioners (hahemara hahinedia), yet challenged the suggestion that both men and women are not free to practise in any other domain. Such statements conflicted with personal observations over the years that there were tendencies to specialise in as much as men practised more generally in massage and manipulation, and women more frequently in internal problems than external complaints. When this was put to babalaudia, and to men and women (meamea


\(^{19}\) OT: Mase Dabu of Vabukori village, February 1994. Even today he practices traditional healing and has been excommunicated from the Christian Church. This is common along the Papuan coast.
taudia or hahinedia) with specialised knowledge of particular applications who employ charms as techniques for healing illnesses, the majority maintained this division was unintentional and provided the following explanation.

A great deal of the time men work with men, and women work with women. Whenever a man sprains a tendon, or puts out a joint or breaks a bone while working at home or in the garden, he will find a man close by to treat him. Men’s work gives rise to that type of injury, which is generally treated by men, but this is not always the case. Some women are equally good at treating injuries resulting in damaged tendons or dislocated joints and are willing to attend to anyone with these problems. Where some specialisation based on the sex of the healer is recognised, it was maintained to be a de facto arrangement rather than a formally structured one. Some informants hinted, for example, that babalau mamaranedia (male traditional healers) tended to limit their services to the members of their families, whereas babalau hahinedia (female traditional healers) did not. This seemed at variance with personal observations over the years which had led to the belief that there were no such restrictions. Several elderly informants claimed that when babalaudia are just settling in as newcomers to the profession, both male and female babalaudia confine their practice to members of their own families. As they gain confidence and their reputation spreads outside the family circle, their practice extends to members of the community and beyond.

However, there is one area where gender specialisation is recognised. It develops from adult persons’ disinclination to meet babalaudia of the opposite sex.

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when the patient has an illness linked with the genitalia (*raminai*) and/or sex organs, an area where cultural inhibitions make discussion difficult. This is more so where a *babalau* is not known to the patient and where those concerned have limited communication skills needed to deal with these socio-linguistic traditions or formalities. Such consultations are made yet more difficult as Motuans are prohibited from uncovering their genitalia to members of the opposite sex generally, and to kin especially. The fact is that confidentiality is impossible because of shared Motuan village housing, and the Motuan way of life. Consequently people with problems associated with sex organs usually choose *babalaudia* of the same sex,\(^1\) at least in the first instance. In such situations, though, it is personal preference, and not a prohibition, which leads patients to choose a traditional healer of the same sex. Hane, a female informant gave an example where a female *babalau* treated problems of the reproductive organs. She added that patients may select *babalaudia* of the same sex but will finally choose any person who they believe has an appropriate medicine. Here the author cites observations made in 1965:

A woman took her husband to visit a female *babalau* at Pari village. On arrival the man told her that he had an illness which he had heard she had treated successfully. He did not say any more, but she made a probable diagnosis because she had treated other people from the man’s village. She ascertained from him that he had already consulted other *babalaudia*, but they had been unable or unwilling to treat him, and his condition had deteriorated. By the time he saw the *babalau* in Pari village he was in severe pain as the boil on his penis was about to burst. If it had been treated earlier the condition would not have developed to that point. At first he postponed searching for treatment because he was a deacon. Finally he was forced to seek treatment as walking became difficult because of the severe pain. He therefore sought treatment from *babalaudia* from

\(^{21}\) To prevent latent sexual desire that might reappear at some later point. Death is the outcome caused by hired magicians when sexual desire is not met.
nearby villages without success. Finally he sought help from the female *babalau* at Pari village.\(^{22}\)

In Motuan society it is possible, but difficult, to talk about such problems. There is a particular way of saying such things in a very respectful manner and there is prescribed language with appropriate words which permits people to talk about these matters without giving insult. Motuans do not call things by their common names but by special names; for example, people do not call a penis by the proper name *usi*, but they use a veiled term or euphemism, *dagadaga gauna* or *biku*, which gives the discussion some respectability. In the case cited above the female *babalau* was willing to help him when he made the request in the culturally appropriate manner.

The unwillingness to acknowledge that there is a tendency for specialisation emanates, partly, from the prevailing conviction that efficacious healing results from both worldly knowledge and a religious endorsement which is given by *Dirava* (God). God (*Dirava*) alone is responsible for the composition of the body which is therefore outside the control of the common people. Consequently, when it was suggested that each sex specialised in certain areas, the *babalaudia* indicated that *Dirava* (God) granted the gift of healing to whomsoever He selected. They were neither able nor willing to speculate on the reasons for His action of bestowing different healing gifts on different people.

### 5.2.5 AGES OF BABALAUDIA

There are no definite age qualifications, or limitations on those who engage in Motuan medicine. Generally both *pururu pururu* or *meamea taudia* (women

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\(^{22}\) This possibly only involved a water treatment with a magical spell in it administered by the female healer (*babalau hahinena*). Cultural restrictions are imposed on sexual organs as they are deemed private.
included who specialise in curative magic for certain types of illnesses) and babalaudia are over 25 years of age but there is no upper age limit. This is consistent with the notion prevailing that, where other things are equal, there is a conclusive and positive connection between age and wisdom. There is no evidence to show any absolute beliefs about the age at which people should participate in or discontinue practice.

One cannot accurately determine the babalaudia age distribution as some older people are unsure of their age; and those known to the author over the years, and those interviewed are not necessarily a typical cross section of all babalaudia. As a matter of fact most of the traditional healers selected were aged between twenty and forty-five, with the average age somewhat higher in the case of men. The age of entry is determined by the amount of time it takes to become acquainted with the body of secret knowledge required before one can practise, the point in time at which the trainer makes up his mind that a person is ready to practise, or just a matter of chance, as the following case shows.

The youngest traditional healer encountered by the author was seventeen years old. His coming into the job at the early age of twelve was quite unplanned. For years he had assisted and watched his father very closely, and had matured into his father’s practice. After he sustained a spear wound, he was confined to the village. One day in September 1960, while his father was absent, a young lady with a sick baby came looking for his father. The boy identified the toddler’s illness but was hesitant to help the child and advised her to come back later and see his father.

The father said that the boy was acquainted with the medicine as he had seen him make it at another time, and he requested him to work. Later when confronted with a request for help from his uncle, the boy hesitatingly carried out the treatment
and successfully assisted his uncle’s son. When he told his father, his father believed that it was time he handed the son the *siahu* (power), the seal of approval which ensured that his remedies would work in the hands of the young man. *Siahu e hanai* (the transfer of the power) was achieved without ceremony, and public awareness of his entry into practice grew slowly.

For traditional healers certain tabus are to be observed regarding sex, eating certain garden foods, fish and meat. Failure to comply with these restrictions causes the spirits for whom the healer becomes the agent, to desert him at the time when they are needed; thus his medicine’s potency is said to be lost, and unsuccessful treatments follow.

Generally there is no upper age limit in practice, as the next example demonstrates. The oldest *babalau* encountered by the author was eighty years old. He was agile, alert and was frequently consulted by patients in the village. His work had expanded to encompass people from outside the village who had become aware of his skill in the treatment of broken bones. He longed to retire as he felt the work was excessively strenuous for a person of his age, but was unable to do so as people continued to bring him patients, many of whom had sustained severe fractures. He could not refuse to treat them. He stated that he was convinced God had given him a gift and that God would take it from him when He desired. Until that happened he was destined to remain in the work.

Some *babalaudia*, however, do make a conscious effort give up work. Older *babalaudia* may limit their work to their close family and gradually retire. They pass on their gifts, skills and power (*siahu*) to younger people. In these younger people their treatments live on, and are still available to those who request them.
5.2.6 INFORMALITY WITHIN THE TRADITIONAL SYSTEM

In Western countries it is assumed that everyone who engages in medicine has received the same kind of education. This results from the existence of a well administered system governed by qualified bodies which define scholarly requirements for trainees, and control the essential content of both general education and professional medical education. These qualified bodies license practitioners, and impose professional and ethical standards of medical practice. The outcome is the eminently institutionalised and well disciplined standard of clinical pursuit with which Westerners are accustomed.

Although Motuan culture is now literate, there is no instructional literature which forms the text for the training for all babaludia and which provides a certain level of level of uniformity of belief and practice. Printed documents of medical information are few and play an insignificant part in building the body of knowledge of the babaludia. Such main beliefs as continue are disseminated verbally, since they are guarded secrets confined to members of babaludias’ families and committed to memory.

The absence of a central body which regulates the babaludias’ activities also causes variation in both practitioners and their practices. While babaludia sometimes transfer\(^{23}\) patients to one another, they do not, as a rule, consult with one another, or meet as a body of practitioners to share information and new methods of treatment. The belief that the babaludia are correct and that they are in possession of successful

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\(^{23}\) Patients were never transferred to other traditional healers in pre-contact times. The belief was that each healer was different, and usually gained his power either when accosted by the spirits of the dead (Ancestor Spirits) or when these spirits gave him powerful objects or adopted him and worked with him. All Ancestor spirits were acknowledged to have powers of healing yet not in the same area but rather branching out in different fields of medicine. Today they reluctantly refer patients to others (these include Western trained medical practitioners).
medicines, discourages the acceptance of new information or remedies. Furthermore, the belief is that traditional medical knowledge should stay within the family as guarded secrets, which are passed from one generation to another. The medicine's potency is said to be lost if it is practised by people other than the rightful owners. Consequently, no institution exists to effectively standardise medical beliefs and practices; and since there is no established practice which determines who may and may not practise traditional medicine, technical and ethical standards vary from one traditional healer to another. There is, in summary, no formal organisation in the Motuan traditional medical system, whether medical school, doctors' association, registration board or system of legal control. Babalau are not fined or jailed if they are thought to be negligent. The outcome of their treatment is not questioned. If people are not satisfied they do not challenge a babalau because they are afraid of the consequences.

5.2.7 RECRUITMENT AND TRAINING OF BABALAUDIA

Generally, informal methods are employed to recruit promising traditional healers. One male traditional healer has indicated how he selected three people from his immediate family for training according to natural talent.

When children are young, they are sent to collect things to make medicine. You send them to the sea, and to the bush to get leaves, bark and grasses which are needed. Some of them are efficient and some are hopeless. Some bring the right amount, others bring too much or too little. Some are careful when they collect the material,

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24 OT: Tau Lahema, Loi Lahema, Idau Tau, Hitolo Hanua, Noho Airi, Abi Vavia, Logona Tai, Aue Mahuta, Vabu Matagu, Sima Vagi, Naiki Dagu and Hekwadi Henao of Tubusereia village, 1993; Itana Lahui, Maimu Kopi, Aisi Miria, Raiva Tau, Hera Hetahu, Ugava Maraki, Asigau Valahu, Papa Loa, Vara Valahu and Egu Aue of Barakau village, 1993; Sere Kena, Tau Egi, Maleva Gomea and Taunao Tau of Gaire village, 1993; Vali Vali Bagelo, Bake Vere, Hare Bore, Kinibo Bagelo, Kinibo Boto, Gamoga rahobada and Vagi Loi of Gabagaba village, 1993. It is often the belief of these people that when medical knowledge is passed outside the family the ancestors will inflict illness to the person who passed the knowledge, and the knowledge will be taken away from the new owner.
others are inconsiderate and almost kill the plant while collecting certain parts of it. Some are good because of their knowledge of plants and can tell the difference between plants that are almost the same. Some are hopeless and unable to distinguish between the donaiau (tropical ulcers) and toto dika (caused as a result of trespassing). You can tell when children will be able to become traditional healers by watching them. 25

Some babalau indicate that early demonstration of technical expertise is important, while other traditional healers emphasize the importance of compassion (seanigunitamu) and concern for the well-being of others (taunimanima haida edia mauri ehelaorealaimu). Those who possess this latter quality are preferred to those who are more self-centred (sibodia edia namo ehelao realaimu). 26 Some traditional healers today are said to look for a significant religious commitment in trainees. This is because they believe that Dirava (God) plays a dominant function in healing and that only people who are sufficiently religious will acquire and be able to use the gifts of healing.

It would be wrong, however, to suggest that the system of recruitment is formal. Traditional healers are divided on whether potential candidates selected for training should have a sense of calling. Some have admitted they encouraged any signs of ability and interest in people, and relied on the gifted people deciding to work for them.

This informal pattern of selection has diverse results. Some of those selected

are happy and enthusiastic to start, some are uncertain while others are uninterested and refuse. One man who had been given an opportunity to train summed up his reactions:

It was not the path for me. I had been getting medical plants for the old man since I was a child. Every now and then I would go right up to the mountains and into the forest to collect the leaves he wanted. I was competent with his treatments, but fasting and food tabus frightened me. I liked my food and I did not want to starve myself for the sake of my old man’s tradition. My interest lay in boat building.\(^\text{27}\)

No compulsion is discernibly exercised on those who opted for a career outside traditional medical practice.

To some degree informal modes of preference, and the acceptance that not everyone will aspire to work as traditional healers, appear to originate from a common notion among Motuan traditional healers that Dirava (God) will select those who are to teach and those who are to learn.\(^\text{28}\) This belief underpins the unwillingness to select special people for training. Oral reports and the writer’s personal experience indicate a bias towards the selection of relatives, normally children, for training. This stems from the belief that the healing art is to be handed down through the generations. Jealously guarded secrets thus remain confined to the clan or the family. A traditional healer pointed to a number of people in largely distant relationships, who had been trained.\(^\text{29}\)

\(^{27}\) OT: Idau Varoka of Barakau village, 1993. Sentiment expressed here is usually the main reason for people not taking up traditional healing practice.

\(^{28}\) 1 Corinthians 12: 6-8.

\(^{29}\) C. S. Belshaw, The Great Village, 1957, pp.200-201. In some cases unrelated people have been trained. This seems to be more a matter of chance. Divining and healing were once well known arts in Hanuabada, but declined due to the lack of faith in its efficacy, insecurity of the Second World War and the impact war had brought to the people and a pursuit of contemporary healing techniques. When war was over a new school was established at Kilakila, a Koitabu village on the foreshore of Port Moresby close to villages inhabited by the Motuans. Several Motuans who passed through this school claimed they were working for Elizabeth, the cousin of Mary the mother of Jesus. Again, blood relationships were accepted as the entry qualifications to the school.
People who are trained usually live in a babalau’s household or one near by, but again blood relationship is emphasised as a specific requirement. Much of the Motuan medicine is restricted by traditions and regulations.

The informality which characterises the recruitment of babalaudia is also present in training. There are, however, many similar features in the training of traditional healers. Training is essentially a form of apprenticeship which starts early in childhood. The average age at the commencement of training is between twelve and thirteen years. Some start earlier though, and training lasts for a minimum of one year and a maximum of three years. The majority of the trainees are trained between one year and one and a half years. One practitioner asserted that he could train a talented person in three to six months, which was believed to be the shortest period. However, Belshaw noted that training seemed to have lasted for three months before trainees graduated to practice.30

The traditional healers known to the author since the 1950s and those identified in this study were not able to call to mind exactly when they had gone into individual practice and hence could not give precise assessments of the time they took in their training. The intensity of training differed with some people having full-time training while others were trained in their spare time.

It is difficult to assess the actual time they were taught as the majority of trainees resided in a healer’s household, and an appreciable amount of their training was incidental, occurring as they witnessed treatments and overheard medical consultations every day. The problem of validating the number of hours spent in ‘formal training’ is well described in the following by one informer:

30 Ibid., p.203.
It is difficult to know. Before I got married I went to Gulf Province as a cook with the Australian Petroleum Company. I was in this job for 5 years. Then I returned home, got married, and had children. Most days I worked in the garden until my uncle, who was a healer in the village, asked me to learn his trade. Sometimes I visited him in the mornings and watched him with his patients. Sometimes he sent his younger son to invite me to observe a specific case provided I was free. Then we went to Port Moresby for a while, and when I returned a couple of years later I began to watch my uncle again. I do not know how old I was at that time, but as I was more mature I concentrated and learnt more quickly than when I was younger.\textsuperscript{31}

The above narrative indicates that there are different phases in life when training can be undertaken.

The form of training appears to differ significantly and to reflect healers’ *hedaro taunimanimadia* (men and women inclusive) and *babalaudias*’ choices and personalities. There is no definition of a teacher’s duty which is judged vital for the effective dissemination of information. Some healers recall their teachers as supportive and kind, while others look back on them as friends who had displayed significant calmness even when confronted with evidence of the trainee’s incompetence. Teachers take a very formal teaching role and rely upon rote learning lists of plants (some are male and female plants) and the illnesses for which they are used. Trainees are required to memorise the names of illnesses and their related treatments. Most of this memorisation and questioning takes place outside of the healing situations, which usually concentrate on the relationship between the healer

\textsuperscript{31} OT: Tau Loa of Barakau village, 1993.
and patient. Most *balabaudia* and *hedaro taunimanimadina* recollect a gradual decrease in the intensity of teaching as their training advanced.32

Training appears to have three parts. Early in their apprenticeship, trainees accompany a *babalau* or a *hedaro tauna* or *hahinena* when he or she gathers different substances needed for medicine. This seems to be as much for companionship as for the ideal opportunity to pass on information. Much of what is done is relatively routine and necessitates the collection of specific substances from well known species of trees and plants, and observing the correct procedures for their collection. Any teaching that takes place at these times is casual and informal.

The second part of training is observation of practice, *gaukara daladia I tadia bena baine dibadia helaoreana*. As part of their task, the trainees are expected to learn by observing healers, *babalaudia* and *hedaro taudia* or *hahinedia*, at work and to listen attentively to them questioning and discussing illness and treatments with their patients. Trainees ask only about things that they are unsure of or about things that were not discussed with the patient, *gorere tauna* or *hahinena*.

The third part of training is made up of more general discussion of specific cases and of healing. This gives the impression of aiming both to disseminate information and to indicate how much has been learned.

The job of the apprentice is quite busy at the outset of training. Some recalled that this had been fairly stimulating and they had constantly asked complex questions of their teachers who had a habit of giving well thought out responses. Opportunities for more active participation in training grow over time. Early in their apprenticeship,

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32 OT: Most of the healers (*babalaudia* and *hedaro taudia* or *hahinedia* whom I had known personally) died several years ago. Tabu Murigu, Naiti Dagu, Hitolo Hanua and Abi Vavia of Tubusereia village, 1993; Eli Seri, Aisi Miria, Itana Lahui and Hanua Madu of Barakau village, 1993.
trainees are sent to collect the leaves and substances needed for treatments, and then they watched healers, *babalau* and *hedaro tauna*, *bona hahinena* prepare and administer them. Only later in training do they make the medicines and still later administer the preparations. There appear to be no fixed points at which trainees go from one activity to the next. The progression from one phase to another is determined by a healer when he or she feels the trainee is ready. It is important that medicines are prepared thoroughly. The correct types and numbers of leaves and the right quantities of other ingredients must be gathered.

Different procedures must be followed in the correct order if treatment is to be effective. Frequent observation ensures greater efficiency. However, every person is different. Some people are better than others because they are more thorough and produce more. Magical spells, charms and tabus have to be mastered and strictly observed.\(^{34}\)

Learning does not end with leaving initial training to go into one’s own practice. Some healers go on to add to their basic repertoire of skills, especially if their teachers are in the habit of introducing new treatments and incorporating new information in their own practice. One middle aged man disclosed that:

He was constantly trying to improve the medicines. If he thought the condition consisted of separate illnesses, he would try to make a medicine out of the medicines for the different conditions. Medicines never left his mind and he was always eager to try something new if he thought it would contribute more to medicine.\(^{35}\)

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\(^{33}\) *Puru pururu tauna*, a term commonly employed by Western Motuans, meaning magical spells, charms and medicinal remedies. Magical treatment is associated with chewing ginger with betel nut, whispering a spell and blowing on and giving a light touch to the affected part.


\(^{35}\) OT: Hitolo Hanua of Tubusereia village, 1993.
Others stay out of experimentation and add little to what they attained during their training. One elderly lady from Tubusereia informed the writer that she employed only those treatments her grandfather had used as:

I know that those medicines are profitable. They are good for the body. The treatments which were given to the Motuans in the olden times are genuine Motuan medicines and are beneficial to human suffering which Motuans go through a lot.\textsuperscript{36}

In short, Motuan healers operate in a loosely structured system. Healers and their clients affirm that a significant part of the success of a \textit{babalau} can be attributed to divine intelligence. This belief stems from a notion that lays emphasis upon subservience of the \textit{babalau} to divine power and service to people. Furthermore, the system allows for the probability of substantial changes in practice as effective treatment will follow closely both what has been learned and from a readiness to accept divine direction. Patients tend to be realists and to assess healers on their success with their afflictions. As there is no pressure from government bodies or from the general public for standardisation, it is likely the situation will remain unchanged.

\section*{5.2.8 LEVELS OF SKILL: GENERAL PRACTICE AND SPECIALISATION}

To date it has been necessary to speak of traditional healers as if they are single group, but it is now timely to distinguish between types and levels of medical skills among traditional healers. The main sub-groupings are: those with some technical competency in common illnesses; those with more specialised skill in a wider variety of illnesses; those with specialist knowledge of a small group of conditions. There are similarities between these classifications and those made

\textsuperscript{36} OT: Abi Vavia of Tubusereia village, 1993; Other healers of Western Motu affirmed Abi's testimony.
between first aid, general practice, and specialisation in Western medicine. A further distinction can be made on the basis of the types of illness to which different healers attend. Separate terms are used to identify those who treat sprains, dislocations and breaks; those who treat other internal and external conditions which have natural causes, and those who treat conditions which are believed to have supernatural causes. Many Motuans are able to treat common afflictions such as simple illnesses and trauma\textsuperscript{37} and the people describe this limited knowledge as a ‘first aid kit’. Adults generally recognise and treat their own simple illnesses without assistance of specialists as they do with simple ailments in children. People do not refuse the assistance of specialists who give guidance in such cases but do not solicit their aid.

The people involved in these cases do not have to decide in the early stages whether the illness is a \textit{gorere Motu senena}, a \textit{gorere Papua amo} or whether a traditional or Western medication is more applicable. Choices between alternative treatments are made on the basis of past experience and what is freely available at the time rather than on expounded theories of illness and treatment. The judgment on which they draw emanates from such diverse origins as school health education, public health programme broadcasts, instruction in maternal welfare and first aid, and watching traditional medical practice. Accordingly, afflictions may be treated with analgesics made from the leaves of \textit{raube} (Clerodendron Populneum), or with appropriate aspirin products; or with emetics made from local medicinal plants; or with dressings made from young \textit{urara} shoots or with bandages and dressings made

from imported fabric; or with laxatives made from lime. Massage may be carried out
with coconut oil (niu dehorona) and dia made from boiled coconut cream or scraped
coconut put out in the sun, or with refined baby oil. The choice of any of these
treatments is usually made for practical reasons.

Many slight indispositions resolve themselves in time even without therapy.
As long as this is the situation, non-specialists will exist to treat common complaints.
These people will admit that they are treating ailments, but distinguish between their
tasks and those of the babalau. This ‘first aid’ therapy is used until the patient has
recovered, or until it is decided, usually by the extended family, to send for a babalau.

Babalau is a general term which means literally ‘to divine and to heal’.
Through dreaming a babalau determines what spirits have been offended. Spirit
familiars come to his or her aid and tell the place where the patient has been working.
While working, the patient may have encroached upon lavara’s (a place spirit’s)
territory, the place where lavara often visits as his own, and to punish him lavara has
taken away the patient’s spirit. Spirit familiars negotiate with the lavara for the return
of the sick man’s spirit, and may perhaps ask for forgiveness on behalf of the sick
man, who meant no offence. The lavara returns the sick man’s spirit to the pleading
spirit who then returns this spirit to the owner through the babalau.

Confession is necessary from the offender and forgiveness from the offended.
This is before the ceremonial gathering of the immediate relatives and senior members
of the kin group may occur at irutahuna, the spiritual centre of the patient’s house
(see chapter 4). Those in attendance dip their fingers in water, usually in a bowl, while
talking to their ancestors, who join with the living members congregated at irutahuna
doing the same as the living members. The person offended, who calls on the
ancestors for peace, forgiveness and health to be restored, then lightly massages the
seat of the pain on the body of the patient with ritual water, symbolically sweeping the pain away (e daroa dovimu). The term babalau, as seen from the above situation, is used to distinguish those who have had some training in diagnosis and treatment and who understand illness from those who are non-specialists.

Babalau specialist practitioners can be further differentiated according to the principal elements or patterns of specialisation apparent in their practice. Motuans differentiate clearly between different categories of babalaudia by whether they deal for the most part with illnesses having supernatural or natural origins. Those who deal with the former are matahanai or bagu ita, and those with the latter, hedaro. Divination appears to be the main difference between the two. A matahanai is one who predicts future events, is a finder of lost objects, is someone who upholds high moral codes of conduct and has an intuitive insight through dreaming as well as direct contact through speaking in tongues with spirits to establish the cause of illness. These qualities are absent from the hedaro. Belshaw defines the term matahanai as “a representative on earth of the distinguished band of the dreams”. Belshaw further defines the term matahanai as ‘second sight’ through which, symbolically, supposed insight into the future or the unknown is gained, vaira kahanai bae vara gwau hedinarai dia, boio gaudia idaimaorodia and gorere badadia idai maorodia, by supernatural means. A babalau from Vabukori village defines the word as “spirit medium” and this common usage mirrors the association of the term over time with illnesses with supernatural causes.

Tamarua Lahui, a diagnostician (deidei tauna), defines the term hedaro tauna

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39 OT: Mase Dabu, a Motuan healer since mid 1960s. He is still very active in divination and healing. His clients come from urban villages and villages outside Port Moresby.
or hahinena as a traditional doctor, a person who is skilled in the use of indigenous medicines, especially magical spells and harms. These are mediums of communication by which he draws the afflictive supernatural beings into his orbit and asks them for assistance. Turner and Clark define hedaro as “past state, to be swept”. In fact the word stems from the gentle motion of the hand applying the magic spell on the affected area. This symbolises the pain being swept away, just as rubbish falls through the space between floorboards in the house when a housewife sweeps the floor.

Among hedaro two sub-groupings are recognised. Hedaro tauna/hahinena diagnose and treat a variety of complaints ranging from neurological and psychological problems to bone setting, generally thought to have supernatural origins. Herbalists who never apply curative magic, identify and treat fever, muscle pain, diarrhoea, dysentery, influenza, swollen legs, boils, side pain, and skin problems thought to have a natural origin. Babalaudia respond to all complaints that are beyond the capabilities of hedaro tauna/hahinena and the herbalist. The distinction among these three specialities is usually made in hereva hereva ai (conversation).

All traditional healers differentiate between those who treat particular illnesses, those who treat a group of related illnesses, and those who attend to most conditions. These classifications of healers are not noticeable linguistically and are not generally talked about, which may be due to patients going to traditional healers for particular maladies. The ensuing account of types of specialisation is based on experience and talking with traditional healers.

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40 Rev. R. Lister-Turner and Rev. J. B. Clark, A Dictionary of the Motu Language of Papua. This comprehensive Motu Dictionary was first published in 1884; and 47 years later in 1931 a second edition with slight changes in the form of updating to original text was made by Rev. Percy Chatterton.
Those who are competent to identify and treat a wide field of afflictions are general practitioners of Motuan medicine. When interviewed, six such practitioners, for example, were able to give a rundown on epidemiology, symptoms (*toadia*) and remedies (*ihanamodia muramuradia*) for more than 60 named medical conditions. Despite the fact that these general practitioners are competent in identifying and treating a range of conditions, they will normally treat some more often than others because of the occurrence of certain conditions in the population among whom they work.

Other traditional healers specialise in a more restricted range of illnesses and different influences lead people to specialise in this way. Some people who once worked with a wider range of illnesses have found the discipline of general practice too rigorous as they have become older and have difficulties in mobility.

Sometimes specialisation has been forced on *babalaudia* by the success of modern medicine in reducing the incidence of conditions which they once treated. Several traditional healers recalled this tendency and pointed out that they once treated a great number of children with illnesses which we rarely encounter now. The standard of child health is now greatly improved and every village is linked to Port Moresby by all weather roads. Hospital visitation is routine and babies and young children are immunised against many common childhood illnesses, as well as receiving a variety of other treatments as and when required.

In other instances specialisation has happened as a result of infrastructural developments which have revolutionised patterns of illness. Several healers (*hedaro taudia*), for example, observed the link between the establishment of piped water and the reduced prevalence of diarrhoea.
In the past we drew water from uncovered wells and seasonally slow running creeks which dried up during droughts. People who lived upstream washed in it and Motuans who lived downstream on the coast collected drinking water from the same source and carried it back to the village where it had to last until the next day. In those days there were a number of people with symptoms of diarrhoea and sipoma, and we had the medicines for those kinds of complaints. It is apparent that the pipes altered all this as the incidence of these illnesses has decreased. The present water appears to be a lot cleaner.\textsuperscript{41}

Advances in technology have also reduced or even eliminated many health hazards and one babalau has stated:

I saw a great many patients who had curled ankles and culled calf muscles. They were mostly men who hurt their legs carrying heavy bundles of garden fencing materials from the mangrove forest. Now men bring bundles from mangrove forests on trucks.\textsuperscript{42}

In some instances a traditional healer may achieve fame for the successful administration of a treatment for a specific illness, and is called to spend more time attending to that condition than usual. He spends less time on other illnesses. Mase Dabu, from Vabukori village, stated that:

I successfully treated a girl with fits. Many people then brought people with fits to me and I spent a lot of time attending to them. Sometimes I was invited by villagers to treat patients in their villages. I even went to Lae. Father God has given me this gift; therefore I have to use it.\textsuperscript{43}

\textsuperscript{41} OT: Guru Sere, Tabu Murigu, Hitolo Hanua, Loi Lahema, Idau Tau, Naiti Dagu, Abi Vavia of Tubusereia village, 1993; Bae Seri, Papa Loa, Aisi Miria, Itana Lahui, Ugava Maraki of Barakau village, 1993; Tau Egi, Maleva Gomea and Hota rahobada of Gaire village, 1993; Vagi Loi, Kinibo Bagelo of Gabagaba village, 1993; Aire Aire and Legu rahobada of Pari village, 1993; Mase Dabu and Maraki Rau of Vabukori village, 1993; Kamea Gabe and Gavera Ovia of Hanuabada village, 1993; Madaha Resena of Tatana village, 1993; Mataio Tau and Busina Loa of Porobada village, 1993.

\textsuperscript{42} OT: Gobuta rahobada of Rearea village, 1976.

\textsuperscript{43} OT: Mase Dabu of Vabukori village, 1993.
A number of factors may account for traditional healers specialising in the treatment of a group of illnesses. Their motivation and positive commitment to these conditions is thought to sharpen their diagnostic competences and to allow them to differentiate between similar illnesses within the group. These traditional healers have several treatments available for uncommon conditions, and use a variety of criteria to decide the sequence in which they are attempted. Where these specialists fail, parents of the patients are often forced by relatives to try other healers. This may lead them back to a small group of healers who have treatments for single illnesses. There are herbalists who, in most instances, have not undergone any training and have no more medical knowledge than other people. The author has personal knowledge of someone who had been given details of a treatment by an obliging relative without word about the illness for which it was to be used, or about how it worked. Such people are rare perhaps as treatments are more likely to be transferred to healers who have displayed some proficiency in medicine, and who add them to their stock of medical knowledge.

Additionally one is able to differentiate between sub-groupings of babalaudia on the grounds of their levels of knowledge and the types of illnesses with which each is especially concerned. These sub-groupings do not consist of commonly distinguished groups of people differentiated on the basis of skill or type of practice. A healer is a babalau or a hedaro tauna or hahinena when treating a supernatural illness and a herbalist muramura tauna or hahinena when treating a natural illness. The terms babalau, hedaro and muramura are and will be used to approach the healers who treat a great number of illnesses and those who treat only a single illness.
5.3 THE RELATIONSHIP BETWEEN TRADITIONAL HEALERS AND PATIENTS

In the Motuan social structure there are different levels of social status determined by positions held in the society. All are linked to a functional role. In such a society where there exists a common expectation that each social rank will be accorded the respect and courtesy due to it, the structure promotes a confidence and assurance of the individuals role and position within the group. The rights and accountabilities which spell out the traditional healer-patient relationship, hebamo or hevaravara⁴⁴ are, however, by no means absolute. Nor are they a matter of contract among traditional healers themselves. In the author’s long association with the traditional medical system, some differences among the traditional healers in accountability and what was regarded as ethical have been seen. These raise certain analytical problems. Where there are inconsistencies in statements regarding the essential part of a relationship outside certain admissible parameters, it is arguable whether a structured relationship can be said to be present. This uncertainty presents questions about the extent and origins of changes that have taken place in Motuan healer-patient relationships (hevaravaradia).

Part of the change may be due to the lack of ritualistic control of Motuan medicine. There is no generally accepted moral code adhered to by traditional healers themselves to set the standard of practice, nor is there a regulatory body outside the ‘profession’ to establish acceptable practice. The absence of any ritual to establish a common code of ethics in a system in which both training and practice is largely individualised is not unusual. This fact alone provides a reason for rights and

⁴⁴ Hebamo literally means to go with someone; be in company with; an emotional connection between people. Hevaravara literally means association between people by a notable act.
accountabilities not appearing to be clearly spelt out. Furthermore rights, accountabilities and obligations are not formally discussed in either public or private settings. They are seldom discussed at the commencement of a treatment and appear to be taken for granted by both traditional healers and their patients. Discussion only arises when expectations are not met. This does not mean that discussions do not occur, but that closer investigation and examination of tradition is needed to recognise them.

Some of the obvious differences between groups of healers are linked with the groups' corresponding social influence and to a less important degree with the personalities of individual group members. Accordingly, while babalau or hedaro tauna may plan to treat all who search for assistance, the treatment which any given patient receives from any given babalau will be determined by the kinship links, their social standing in a community, age and sex differences, and how well they know each other. Much of the discerned departure from the norm in patient-traditional healer relationships can be seen either in changes on a fundamental matter, or in a break from normal routine. The rights and obligations which give the impression of regulating different stages of a relationship are outlined in the following section.

**5.3.1 ESTABLISHING A RELATIONSHIP WITH A TRADITIONAL HEALER**

Anyone who becomes sick is allowed to look for treatment from any person he or she believes may have a cure. In the early stages of an inquiry, however, people approach babalau known to them, usually within their own community, and especially those to whom they are related either by rara (blood) or marriage, as the existence of a relationship is believed to be an advantage. This is the socially
acceptable approach. When children are ill the choice of the traditional healer is made on their behalf by an adult (usually the father, the head of the household, or the grandfather on behalf of the son-in-law, or an uncle). Where a suitable relative is not available, a *hedaro tauna* to whom one is personally known, usually within the village, is asked. The predilection for a local person has to do with the existence of a previous relationship which gives an introduction, and a foundation for a request for treatment. When a local traditional healer is unavailable or is not able to assist (his wife may be pregnant or there may have been a breach of food tabus), the search may have to be widened. Where this becomes necessary people prefer to look for a traditional healer with whom they can establish some link. The existence of a connection, no matter how insignificant, increases their claim for attention. Since Motuan society is relatively small when compared to the Engans in the Highlands of Papua New Guinea, a suitable *babalau* can generally be found for common afflictions by drawing on an individual’s extended connections. Where the patients do not know the traditional healer in person, they will look for a wantok, friend (*varavara* or *tura*), or relative (*bese*) to make the first contact on their behalf.

When the link is established the patient generally goes, or is taken, to the traditional healer. But if this is not possible, a traditional healer may be invited to travel to a patient. This may necessitate trips which the traditional healer may find laborious and which may take anything up to two or three hours. Usually they agree to undertake such trips as all of their expenses are met by the patient’s relatives. On such occasions *babaludia* are cared for with great respect. Payment of the costs of transportation, subsistence and accommodation for the traditional healer undertaking home visits is considered necessary, and therefore most families invite the *babalau* to visit the patient only when there is no alternative.
Traditional healers are willing to listen to anyone else in the place in question who has an illness, on the understanding that the approach is made with adequate ritual and appropriate courtesy. Even persons who are despised by the babalau, on personal or political grounds, are given a hearing and treatment, on the condition that they display appropriate respect. In practice, however, such people would not generally look for help in this way since they are disinclined to humble themselves, or to risk the shame of being turned away.45

The respect due to the healer is demonstrated by the patient’s use of the formal Motu language and in the way the request for help is phrased. The language and the wording of the request establishes a correct relationship between the person seeking help and the person giving help. The use of the formal means of expression in the pre-contact period by some sick persons also allowed a traditional healer to seek information about the early symptoms and progress of ailments with conventional patterns of behaviour. Such customs are generally reserved for people whom babalaudia consider big men (rarahobabada) and elders who are not well known to them, and for complaints which include talk of sex organs. This custom may be sustained throughout the relationship, or may be weakened at a point determined by the traditional healer, and shown by changes in both the form and content of their conversation.

The responsibility of the babalau to listen to descriptions of symptoms and explanations of the cause of the illness is explained in different ways by various babalaudia. All who approach them respectfully are entitled to respect in return, and

they continue to listen to what they have to say about anything including an illness. In such instances the responsibility was a commonly recognised responsibility which stemmed from Motuan customs and not linked specifically with medical practice. Other babalaudia observed that God (Dirava) had given them a gift (herahia gauna) and that fact in itself made them resolve to do as they were told by God with their hands. For this group, the ownership of a gift of healing was a blessing and the use of that gift (herahia gauna)\textsuperscript{46} was seen as an opportunity to do God’s will (Dirava ena ura). The same reasoning was used to explain why babalaudia, felt privileged to hear and to treat even those they hated. They heeded the warnings in the Holy Bible not to judge other people, but to forgive them for past acts and to treat others as they would like to be treated themselves.\textsuperscript{47}

Conversely the patient is responsible for giving a complete account of everything thought to be appropriate, and to give direct answers to the questions of the babalau regarding the symptoms of the condition, and to reveal from whom treatment has already been sought and what advice and treatment has been taken. A patient may also be asked to talk about activities and events which do not appear to be associated with the illness, and to give answers even where the line of questioning is not entirely understood. This may reveal activities which the patient would prefer to hide and which may have dire consequences if they are disclosed in the presence of relatives who have accompanied them while visiting the traditional healer. The babalaudia exercise different degrees of subtlety in verifying the information in socially and politically sensitive areas of patients’ lives.

\textsuperscript{46} The sentiments expressed here are found in 1 Peter 4: 10-11, Romans 12: 6-8, and Corinthians 12: 4-11.
\textsuperscript{47} The views expressed are recorded in Luke 6: 31 and Matthew 7: 12. Christian love breaks down cultural barriers but to love the enemy is extremely difficult at times to entertain and put into practice. It conflicts with the Motuan notion of an enemy which a Motuan has to punish.
Patients are usually willing to be completely honest as they know they will not recover if a situation is misinterpreted, and they do not want to be in pain longer than necessary. Some healers recognised that those who were gravely ill were most willing to cooperate and posed their questions without unnecessary concerns for the consequences. Others maintained that people accepted that God was just, merciful and omniscient, and that the healer was God’s servant. They believed that all would be revealed to the traditional healer and that there was no point in withholding information even where its revelation was anticipated to be socially deleterious. Holding back information in the presence of a person who had made the initial approach could insult the traditional healer, and aggravate their predicaments. Some traditional healers disagreed that there were many occasions when there was tension between individual rights, and the obligations of the traditional healer and the patient in this area of the relationship. Patients did not always disclose all relevant information and those with something to conceal would endeavour to do so. In such situations, some babalaudia commented that upholding a respectful and non-critical manner is difficult. A conflict exists between the need to know and the customs which regulate conduct in these circumstances. Mase Dabu, a babalau, advanced this information on the following event:

A man who was a secretary in a Government department, came to me one day in August 1987 with a urinary tract complaint. He was brought by his wife. He kept referring to his condition as a trouble of the bladder (meimeina). He told me that he thought it might be an inherited condition since his father had also suffered from it. I had deep misgivings about the information given, and from what I knew about him suspected it to be the sexually transmitted disease, pokese. I was sure that he did not want to go to the hospital for treatment as he wanted to protect his own social position. I listened to his account attentively, but I could not ask direct questions as I did not know him well, and his
wife was there. I wanted to tell him that what he had inherited from his father was a desire for different women, and had nothing to do with his bladder and that the only solution to his problem was to control his sexual desire. Later I was able to confirm that it was pokese and to speak directly about the disease and its treatment.48

While the babalaudia may have the right to a detailed and honest story, it may be difficult to persuade the patient to cooperate. On the basis of what was disclosed in the above example, Mase Dabu, the babalau, had to determine what the condition might be and whether or not it could be treated. If the babalaudia have a suitable remedy they are pleased to be permitted to manage the case. As Logona Tai and others stated, ‘if I have a medicine (muramura) for the illness I will give it to the person. I can do nothing else since the medicine is not mine to refuse. It is God’s gift to me to be used in compliance with God’s will’. A number of babalaudia from the same region believe that refusing treatment might well result in the loss of the gift of healing: “If the gift is not used, or is abused, God will remove it Dirava ese baine kokia or abia oho. The Bible gives instances of God’s displeasure with those who abused their job” 49

A babalau may justifiably refuse to treat a sick person if they are unable to identify the illness to their own satisfaction. When they decline for this reason they are able to indicate that they have refused in order to make certain that the patient receives

the best available remedy. They may also show a disinclination to continue with a
treatment which might prove irrelevant and therefore ineffective.\(^{50}\)

A traditional healer will also refuse to treat a patient if he or she has no
treatment for the illness. Consequently, even when an illness is diagnosed a patient
will be turned away where the traditional healer has no remedy. Moreover, the refusal
will be interpreted as the traditional healer’s concern for the patient’s health and well-
being. There is a spirit of non-rivalry and cooperation which characterises
relationships among traditional healers so they do not hesitate to suggest to the patient
that they approach another traditional healer.\(^{51}\)

While there is usually a responsibility to attend to patients, there may be times
when a traditional healer does not wish to treat a sick person. In these situations, the
traditional healer must find a satisfactory way of explaining his unwillingness to treat
a patient. In Motuan culture this must not reflect unfavourably on the patient’s family.
The traditional healer must show the same respect which has been displayed by the
patient, and this necessitates giving a socially satisfactory apology such as self-
acknowledged incompetence to identify the case, or the unavailability of a treatment.
In exceptional circumstances babalaudia may decline on the basis of personal illness
or a sihi kahikahi (that is, an inability to provide a potent medicine since spirit
familiars have withdrawn medical potency for personal reasons such as their wife’s
pregnancy).

\(^{50}\) OT: Asi Lohia of Gaire village, 1993; Aisi Miria, Vari Murigu, Mera Valahu of Barakau village,
1993; Vagi Loi, Kinibo Bagelo, Vari Vogo and Parina rahobada of Gabagaba village, 1993; Keity
rahobada of Tatana village, 1993; Delin Lister of Tatana village, 1996.
\(^{51}\) OT: Keity rahobada of Tatana village, 1993; Gorogo Sioni, Vaburi Dairi, Seri Bitu and Mataio Tau
of Parebada village, 1993; Mase Dabu, Maraki Maraki and Eava Maraki of Vabukori village, 1993;
Aisi Miria and Itana Lahui of Barakau village, 1994; Abi Vavia, Hitolo Hanua, Logona Tai and Vabu
Matagu of Tubuseeria village, 1994.
5.3.2 DIAGNOSIS AND TREATMENT

A babalau who agrees to treat a patient is obliged to name the illness and inform the patient about the case. In reality, while the illness is generally named by the babalau, whether or not much detail is given regarding the causes and treatment depends on the interest shown by the patient. Traditional healers are usually pleased to discuss the illness and their treatments. Patients who are interested in the illness may receive a complete explanation, while those showing little interest will often be given scant information. Sometimes it is suggested that traditional healers are secretive because they wish to protect secrets of their trade, but this is not generally the case.

Some babalaudia take the time to run through their diagnostic reasoning with their patients and appear to appreciate the opportunity to display their knowledge and give explanations based on information of physical, social, and even supernatural elements of the illness. Some talk about prognoses and the standard to be employed in order to come to a conclusion on future treatment. The aim of disclosing this information is to obtain the patient's total faith. It also gives the opportunity to deliver mild social homilies where the traditional healer believes it to be relevant.

While diagnosis and prognosis are being spelt out, the traditional healer is generally preparing and applying a treatment. The babalau or hedaro tauna or hahinena (healer) who has the elements (medicinal plants)\(^\text{52}\) needed for the treatment readily available usually makes it up immediately. Children are normally sent to get

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\(^{52}\) Originally the author thought the analysis of the medicinal properties of plants would be crucial for the research into this thesis, but has come to the conclusion that the usage of plants is secondary in comparison to 'socio-spiritual' treatment. This has been confirmed by R. L. Pulsford during 1996, cf 'The Changing Attitude to Illness and Misfortune of the Motu/Koita People', (Masters dissert., University of Sydney), Sydney, 1989; D. R. Holdsworth, “Medicinal Plants of Papua New Guinea” (South Pacific Technical Paper 175), 1988. The researcher admits, in any case, that the problems of secrecy prevented him from obtaining as much information in this area as he would have liked.
materials not in stock. However, where they are not available close by, patients (gorere taudia or hahinedia) or their relatives may be instructed to look for them and get them when they are able. These instructions are quite detailed and normally include information on how to recognise the trees or plants, the parts and the quantities to be collected, and the methods of gathering, storage and transport. Warnings may also be given about the consequences of non-observance of the directions.

In a great number of instances little is said about the treatments that are being made and given because a great number of medicines have only a few ingredients and the preparation is fundamentally simple. The traditional healers appear to have very little knowledge about specific roles played by individual elements in compounds, and evaluate the worth of a treatment by the practical results. There is no reason for a traditional healer to withhold information on the treatment since any medicine is thought to work only in the hands of those who are allowed by the babalau or the healer to give it.53

Babalaudia prefer to prepare and supervise treatments and to observe clients alone where practicable. This is especially important in circumstances which demand a course of treatments which may need to be adjusted over time as symptoms change. The patient (gorere tauna or hahinena) and his or her relatives take a set of small gifts (usually food) on these visits to the babalau. There is no fixed obligation for patients to present a gift, and gifts may be given on only one of every two or four

visits without causing criticism.

There are times when the babalau is unable to see the patient regularly for the duration of the illness. At such times the babalau is under an obligation to give instructions to allow the patient’s relatives to prepare and supervise the treatment. There is generally some unwillingness to do this and the babalau will only deliver the medicine to the relatives when efforts to have the patients return to the babalau have failed, or where a traditional medical practitioner’s own situations stop him or her from working on the illness.

The right to use the treatments is a restricted one. Those responsible for administering medicines must use them as directed and they are not permitted to change the treatment without the approval of the babalau. They are supposed to use the treatment only when it is required and for the condition for which it was given. While both traditional healer and patient may accept that the healer’s right of possession is assured by the maintenance of his or her siahu presence (spirit familiars) over the treatment, some today maintain it is necessary to alert patients of the dangers of misuse of the right to apply medicine.

The traditional healer also instructs the patients when to return for follow-up treatment. In some instances the list of appointments is influenced by the nature of the treatment, for example the massage of tears and sprains necessitates regular treatment, while in other conditions the timing of follow-up treatment is dictated by such occasions as the passing of the faeces or the onset of vomiting (mumuta); in still other cases the non-occurrence of an anticipated episode may influence the timing of later visits. The traditional healer instructs patients to note certain signs which show, in some instances, critical moments in the course of the illness, and in others the need to change the treatment. The precision with which these directions can be followed
varies significantly with the condition. Past experiences enable reasonably precise predictions to be made as the following indicates:

I know if I give the medicine for dysentery (rarakuku), it should take effect in ten to fifteen minutes. It varies a little with adults and children under ten years old. It also depends on how long the person has had the problem, but normally I tell the patient that if it has not worked in ten to fifteen minutes they should report back to me. I can predict this from past experience and I know the medicine never fails me. However some other illnesses are different. They have to take their course and the course is not the same in each case.\textsuperscript{54}

In other instances the traditional healer is unable to be exact as the illnesses differ greatly, and it is important to wait for certain indications before treatment can go on. Consequently, in the case of extreme fevers linked with extended exposure to the sun, the traditional healer is unable to forecast the course of the illness with certainty:

With the kind of severe fever (keru auka hereana) that one discovers repeatedly in people who have been hunting it is unrealistic to predict when the fever (tau ariari) will emerge, because you are unsure how long they were out in the bush, whether there was a wild boar, whether they have drunk or eaten anything or whether they have been under threat by a bush fire. All of those things make a change to the development of the illness and particularly the time it will take for the fever to emerge.\textsuperscript{55}

The differences that can occur in the prognoses of various traditional healers for what was apparently the same condition is to a great extent difficult to explain. Some attributed this to ancestral spirits who dwell in and energise the medicinal

\textsuperscript{54} When the author was growing up his mother taught him about her medicine and when he was only twelve years of age he began treating patients with diarrhoea (hekukuri). After he married, his father-in-law taught him a medicine for dysentery (rarakuku). Several patients with diarrhoea and dysentery received the medicines which worked in 8 to 15 minutes.

\textsuperscript{55} OT: This account is based on the authors observation from conversation with his mother, in 1987.
plants, while others indicate this is due to the various strengths of the different preparations used in treating the same afflictions, as several informants state:

New shoots in medicine for diarrhoea (*hekukuri*) are very strong. Thus only a few are needed in the preparation of the medicine. However there are other medicines for the same complaint which employ leaves and they are much weaker. In others both male and female leaves, which are very effective are used for the same condition. The strong medicine can be given to energetic people, and weaker ones can only be given to older people and children. The strong medicine works effectively but the weaker one works more slowly. *Meamea* (magic spell or charm) can be given to anyone with the same condition without restriction.  

Some traditional healers have medicines of different strengths and that is why events vary. Others ascribe the differences to different levels of experience. They observe that the greater the number of people treated for an affliction, the better the *babalau* comes to understand it. The *babalaudia* who regularly treat illnesses can be quite proficient in their diagnosis and treatment. Those who attend to a great number of children can be quite sure about a lot of children’s illnesses but know less about other conditions. Some *babalaudia* are intolerant about their fellow traditional healers’ inability to predict the course of an illness because of inexperience. They believe some sorcerers and herbalists treat problems they do not understand and that they are guessing much of the time. They encounter problems because they give treatments when they should have sent the patient to someone with more experience.

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All traditional healers (herbalists, *hedaro taudia* or *pururu pururu taudia*, sorcerers and sorceresses and *babalaudia*) have a duty to acknowledge their failures in a particular treatment. Many *babalaudia* tell patients in advance that if, after a set period, their symptoms remain unchanged, it will be necessary to search for a new treatment. In some instances they will either adjust the treatment or provide a different treatment when new symptoms appear. In other instances they will fail on the first attempt and have no alternative treatment. Where this occurs, they will never admit that their treatment has failed. The blame will always be levelled at a patient for failing to observe prescribed tabus. Where they are forced (social pressure applied by relatives of a patient) to admit that their treatment has failed, herbalists and other *hedaro taudia* or *hahinedia* will refer the patients to another *babalau*, a sorcerer or sorceress when one is known, or recommend that the patient’s relatives search for another treatment.

Patients and/or relatives (*gorere taudia* and/or *hahinedia, edia bese*) may decide that a certain treatment is unproductive and that a *babalau* should either have a different treatment or send the patient to another traditional healer. They sometimes remove the patient without formally settling the relationship and look for another treatment. This step is taken reluctantly, firstly because people are opposed to giving offence to the *babalau* to whom they are now accountable socially. For this reason they may look for reasonable grounds for not keeping appointments, rather than admit to withdrawing the patient. Secondly, it is believed that unless a specific attempt has been formally ended by the first *babalau*, attempts by other *babalaudia* will generally be unprofitable. This illustrates why Motuans do not take two treatments at once from
different *babalaudia*.38

The number of remedies (*muramura na asi hetoana*) which a patient will request for an illness is not set. As it is common knowledge that every illness has a remedy, Motuans will persist until an efficacious treatment is found, or in the case of incurable illness (*se namomu gorerenia, be masemu*), until the patient dies. It is not a judgement on the appropriateness of traditional medicine which sends patients to modern doctors but the custom to search for a remedy, going through a number of treatment sequences over varying periods of time. An elderly man in Barakau spent one year intermittently searching for a cure for an evidently acute bronchitis condition in his eldest son. When in the end he found a *babalau* in Pari who successfully cured his son’s condition, he thanked God (*Dirava ehanamoo*) for guiding him and his family members to the *babalau* and for teaching him patience. At no point did he think about the number of fruitless treatments which were proof of the limitations of traditional medicine.

In another case a patient died at Gabagaba while her brother was in an inland village searching for what was usually thought to be the seventh *babalau*. The fact that six treatments had failed did not cause him to ponder on the system from which the treatment was taken. In any given illness the patient may move through a number of remedies before it is decided that a successful treatment has been found.

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38 Sibona Kopi, Fieldnotes taken during 1979-82, from the main informants: Tamarua Lahui, Koana Mada, Vali Asi, Gebo Egi, Aisi Miria of Barakau village; Gobuta rahobada of Rearea village; Kone Biga, Banige Mahuta of Tubusereia village; Mase Dabu of Vabukori village; Bagelo Vagi of Gabagaba village; Tau Egi of Gaire village.
### 5.3.3 CLASSIFICATION OF ILLNESS BY THE BABALAU

#### Table 2. Disease and Treatment

<table>
<thead>
<tr>
<th>COMPLAINT</th>
<th>MEDICINE (MOTU NAME)</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever and Malaria</td>
<td>Urara</td>
<td>The whole plant is boiled in a pot and the patient, covered in a blanket, is held over the steam. The patient perspires profusely and his condition usually improves. He also bathes in the solution of the boiled leaves. This helps to ward off the spirits.</td>
</tr>
<tr>
<td></td>
<td>Gogobu</td>
<td>The whole plant is boiled in a pot and the patient, covered in a blanket, is held over the steam. The patient perspires profusely and his condition improves. He also bathes in the solution of the boiled leaves. This assists to ward off the spirits.</td>
</tr>
<tr>
<td></td>
<td>Henipi</td>
<td>Preparation of plants and method of treatment is the same as above.</td>
</tr>
<tr>
<td>Diarrhoea and Dysentry</td>
<td>Laga</td>
<td>A tea is made by boiling the leaves three days in succession.</td>
</tr>
<tr>
<td></td>
<td>Sorimo</td>
<td>A solution of boiled leaves is drunk.</td>
</tr>
<tr>
<td></td>
<td>Kurukuru</td>
<td>Young shoots are boiled and drunk daily until diarrhoea stops..</td>
</tr>
<tr>
<td>Coughs and colds</td>
<td>Sioha (ginger)</td>
<td>The producer of an incantation chews ginger, sits very close to the patient and utters the charm in short phrases with a vicious spitting of ginger on him.</td>
</tr>
<tr>
<td>Sores, Cuts and Wounds</td>
<td>Gogobu</td>
<td>The leaf is warmed over the fire, and when soft applied over the sores. Every two days the dressing is replaced with new leaves until the sore is healed.</td>
</tr>
<tr>
<td></td>
<td>(Custard apple)</td>
<td>A couple of leaves are either heated over a fire until soft, and then applied to the sore or are applied to the sore without heating. Each day the dressing is replaced by fresh leaves until the sore is healed.</td>
</tr>
<tr>
<td></td>
<td>Koiri</td>
<td>A handful of leaves is slowly crushed and applied to sores and wounds. In two days the dressing is replaced by new leaves until the sores and wounds are healed.</td>
</tr>
<tr>
<td></td>
<td>Ava</td>
<td>A badly bleeding cut is treated with the leaf sap which clots the blood to form a protective scab.</td>
</tr>
<tr>
<td>Toothache</td>
<td>Garagota. A spear</td>
<td>A spear is warmed in the fire and applied to the affected tooth.</td>
</tr>
<tr>
<td></td>
<td>Labada</td>
<td>The young shoots are chewed to give temporary relief.</td>
</tr>
<tr>
<td>COMPLAINT</td>
<td>MEDICINE (MOTU NAME)</td>
<td>TREATMENT</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Headache</td>
<td>Garamase</td>
<td>The leaves are rubbed hard on the head. The treatment is repeated daily until headache subsides.</td>
</tr>
<tr>
<td></td>
<td>(Bloodletting)</td>
<td>Headache is treated by cutting the head to let the bad blood out.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Ogoseva</td>
<td>The leaves are boiled in water and then drunk.</td>
</tr>
<tr>
<td>Stomach ache</td>
<td>Ahu (lime)</td>
<td>Lime from the lime pot is applied to the affected area and rubbed into the skin. It is often cured in a day or two.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Valu</td>
<td>The leaves are boiled in water and the patient is bathed in and massaged with the solution.</td>
</tr>
<tr>
<td></td>
<td>Igunera</td>
<td>Leaves are rubbed firmly onto the skin when the skin turns red, an ointment later collected from the sycamore tree (budoa) is applied to the skin.</td>
</tr>
<tr>
<td>Grille</td>
<td></td>
<td>The person with grille rubs a corpse with the affected part. This is said to affect the cure. The same technique is applied to tropical ulcer, and scabies. Sometimes, however, instead of rubbing the affected part against a corpse, a prayer is softly uttered to the ear of the dead person.</td>
</tr>
<tr>
<td>Stupor (Mata mahutamahuta), Fits (hoa isi) and Restless (Tai Iaga)</td>
<td>Sloha</td>
<td>The babalau chews ginger together with a bark of a tree (apiapi) and blows it on the body of the patient and at the same time chants over it as he works his hands around the patient’s body. Uttering this charm is claimed to recall the departing soul of the patient. Women share in the practice of this art, and some of them, like their male counterparts, know the charm to recall the soul of the child which a spirit is drawing away. The spirit is driven off while the babalau blows on the child’s eyes and calls the name of the attaching spirit.</td>
</tr>
<tr>
<td>Sore eyes</td>
<td></td>
<td>Remedy is repeated spitting into the eyes of the patient.</td>
</tr>
<tr>
<td>Swollen legs, arms, etc.</td>
<td>(a herb)</td>
<td>The following remedy is used to treat elephantiasis of the scrotum, swelling of the groin, neck, armpits and back as well as boils. The babalau chews a herb with ginger and a bark of a tree (apiapi) and blows on the affected area; in addition he gives the patient water, over which he chants a song, which the patient or the babalau drinks. It is claimed that this water is full of supernatural power and brings about the recovery of the patient.</td>
</tr>
</tbody>
</table>
CHAPTER SIX

RESPONSE TO ILLNESS: THE CHANGING SCENE

Irrespective of the status of an individual, Motuans have been taught to observe the multi-faceted rules of the irutahuna in order to live in harmony with themselves within Motuan society. When there is disharmony, as a result of social tension between an individual and the community, it leads to the occurrence of an illness. In order to re-establish harmony, the patient is exposed to a range of alternative therapeutic options (traditional medicine, Christian prayer and ministry of the Church and Western medicine).

Given these alternative therapeutic options in Motuan rural and urban settings, the following questions are raised: (1) What factors determine the choice of therapy? (2) Who has the authority to make decisions regarding the patient’s course of therapy? The main task of this chapter is, therefore, to attempt to establish reasons for accepting one form of treatment and rejecting another.

Various determinants play a role in the decision-making. These include the perceptions of the patient; his/her immediate relatives and senior members of the kin group; perceptions of what each healer can contribute to restoring well-being; and the perceived nature of the unfolding of an illness. Many of these perceptions have changed since colonisation and continue to change. Therefore a brief summary of change as a result of colonisation is given as a background.

6.1 CHANGING DISEASE PATTERNS AS A RESULT OF COLONISATION

The pre-contact view of the world upon which the Motuan paradigm was based focused on ancestral spirits, sorcery, magic and nature spirits. Contact with
Europeans transformed the pre-contact situation. Various visitors, from G. W. Lawes on, introduced a new range of infectious diseases, new ways of explaining illness, and new techniques for its management. The exposure of great numbers of Motuans to new diseases and to new responses to them, produced a situation in which certain inadequacies of the pre-contact views became obvious, and from this changes emerged. The need for change was made more urgent as traumatic attacks of introduced infectious diseases contributed to a loss of Motuan warriors, influential sorcerers (who not only provided village security but acted as advisors to the war heads), men with natural qualities of leadership and effective clan heads. Such men were thought to possess the knowledge which enabled Motuan society to function in a stable manner,\(^1\) since knowledge of genealogy and land ownership, for example, of tabus, mythology and ritual, was crucial to orderly social life. The sudden loss of the guardians of this knowledge contributed to social unrest, and gave both the motive and the necessity for change.

A major change took place in the pattern of morbidity and mortality from the 1870s onwards. It started before the arrival of the missionaries from the London Missionary Society in the Motu area in 1872. It persisted right through to 1884 when Papua was declared a British Protectorate\(^2\) until after the Second World War (1939-1945), when antibiotic drugs came into common use.\(^3\) The changes in illnesses as a result of colonisation included infectious diseases in epidemic proportions, the most feared being smallpox and dysentery, which spread quickly and widely, had a great

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3 OT: Gavera Baru of Hanuabada village, 1993. This man was one of the first intake of students to a six month training course at the School of Public Health and Tropical Medicine at the University of Sydney in 1933, to become a Papuan Medical Assistant.
mortality rate and were different to existing illnesses. Other diseases prevalent at the
time were malaria, tuberculosis, leprosy, malnutrition, yaws, tropical ulcers, whooping
cough, cerebrospinal meningitis, poliomyelitis, influenza measles and venereal
disease.\(^4\)

### 6.1.1 SMALLPOX

The smallpox outbreak was believed to have been brought to Papua by “a
stray boat belonging to the Torres Strait Pearl Fishery”.\(^5\) It probably occurred some
time between the 1850s and the 1870s. In 1852 smallpox appeared at Murua
(Woodlark) Island.\(^6\) Several overseas visitors to Papua reported that the smallpox
epidemic had caused a great many deaths. It was probably this epidemic which caused
Tubusereia people to desert their village. Elderly people, with tears in their eyes,
spoke of the frightful disease which claimed the lives of many people, including many
children. Several informants believed that sorcery had caused these deaths, and it was
stated that a Koitabu man from Babuni village near Port Moresby had planted a magic
poison near Tubusereia village.\(^7\) One account by Oram reports that, when Manugoro
launched an attack on Tubusereia, Ravu Alo, Chief advisor to Vagi Rage, the war
leader, found the omens (\textit{gware}) unfavourable, and advised against the attack because
he believed they would be defeated. Vagi Rage ignored the warnings and led the
people against the enemy. He lost his life, his men were defeated, and the village was
then deserted.\(^8\) Violation of the moral rules of the \textit{irutahuna} had contributed to the

\(^4\) J. Gunther, “Post-War Medical Services in Papua New Guinea: a Personal View” in Burton G.
\(^5\) I. Maddocks, “History of Disease in Papua New Guinea”, in C. O. Bell (ed.), \textit{The Diseases and
Health Services of Papua New Guinea}, op. cit., p.70.
\(^6\) H. M. Laracy, op. cit., p.55.
\(^7\) OT: Kone Biga, Banige Mahuta and Hanua Kwalimu of Tubusereia village, 1980.
\(^8\) N. D. Oram, “The History of Motu-Speaking and Koita- Speaking Peoples According to their Own
defeat. Vagi Rage, the war leader failed to accept the advice offered to him by Ravu Alo, the chief advisor. The defeat omen was a sign expressing the ancestors’ disapproval of their living descendants plan to fight the warriors from Manugoro. Vagi Rage’s indecisiveness was interpreted as him having violated the moral rules of the irutahuna. Because of this, he was being possessed and directed by the ancestors. He was led into the battlefield to receive a passport to travel to the ancestor’s world, a new disease among his people being symptomatic of spiritual and invisible conditions.

6.1.2 DYSENTERY

Bacillary dysentery was another early introduction to Papua. It was reported that in 1897 “nine out of 132 prisoners in Port Moresby died of dysentery and in 1915 there was an outbreak of dysentery in Port Moresby villages”.

By this time Port Moresby was a small colonial settlement east of the Motuan village Hanuabada with its gaol further off at Koki (but the white and indigenous prisoners being separated).

6.2 THE INFLUENCE OF INDIVIDUAL AND CLAN PERCEPTIONS IN CHOICE OF TREATMENT

Perceptions of the individual and the immediate family and kin group are culturally conditioned by the pattern of an illness. However, the choice that a Motuan makes can be influenced by variable factors such as education, income and accessibility to the medical facilities and effectiveness of the treatment.

When physical discomfort, pain, physical change or debility suggests to a person that something is wrong with his physiological state, that person is confronted with the necessity of taking some action. These symptoms will be recognised and

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defined in terms of their interference with normal social functioning. Action is taken after symptoms are recognised and interpreted as shown in the following example:

One afternoon Boio felt pain on her right side when she walked from the garden. On arrival at home she went straight to bed and did not do anything even though the pain worsened. The next day Boio stayed in bed and did not go to the garden. In the afternoon, when there was no improvement Boio told her husband about her condition. By this time the effect of her indisposition was evident to her family and once this was confirmed the family sent their daughter to collect the leaves of *babaga* (local medicinal plant) from the bush. The leaves were put into boiling water and Boio drank the liquid from the infusion.  

Although she had home treatment the patient’s condition remained unchanged, so Boio and her husband asked their relatives to assemble in their home. As head of the household, Boio’s husband, asked the relatives if Boio had done anything which may have created any ill-feeling between her and the relatives. When one of their relatives confessed to ill-feeling a healing ritual was performed at the *irutahuna* to appease the ancestral spirits. The patient was closely monitored by the relatives. If her condition had persisted as before, the immediate family would have decided to summon all senior member of the clan (kinsmen) to attend a ceremonial gathering to locate the cause of Boio’s illness. If the cause was not established the divination would continue and the healer would be the last resort to identify the cause of illness. The senior members of the kin groups turn to *tuakeroro*, which literally means “to seek out” or “to find out the cause”.

In Boio’s case cultural perceptions determined the treatment selection. Healing decisions often involve not only the family of the patient, but immediate relatives and kin groups who became directly involved with Boio’s problem. Faced with the crisis

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of Boio’s serious illness, family members and the other members of the group were responsible for deciding what to do. Social support from the group was vitally important for security and their presence may have assisted in reversing the effect of such culturally caused illnesses. Here I cite Pulsford’s 1973 observations:

... the illness which the doctor predicts will be cured quickly is the kind that the doctor understands, whereas over the other type, it is inferred he has no power. As doctors are always at pains to explain that they do not believe in magic, the diseases they cannot cure are obviously the ones caused by magic. The relatives have a responsibility to set in motion traditional methods of reversing the effect of such illnesses.11

Traditional diagnosis of illness is deeply embedded in the whole magico-religious system. The traditional healer performs acts which give the patient inspiration and restoration of confidence. The healer works with the strengths of his or her own personality, and with that of the magico-religious ritual which is part of the common belief of the Motu society of which both healer and patient are a part. In other words, the whole weight of the community, its religious myths, history, and spirit shape the treatment.

The healer does not differentiate between those with illnesses of the body and those with psychological problems. The healer is no dualist, and only one kind of illness and one kind of treatment is known. The method of treatment evolves from the healer’s idea concerning the causation of illness. The ideas about illness are understood by the society of which the healer is a part; there is unity of thought.

The healer may ascertain the cause of the illness through divination. The healer may make this decision to use this method of diagnosis and suggest it to the

patient, or the patient may make the request. Viewed in this sense, the diagnosis of illness is regarded as a diagnosis of social offenses and the curing of illness is regarded as a restoration of social harmony. The curing of illness requires the re-establishment of normal social relationships and therefore social harmony. The threat of suffering becomes a powerful incentive for moral and just behaviour, and the cure for suffering becomes a sign that the ancestors are pleased once more and so restore the social unit to good health.

The quality of the relationship between the traditional healer and his patient is determined by the interaction between them, and the satisfaction each derive from the relationship. How the relationship develops is determined not only by what the healer brings to the relationship, but also by what the patient brings.

Beliefs and attitudes of any given social group toward illness are held with tenacity and assurance so that they are adequate to explain and to handle illness. Practitioners of medicine, be it scientific practice or traditional, find it helpful when the patients share enough of their beliefs and attitudes to make an acceptable professional diagnosis or a logical explanation of illness. Likewise practitioners of medicine find it frustrating when a patient cannot understand or accept their explanations regarding an illness or follow orders given because they are found to be inconsistent with the patient’s beliefs.\textsuperscript{12}

The traditional method of handling illness is unsatisfactory to members of the scientific community, but to the traditional mind it provides an explanation of what is happening and therefore was quite satisfactory.\textsuperscript{13}

\textsuperscript{12} OT: Dr V. R. Tamarua of Port Moresby, 1993; Maimu Kopi of Barakau village, 1993; Henao Boga of Gabagaba village, 1993.

\textsuperscript{13} OT: Abi Vavia and Hitolo Hanua of Tubusereia village, 1993. Both of these informants are \textit{balalaus} and widely regarded as effective in their practice.
What is important in the traditional healing practice is not the form the healer employs, but the place traditional medicine occupies in the life of the people, the manner by which ancestor, sorcerer, magician (vada tauna) pervade its practice, and the way in which it merges with other traits from different fields of cultural experience.

Several informants\textsuperscript{14} emphasised that traditional medicine is not a queer collection of errors and superstitions, nor is it to be explained by simply stating that in traditional medicine, the healer is so-to-speak living on the anxieties of his patients. What counts is what goes on in the relationship between the healer and his patient. The healer’s confidence and the assurance the healers gives the patient a positive state of mind, uplifting the patients so that his or her chances of a cure are considerable. In his writings on Melanesia (covering the Motu people who share similar perspectives of health and illness to other Melanesian peoples), Trompf sums up the healing in these terms:

"... Admittedly, that traditional medicine does appear to get results, since patients in modern Melanesian hospitals who have ailments undiagnosable by western-style doctors are often relieved from disease by a resident (even legally authorised) practitioner of the old ways..."\textsuperscript{15}

It may be relevant to this discussion to look at the field of psychosomatic medicine for evidence of vaguely defined technology. It seems that in this area scientific medical theory is less obvious and as a result the area ‘plays into the hands’ of the traditional healers.


\textsuperscript{15} G. W. Trompf, \textit{Melanesian Religion}, op. cit., p.97.
6.3 THE INFLUENCE OF SORCERY ON THE CHOICE OF TREATMENT

The perception of an individual that sorcery was the root cause of illness also influenced the choice between traditional and modern treatments. Trompf’s 1973 observation of a migrant Kerema woman from the Papuan Gulf admitted to Port Moresby General Hospital with a severe case of measles is most interesting.

...No improvement showed for two days, and the doctors were worried. Yet throughout the proceedings she kept up her demands to receive a puripuri (sorcery/counter sorcery) man. The doctors at last consented; the traditional healer came, counteracting the sorcery she felt was forced against her, and she was perfectly well the following day ...¹⁶

When a Melanesian (including the Motuan) patient says: “I know that I have been sorcerised”, he/she expresses an unshakable belief, as Trompf vividly demonstrates in his book Melanesian Religion, which to him or her is as certain as, if not more certain than, the scientific medical diagnosis of his/her illness. The Kerema woman’s case and others which will be covered in this section, highlight the connection between the choices of treatment and the culture. Some of the problems commonly met in the treatment of such conditions as measles, tuberculosis, diabetes and even malnutrition arise from traditional beliefs.

6.4 INFLUENCE OF DEGREE OF COMMITMENT TO TRADITION

In Motu society today there are variations in a patient’s commitment, or degree of adherence to the traditional Motuan theory of medicine. The commitment to traditional medicine can be ascertained by examining: (1) The coherence and stability

¹⁶ Ibid., p.97.
of the patient's traditional life-style, (2) the degree of conviction with which traditional beliefs are held, (3) degree of conventionality or conformity to the family and groups to which they belong, and (4) degree of explicitness. Committing to a way of life involves the decision to make one's value system (traditional) take precedence over another (scientific medicine) when they are in conflict, and this is the 'position of choice' in which some of the patients find themselves.

Most Motuans have a common set of beliefs to which they are committed because they were brought up with them. The average person who remains uncritical will, in common with others, have a coherent and stable way of life following the traditions in which the person was raised. A strong minded-person who is deeply convinced and thoroughly committed to a traditional belief system will strive to live according to this way of life. The person will adhere to traditional beliefs, even though this will be at great risk. He will strive to attain his ideals. The degree of conventionality is shown by the extent to which an individual's way of life conforms to his family, the Motuan extended family, his religion and the various groups to which he belongs. Some individuals, however, through exposure to secular ideas are openly critical of some aspects of the traditional practice of medicine, but at times will revert to traditional practices such as slaughtering a pig to prepare a communal meal at the irutahuna in honour of the ancestors - in order to maintain a harmonious relationship with them for protection against evil forces. Finally, with regard to the degree of explicitness, there are those with an implicit commitment to the traditional theory, who may not be able to state clearly and coherently: "I am told I have some Motuan illness sene goreredia. I have heard people talk of this sickness, but I was never worried about their stories until I became ill. Now healer, please check me and
see whether it is this Motuan illness".17 This type of patient is in between two “worlds”. A high degree of explicitness is shown by some patients who will talk at length about their condition or about the theory of Motuan medicine. I have selected a few typical case histories and grouped them into three types showing varying degrees of commitment based on the four criteria mentioned earlier.

Group A show a relatively high degree of commitment to traditional beliefs. They are staunch believers.

Group B show a moderate or low degree of adherence to tradition. They are not, however, staunch believers and waver between Western and traditional medicine.

Group C are non-believers. They have no regard for traditional beliefs and are ‘heretics’ in term of ‘faith’.

**Group A Case Studies**

Six Case Studies are now cited of people who believe in traditional medicine, particularly sorcery.

**Case 1**

“I was going out of the house late in the afternoon. I felt as if something was catching my limbs and my back. It was as if something was breaking my back. I then sat down, and my daughter helped me into the house. Now healer, since that time I have been worried by the pain in my back and a pain running down my left leg,”. The suggestion here is that sorcerers (*hevdari taudia*) must have made something and left it underneath the step when they were all asleep. “This caused the problem when I walked down the step”.

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17 OT: This informant is 35 years old, has a Grade 9 education, in 1992 worked as a records clerk with the Department of Provincial Affairs and Village Services, is married with three children and is a committed Christian.
Case 2

“I am a subsistence gardener. I work very hard to get a better harvest than all my neighbours, who envy me. I left my garden hoe in the garden the other day. When I touched it the following day I felt my arm giving way and becoming weak. Then I developed pains all over the body and my joints were very painful. I believe a person next door to me put a spell on my shoulder. Since that time weakness and pains have been worrying me, especially the pain on my shoulder”. The belief is that something was done to the garden hoe by some envious neighbour. A sorcerer (e karaia dibadiba) was thought to have been used and the intention was either to make the patient work less or to kill him.

Case 3

“I drank some beer at a neighbour’s house. The woman of the house, who is related to me, gave me a small amount of beer in a separate cup. This beer was not taken from the common pot from which all were drinking. On my way home I sweated and vomited. I was then gripped by a severe pain. Healer, this severe pain is still worrying me. It moves up in the chest from the stomach like a knot (ikwatu) and then I became nauseous. I am sure there is a sore in my stomach”.

This story is very interesting. This patient has put a case incriminating the woman who gave him beer. Beer is often served from a common beer pot. In this case it is alleged that a special beer was prepared with a sorcery spell softly said over the beer in the cup. Now this patient believes some sorcery spell was in the beer served by the woman. It is believed by many that sorcery may be used to cause liver cirrhosis, peptic ulcer or even cancer.
Case 4

“I ate a piece of wallaby at the Christmas party four years ago, and I felt a piece of meat settling in my throat like a lump. I then drank water, and I felt the lump slowly going down and it finally settled in my chest. It has remained there. Now I cannot swallow well and lately I have been coughing a lot”. The patient believes in sorcery even though these symptoms are common in the following conditions: cancer of the esophagus, tuberculosis, and peptic ulcer.

Case 5

“My son, European doctors say I have tuberculosis (TB), but let me explain the situation to you as a Motuan who knows Motuan illnesses (goreredia). This illness is caused by sorcery. I believe this because a well-known healer told me so. When he administered an emetic to me I vomited a piece of pig meat about the size of your thumb. The meat became hard and black. Meat is black after having been eaten. Hard meat causes pain. After eating a lot of meat, ‘hard black stools’ are formed and what is hard hurts most. Do not forget that it is a Motuan illness which will also require Motuan traditional medicine.” The patient is giving a pre-conceived certain diagnosis in terms of the traditional theory of medicine, the truth of which to him is not affected even by positive x-ray and sputum data which may reveal he had contracted tuberculosis.

Case 6

“I have had this disease for over seven years. It dates from the time when I had sexual intercourse with a woman whom I learnt later was responsible for the death of six men. She had a native illness, rarakuku. The traditional healer I consulted confirmed that I have a fearful illness of men. I get burning pain around the umbilicus, and the umbilicus is ‘pulled in’. Then the pains encircle the back like a belt gripping
me tightly after which I have an urge to defecate, but nothing much comes out except a lot of mucus-like material with blood. Lately I pass pure blood and I have lost weight”. This particular case history was given to me by Dr V. R. Tamarua. This is a typical case of amebic dysentery. The man may not have any venereal disease whatsoever. It is said that when certain plants with sorcery spells are put on the woman, any man who has sexual relation with her contracts the disease. Belief in this disease helps to exercise moral control. This causes the young men to fear the consequences of sexual relations with loose women in the village.

**Group B Case Studies**

The following cases are of people who have partial commitment to traditional medicine.

**Case 1**

“I have back ache and pains in my kidney. I consulted a healer who told me that I have some Motuan illness which I got from a woman. He made all these marks and smeared some healing sorcery spell (*meamea*) that drew blood and into these marks he then rubbed the soot from charred ingredients with various preventive and curative properties. I became a little better, but I do not believe much in these traditional healers”.

This is the story of a typical Motuan who believes and doubts at the same time. This group includes some educated Motuans, especially church workers, teachers, aid post orderlies (barefoot doctors) and nurses in rural Motu villages.

**Case 2**

An old respectable Minister of religion aged 58 gave this story: “Now my son I would like to explain everything to you. Twenty-five years ago my dying niece kissed me on the forehead, and ever since I have had a very troublesome headache.
When I see her in my dreams this headache becomes worse. A healer treated me and told me to go to her grave and ask her to leave me. I did that but I did not see any improvement at all”.

Dr V. R. Tamarua took this old man’s blood pressure and on the basis of this test, the old man had hypertension B.P.195/140. This case is very interesting because it shows how wide is the scope of the traditional healers’ practices. Even the educated and religious Motuans find themselves caught in a network of traditional beliefs.

**Group C Case Studies**

This group has no faith at all in the traditional theory of medicine. This does not mean that they reject the whole spectrum of traditional beliefs of which the medical theory is only a part. With advances in education and the general socio-economic level, the roots of the traditional interpretive view of illness are, in varying degrees, undermined by scientific medicine. This sophisticated or emancipated group will invariably co-operate, but in cases of certain incurable, protracted illness like advanced carcinomatosis or tuberculosis, they sometimes find it difficult to resist the optimism of a miraculous cure promised by the magic art of shrewd and cunning traditional healers.

In concluding this section it must be noted that no person’s commitment or adherence to any doctrine or belief is static; it is possible for a person to be an adherent to one aspect of the theory while at the same time rejecting another aspect. The contradiction may not be apparent to the person; there can be shift in degree of commitment from one group to another, and a partial shift is possible in either direction.
6.5 EXTERNAL FACTORS INFLUENCING DECISION-MAKING

6.5.1 EDUCATION

Motuans with secular education and with a secular world view will be less likely to have a traditional view of health and illness. Illness is naturally caused and the means to restore it must be applied naturally. Modern medicine practised by modern doctors is the answer to most health problems. Contact and colonisation had a profound impact in social transformation. The effect of Western technology and the leadership of outstanding Motuans have contributed to changes in the local responses to health and illness. The presence of Westerners in the form of company and government personnel, the introduction of modern Western buildings, roads, automobiles, and airplanes have brought Motuans into contact with outside ideas. Particular white people such as Governor Murray, London Missionary Society missionaries such as the Reverends W. G. Lawes, J. Chalmers and P. Chatterton, who were highly regarded by the Motuans, had a dramatic influence on traditional belief. Europeans introduced the enforcement of law and order, burial of the dead, medical patrols and the enforced treatment of infectious disease.\(^\text{18}\) Then came European medical assistants and then the first Health Personnel - APO (Aid Post Orderlies known universally as barefoot doctors as in China). All these have contributed significantly towards shaping today's Motu society with new hope for salvation and new challenges for the future.

6.5.2 RELATIVES

It remains customary for people in a kin group both educated and uneducated

to participate in decision-making for a person’s illness. The person with the illness often does not act on his or her own. Money is usually not a major limitation when a person becomes ill, as relatives are ultimately accountable for the medical fees incurred. The participation of relatives and unity among them is promoted by individual fears of being accused of being a sorcerer. All relatives are expected to meet this obligation. It is quite common for a mother or mother-in-law to accompany a woman seeking treatment for barrenness. The kin groups control of treatment is thus a core feature of traditional and Western medical systems in Motu society.

6.5.3 SERVICE EFFECTIVENESS

It is stated quite openly that the effectiveness of the medical service is measured by the time taken to effect a cure, the potency of the drug used in a particular illness and the nature of illness. If an illness is outside the competency of modern medicine it will take a long time for improvement to occur, or the patient may even die. Similarly if the illness is not in the traditional medicine’s area of expertise, the failure of the treatment is a certainty.

However, many Motuans in the course of making this survey accepted that the success rate of modern medicine is considerably higher, and the most effective. They do so even though Aid Posts, located in each of the Motuan villages, have a limited usefulness due to the irregular supply of basic medical requirements. Most of these Aid Posts are not often open for service and Aid Post orderlies who manage them are idle in the villages, chewing betel nuts with village people. However, the orderlies continue to receive their pay!
6.5.4 INCOME

Social support from the kin group is slowly being eroded. Some families do not accept the responsibility of meeting the medical expenses of their relatives because an income earner has other financial obligations. He pays school fees, electricity, food, clothing, church collection, and workers with cars have to pay petrol and expenses for maintenance. Most wage earners choose a high quality service with modern medical facilities because they want to get the best health care available. People with the money will go to any length to get the best medical services in Papua New Guinea and in other countries such as Australia.

6.5.5 CHURCH

Prayers for healing are usually performed by clergy, priests, church elders and individual Christians who believe in the power of prayer in miracle healing. This type of service is only for people who believe in the divine intervention in illness. Illness is seen as God’s punishment for a person’s conduct, for his sin. In this case confession, forgiveness and adherence to God’s law is the way to recovery and the avoidance of future illness. I have known Motuans and people outside Motu area who have been healed as a result of the power of prayer. When, as in the rare instance of Iora Boiori the Koitabu maiden, an indigenous Christian healer comes on the scene, there is intense interest, because certain Motuans have ailments - congenital blindness and disfigurements, for example - that neither the traditional or scientific medical systems are expected to rectify. For these people ‘pilgrimages’ to Iora’s village of Baruni came spontaneously.\(^1\)

6.6 ON LOCAL DIFFERENTIATIONS BETWEEN OLD AND NEW ILLNESSES

In the light of the foregoing discussion, reasons need to be advanced as to why some Motuans come to differentiate between a set of indigenous illnesses, Motu senemai goreredia; and post contact illnesses, yet continue to believe that Motuan healers (all raudia, kopidia, kopidia bona e hedurumu taudia/hahinedia, hedaro taudia/hahinedia, babalaudia) will be most effective in managing any or all of these illnesses, and continue to use their services; and, on the other hand, why other Motuans have abandoned traditional values.

6.6.1 CHANGING SOCIAL ORGANISATION

Changes in social organisation influence the way Motuans make decisions. The social organisation of Motuan society has changed radically since colonisation. Social changes have occurred as a result of demographic and economic development, although several principles, especially clan (iduhu) and kinship (tadikaka) arrangements, remain central features of Motuan social organisation. Most people are dependent on their clan head (iduhu lohiana) for access to land. Much of a person’s social and economic activity still occurs within residential kin groups although this is changing, especially as people move to Port Moresby for work. The rights and obligations involved in relationships, generosity, correct behaviour “towards affines, and respect for leaders and elders”, good deeds which benefits the kin group should be rewarded and injuries avenged. “Reciprocity” is “only extended to those between whom a relationship is acknowledged”. At the centre of kinship are relationships

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21 Ibid., p.7.
which can produce significant amounts of tension, often manifested in illness. Changes in Motuan society may have intensified tensions inherent in these relationships. Acceptance of the village court, for example, becomes increasingly difficult for those who advocate settlement based on custom. Similarly, the acceptance of the kin group’s influence in an individual’s social, economic, and political activity may be difficult for those who seek greater freedom. Tension which emerges from conflicts between traditional and modern values may well be manifested as Motuan illnesses.

6.6.2 CHANGES IN THE SIGNIFICANCE OF THE IRUTAHUNA AND THE PLACE OF THE SUPER-NATURAL

The significance of the irutahuna, which is the locus of spiritual activity in Motuan life, appears to have declined markedly since colonisation. The Christian God was added to a set of pre-contact spirit beings (more particularly ancestors and nature spirits). The Christian God assumed dominance over Motuan life but did not displace the irutahuna. Christian prayers now precede prayers to the ancestors. While the range, form, and precedence of irutahuna has changed, it remains an important influence on Motuan life. For instance, spiritual harmony is achieved with God hence social harmony holds because people have maintained strict observation of the moral rules of the irutahuna. Evidence of sorcery and magic are also ever-present, and form a component of tradition continuing in perceptions that are not clearly contradicted by the presented ‘Christian world-view’.

Belief in the supernatural has persisted despite the existence of a modern formal education system which produces ever more Motuans trained in rational empirical approaches to the creation and evaluation of knowledge. A powerful
socialisation process convinces the majority of people to believe that some phenomena cannot be rationally explained and evaluated. As long as that is the case, there will be supernatural beings in Motuan society and their activities will give rise to illnesses. Hanuabada village, for example, has been a radically changing community since World War II. Many of its inhabitants are wage earners in Port Moresby, and Belshaw portrayed it as truly urban Motuan community. Yet sorcery beliefs remain prevalent. Sorcerers are said to have some kind of power (siahu) or “heat” similar to that of a charismatic orator. Such power might be projected from a distance; or the sorcerer might sneak up to a house at night and induce illness through spells, or the sorcerer may charm the intended victim to sleepwalk later to a place where an accident would befall him. The villagers maintain that sorcery knowledge originated in neighbouring rural villages, but this does not exclude them from accusing each other of being sorcerers. Belshaw appears to have been impressed by the persistence of such beliefs. He viewed them as a reflection of social tension and an expression of chronic distress linked with poverty and illness, implying that it would likely vanish when social conditions improve.22

Sorcery knowledge has, in fact, increased as today’s teenagers in significant numbers are indulging in sorcery and black magic. This practice was restricted to elders in the past and they only used it when they were contracted either to inflict serious illness on the victim by the means of sorcery (meamea) or to kill using black magic (vada). However, the Motuan teenagers are abusing the practice of sorcery and black magic. They learn the art through befriending sorcerers, drinking with them and gaining the secret knowledge when the sorcerers are drunk. Because of this a number

of serious illnesses and deaths are now occurring in the Motu villages. Villages are now accusing the present generation of young men who are under 25 years of age of using sorcery and black magic for their own gain. The power sorcery gives those who indulge in these practices enables them to gain prestige in the eyes of the village people. Village people are now often confined to their homes as they fear for their lives. When others visit Motu villages they sense this fear which warns them to tread cautiously. Therefore Motuan indigenous medicine has a place in Motuan society to counteract indigenous illness caused by sorcery.

6.6.3 THE CONTINUING (IF ABATING) ROLE OF TRADITIONAL HEALERS AMONG THE MOTU

Traditional healers continue to have some place in Motuan society because only those who can understand the causes of an illness could be reliably expected to determine the most effective form of intervention. Since Motu *senana goreredia* emerge out of a world-view linked with a particular set of material and social circumstances, only those who are familiar with them could be expected to understand and to intervene effectively. Motuan healers are thought to be most familiar with the causes, symptoms and treatments of Motu *senana goreredia* and, as a result, more likely to succeed with these cases. On the other hand, those trained in Western medicine are familiar with introduced illnesses and can understand causes, recognise symptoms, and treat them successfully. The accessibility of Motuan medicine and its practitioners is part of the reason why many Motuans continue to use the services of its healers. Sorcerers with healing charms (*hedaro tauna*), *babalaudia* and herbalists are generally available. They often live either within walking distance in the same

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23 This differentiation is more to do with the patterning of illnesses to which a given healer is committed, than it has to do with cultural background.
village or within a reasonable distance accessible by local transport such as an outboard motor boat or a PMV (passenger motor vehicle). They can be visited, and will usually visit a patient, at any time if the healer is in the same village as the patient. While patients may have to wait to see a babalau, this wait is likely to be shorter than the wait to see either a hospital doctor or a private practitioner.

Convenience and lower fees charged are part of the explanation for the continued use of traditional healers. The cost of the Motuan healer’s services generally are determined by the patient normally at about 20.00 Kina and relatives often account for medical expenses. Motuan healers usually charge considerably less than what is being charged by non-Motuan babalau who generally impose fees three times higher. When an appropriate babalau cannot be found in the family or village, Motuans will turn to babalau va to whom they are not known and to whom they may have only tenuous links through third parties. This healer may not be a Motuan, but from another province residing and working in Port Moresby. They will deal with such ‘so-called’ babalau va about whom they know little and with others whom they dislike and even distrust. They will travel to the village or the city with which they have no links and risk procedures with which they are unfamiliar in what may become a continuing search for a treatment. While Motuans might prefer to be treated by a babalau whom they know and trust, they believe in the power of indigenous medicine to the extent that they will search for a cure which takes them outside the family and village. When the search for the right babalau extends beyond the village, it can become very expensive as it can take many hours to find a traditional healer and incur travel and other expenses which are considerably higher than the costs of alternative
medical services.\textsuperscript{24}

Traditional healers treat a variety of common conditions. This may be an important element in the explaining why people continue to visit traditional healers. Most informants admitted that 70\% of patients presented to healers for treatment would recover without medical intervention.\textsuperscript{25}

The treatment of strains, sprains and fractures is a long established tradition in Motuan medicine. Some healers with this special field of knowledge are very talented and magic spells are used in these conditions. Many Motuan injuries are of this type and are sustained in the physically demanding subsistence gardening work in which some 65-70\% of the adult population is engaged.\textsuperscript{26} It is highly likely that regular massage by women familiar with this type of injury will achieve success in a great proportion of cases. The success would explain a continuing interests in the work of women with massage skill.

The same could be said of the therapeutic counselling, which occurs in a great number of treatments and in particular for those illnesses which are caused by tensions in social relations. \textit{Babalau} and family heads are vitally involved in the same communities as their patients. In villages without \textit{babalaudia}, senior members of the kin group are involved. They are familiar with Motuan social organisation and with the tensions which arise out of particular social relationships in Motuan society. They are aware also of the sorts of circumstances in which these tensions are manifested as

\textsuperscript{24} Travel may now be faster and more comfortable but it is more expensive. The extension of public transport and the continuous growth of private vehicle ownership means that it is possible to locate healers; to get them to patients; and to get patients to healers more quickly. But the costs have also increased.

\textsuperscript{25} OT: Raka Kapi, Badira Kapi, Abi Vavia, Hitolo Hanua, Logona Tau of Tubusereia village, 1993; Mase Dabu of Vabukori village, 1993; Vaku Asi, Aisi Miria, Itana Lahui, Ugava Maraki and Maimu Kapi of Barakau village, 1993.

\textsuperscript{26} This figure is from my field of work conducted among Motuan villages in Port Moresby from 1990 to 1991.
illness. This general sociological knowledge is valuable but is not their only source of information. Healers often have substantial amount of detailed information about patients’ circumstances: the history of their families and of their families’ relations with other families in the village; their personalities and those of others involved; and the sequence of events which may have given rise to particular complaints.

Supporters of traditional medicine argue that its success rests on its efficacy; those opposed to it argue that its apparent success is significantly psychological and/or incidental. Most of these single causal views tend to run into difficulties when faced with reality, which is generally more complex than the explanations offered. For instance, in the case of Motuan healers their treatments are, as has been shown, not always successful. People move from healer to healer and sometimes die while they search for a cure. In the case of psychosomatic conditions, while some will undoubtedly be relieved at the start of treatment, others illnesses are biological and will not respond to traditional medicine. Motuans are extremely pragmatic when it comes to the relief of illness and expect a clear indisputable result, often within days of starting treatment. It is unlikely that they will continue to take treatment which they believe will be ineffective.

A more complete explanation for the persisting support for traditional medicine can, the author contends, only come from an understanding of cultural beliefs about health and illness and the social arrangements to which these give rise. Only within such a framework can a range of factors be considered, from such merely practical matters as cost and convenience to more abstract matters of the coincidence of paradigms. Examination of some of the factors which my research has suggested may explain the preservation of these beliefs and practices.
Illnesses in Motu are divided into those which are thought to be indigenous to Motu (Motu senana goreredia) and those which are thought to have been brought to Motu and are known as taudurokuro edia gorere. Why does the differentiation Motu senana goreredia and taudurokuro edia gorere and their connected specialists continue to exist in Motu? Introduced illnesses did not displace indigenous illnesses.

They simply extended the range of illnesses that beset the Motuans. Had the conditions which give rise to Motu senana goreredia and explanations of them changed dramatically, they might have vanished, but this has not been the case.

The organisation of rural village economic activity in which a greater part of the Motuan population is engaged, has not changed radically since Western contact. This is unlike the urban Motu village where economic activity has changed radically since Western contact. Today economic activity is carried out in the same physical environment and exposes the people to the same environmental dangers and their related illnesses. Most are engaged in subsistence gardening, fishing and hunting. Hunting takes people in the forests and the grasslands into which their ancestors went in search of wallabies and wild pigs and materials for houses, garden fences, canoes, vines for ropes, string bags and traditional nets. These nets are now replaced by Japanese fishing nets. While limited mechanisation has been possible, this work still produces a range of traumatic illnesses which most likely do not differ greatly from those which existed before colonisation.

27 Motuan word for Europeans. Smallpox, influenza, dysentery and whooping cough, to mention a few illnesses, are believed to have been introduced externally as a result of Western contact.
28 The most common of these are colds and malaria caused by exposure to change over seasons and mosquitoes.
29 In addition, the heavy reliance on modern means of travel-(passenger motor vehicle (PMV) in particular and the outboard motor which replace canoes) may have intensified the range and severity of traumatic injuries: the most common of these are lacerations, fractures, dislocations, sprains, paralysis and concussions.
Social factors are also a vital part of the explanation for some people visiting a local *babalau*. Where a patient goes to a local babalau, they are usually bound to one another in a series of political, economic and social linkages. Each is normally known to the other from contact in various village activities often over a period of years. Patients and healers enter a social relationship. The patient feels free to question the healer in terms which both can understand. The patient is likely to feel at a social disadvantage in these encounters with Western-trained medical personnel in which unfamiliar conventions operate.

The knowledge which each usually has of the other is perhaps also important. The patient’s knowledge of a healer’s religious commitment to sacred knowledge which is equipped with the “psycho-spiritual dimension using higher ‘levels of mind’”\(^\text{30}\) is focused on the patient’s whole body. Past experience, and that of friends and relatives, means that the patient is familiar with most of the healer’s procedures, which adds to the expectation of the relationship. The patient’s casual observation of a healer’s activity over a period of time will have confirmed a positive result in at least some treatments.

All of this information allows the perceptive healer to identify the likely cause of particular conditions and to suggest realistic treatment. The success of some treatments depends on the ability of the *babalau* to see the patient as part of a social network and to work towards answers which concentrate not only on the individual but on the individual within the social setting. The source of social tensions in a Motuan community allows healers to work effectively even with those whose personal circumstances are not well known to them. The healers are merely agents through

whom the higher spiritual powers work.

Motuan illnesses, stomach ulcer (*boga toto*), mental disorder (*kava*), pneumonia (*rudu hekapuhekapa*), tropical ulcer (*toto bada*) just to mention a few, which are thought to be caused by *godio*, and *lavara* (nature spirits) are treated by either a *babalau* or *hedaro tauna* with *godio* and *lavara* spells or charms. The healer’s ability to take a given set of facts, to assign the same meanings as the patient’s do, and to build similar, if more refined, explanations of the cause of the illness and means of managing it, is central to the perception of success.

As long as vaccination programs and public health campaigns continue to eliminate certain conditions, the number of cases in which Motuan traditional medicine could be displayed to be ineffective will be reduced. In what must be the main irony, it is possible that the success of introduced medicines may eliminate conditions in which limitations of traditional medicine would be revealed. Thus the appeals of, and demands for, the traditional healer go on, even if it has to be said that these have lessened with the impact of modernity (see my conclusions).
CHAPTER SEVEN

CONCLUDING REFLECTIONS: THE COMPARATIVE SIGNIFICANCE AND FUTURE OF MOTUAN TRADITIONAL MEDICINE

We conclude this study by contemplating the relative distinctiveness and thus significance of the Motuan medical system, through a comparative analysis, and then facing it’s prospects for the future.

7.1 THE SIGNIFICANCE OF MOTUAN MEDICINE IN A COMPARATIVE LIGHT, WITH PARTICULAR REFERENCE TO CHINA

Recognition and definition of illness are universal human activities. Accordingly, there will be wide variations between cultures and these variations arise because of the following factors: experience, education, cultural conditioning, religious beliefs, and exposure to outside ideas. We have noted in a previous chapter that various studies have been undertaken of other Melanesian traditional medical systems and their modification upon the impact of modernity. It has been one option to test the degrees of similarities and differences between the Motuan and these other Melanesian approaches. This, however, would not do much to establish the distinctiveness of the Motuan material in the global context. Instead it is preferable to present it as one among a number of Melanesian systems and compare it with one quite outside the southwest Pacific context. Besides, it is politically sensitive for a Motuan analyst of his own culture to proceed with a comparative study of another neighbouring groups’ ‘cultural property’. Thus the writer has decided not to pursue an intra-Melanesian comparative analysis, but to examine quite another form of traditional medicine. And the Chinese system has been chosen, precisely because it underscores the spiritual values of the traditional Motuan pattern. Perhaps I am right
in suspecting that the Motuan concept of the *irutahuna* is unique in its own right, even in the sense that it is not found elsewhere in Melanesian society. Be that as it may, the Motuan system’s significance will be the better perceived by comparison with what seems the world’s best known body of traditional medical theory and practice, that found in China. As it turns out, along with obvious points of difference, we will also uncover a striking resemblance between the Motuans’ paradigm of *irutahuna* and medical principles in Chinese Taoism.

7.2 COMPARABILITIES BETWEEN MOTUAN AND CHINESE MEDICINE

There are in Motu and in China bodies of belief and practices relating to health and illness which are widely believed to be indigenous. Each body of belief was founded on deeply valued religious and philosophical traditions. Despite social and geographical isolation, both traditional systems of medicine seem to have certain comparabilities. It is therefore proposed to examine briefly the similarities of these two systems, before passing on to the differences.

7.2.1 SIMILARITIES IN PHILOSOPHY

Traditional Chinese and Motuan medical systems are primarily holistic systems embedded in the concept that harmony is directly related to health and illness. Health to the Chinese is understood as the co-operative functioning of parts within a human body. Within the Chinese system there are differences between the various local and traditional varieties of Chinese traditional medicine. However, the basic ideas are anchored in Confucianism and Taoism.\(^1\) Taoism has had a profound impact

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on the traditional art of healing. It offers a conception of the universe as a cosmology of endlessly moving components, all of which were aspects of the same unity, the same reality.²

In the Chinese system Taoism embodies the highest code of conduct, which was to act spontaneously in accordance with the Tao, or one’s own nature. In the past the Chinese were said to have followed the advise of the Sages who taught them, among other things, illness prevention. It was said that “the ancient sages did not treat those who were ill; they instructed those who were not ill”.³

In studying the interplay of the polarities in nature, the sages intuited Yin and Yang, the primordial pair of opposites. This is the basic principle which guides and tells the movements of the Tao and makes up the original principle of Chinese medical theory. It is likely that Yin/Yang theory originated from an ancient school separate from that of the early Taoists (or Lao Tze), but that Taoist medical lore is famous for incorporating teaching about the governing principle of this ‘dual relationship’.⁴ The Confucian and other schools, however, embraced the force of these ‘apparent opposites’.⁵ These opposites were perceived in forceful interplays in which they stopped being opposites and become each other. There is always Yin in Yang and Yang in Yin, a vital unity stated in the Chuang Tzu⁶ as:

The “this” is also “that”. The “that” is also “this”... that the “that” and the “this” ceased to be opposites is the very essence of Tao. Only this essence, an axis as it were, is the centre of the circle corresponding to the endless changes.⁷

³ I. Veith, Huang Ti Nei Ching Su Wen; The Yellow Emperor’s Classic of Internal Medicine, 1970, p.53.
⁷ Fung Ya-Lan, A Short History of Chinese Philosophy, 1964, p.112.
The first mention of *Yin-Yang* was in the first millennium BC in the *I Ching* (the book of changes). The *I Ching* had a great influence on medical thought. In the *I Ching* Yin was depicted as negative, dark, cold femininity, body, soul, earth, moon, night and a tendency to flow downwards. *Yang*, however, has the apparently positive characteristics and some of these are light, warm, masculinity, mind, spirit, sun, day and flow upwards and outwards. All things in the universe could be classified as *Yin* or *Yang*. These opposites carried no meaning of bad or good. *Yin* and *Yang* was in reality, a sophisticated “two-pole model”[^8] brought out by the ancients to make a body of theory which would be unchanging.

Chinese medical thinking was advanced on two other major principles. They are *Chi* or vital energy and the five phases[^9] theory. Chi meant originally “air”, “ether”, or “breath”. By the first century AD, it was taken to mean what Stephan Palos[^10] calls the “original material substance” which created the universe and everything in it. In the human body, *Chi* was understood as the chief nourishing source and defensive agent. It circulated through the meridians or channels, and energized the circulatory system. The respiratory exercises such as *Chi Kunfu*, and Martial Art *Tai Chi Chuan* were to stimulate the flow of *Chi* in the channels.

In his study *The Tao of Physics*, Capra[^11] uncovers a “striking resemblance” between the traditional thought of *Chi* as the vital creative energy and a mysterious form of matter, and the quantum field in modern physics. In reaching a similar

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[^9]: The five phases are often called the five elements. They refer to the same basic phenomenology regardless of this change.
conclusion, Mahdihassan draws the following comparison from physics:

It is consistent to attribute the source of all creation to Chhi for, being matter-plus-energy, every form of matter, like water, plant and man, can be traced to it, as can every form of energy such as heat and light. But with all that we cannot conceive what Chhi actually is. Now in physics there is the corpuscular theory of light, implying that light is matter-plus-energy, containing far more energy than matter.\(^{12}\)

Chi then was viewed as a mixture of “both matter and energy”, that is, it has the characteristics of both.\(^{13}\) Chi, indeed, meant cosmic soul or consciousness.

The five phases, wood, fire, earth metal and water (sometimes called five elements) were, in fact, sub-categorisations of Yin and Yang. They were the microcosmic or material components of this principle and like Yin and Yang, stood for a cycle of creation and domination, or production (Yang) and conquest (Yin), in a continuum of exchange of status and being. Their importance lay not in the elements as such, but in the way they changed and interacted with the rest of the system. Each of the elements in this theory joins to any of the other four.\(^{14}\) Accordingly, metal creates water, and water creates wood, while on the hand, wood destroys earth (takes in nutrients), earth destroys water (takes in or dams it), water destroys fire, fire destroys metal, and metal destroys wood (an axe cuts down trees).

Historically the five phases were employed to arrange any group of things such as colour, sound, taste, emotions, weather, the planets or animals. The five phases also applied to the internal organs, implying, even ‘advocating’ complex functional

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\(^{12}\) S. Mahdihassan, “The Term Chhi: Its Past and Present Significance”, Comparative Medicine East and West, Vol. 6 (4), 1982, p.273. Chi is interchangeably written as Ch’l, Chh’l, or Qi refers the same basic concept ‘vital energy’.


interrelationships between all organs which are classified as Yin and Yang organs. These are the liver (wood), the heart (fire), the spleen (earth), the lungs (metal), and the kidneys (water). In their view the Chinese notion of the functions of these organs were as follows: the liver energises the muscles which in turn helps to make a strong heart. The heart supplies the blood and arteries with nutrients, which are channelled to the spleen. This feeds the flesh and provides extra strength to the lungs. The lungs nurture the skin and hair, and these continue the cycle by giving the kidneys a lift. The kidneys feed the bones and nails, and they must ensure the liver is well nourished. Thus there is harmony between these organs. The essential position of the five phases in the Chinese medical system may be shown by the following: since each of the Yin or Yang organs are linked with wood, fire, earth, metal or water, this means that, for instance, in acupuncture theory, two organs are usually treated; that is, not only the affected organ is treated, but also the one that is next in line in the five phases energy cycle.\(^\text{15}\)

Motuan traditional medicine, like the Chinese is embedded in harmony. Healthy life to a Motuan is the maintenance of harmony in relationships between individuals in the natural the social and the supernatural worlds. Because of their holistic view of their world, the Motuans maintain that human condition is at any one time influenced by relationships between people, the person and the natural world and the person and the spiritual world. The desired state is one in which relations between humans and each of these worlds are stable and without strain. Where such harmony exists, a feeling of peacefulness and well-being is achieved. When this harmony is removed from the whole illness occurs. I now have to look briefly at the Motuan

\(^{15}\text{S. Palos, op cit., pp.47-48.}\)
theory of *irutahuna* in order to understand wholeness.

Behind and within everything in the world there is a life-force or vital energy. It is represented by *irutahuna* the concept discussed in detail in chapter four. The ideal life for each individual person, order for society and harmony in nature is based on and guided by the *irutahuna*. It is the essence on which health, illness and healing secrets are rooted. It also forms the basis of the Motuans’ philosophy of life. It has influence over all things.

According to this theory, when harmony exists, the body functions correctly. As long as an individual maintains right relationships with the *irutahuna*, harmony prevails. However, this stability in reality is weak, and it is regularly disrupted. When conflicts within the family arise following the violations of the social rules of the *irutahuna*, the positive energy that defends the body against foreign sorcery, magical and spiritual forces is withdrawal by the ancestors, the custodians of the *irutahuna* of the house. The victim becomes vulnerable and an easy target for the evil forces of sorcerers and magicians or spirits which enter the body and inflict illness. It is believed that non-Motuans do not understand the connection between the *irutahuna* which is conceived as island of safety, where tranquillity and harmony are intact, and health prevails. Anyone driven off this island of security would, through exposure to foreign ideas, probably be unable to maintain the social rules of the *irutahuna*. Where such disharmony exists, vulnerability to illness is heightened as the invisible protective shield of the *irutahuna* is taken away by the ancestors.

It is often said that one could live a long life and enjoy constant good health if harmony of the *irutahuna* is maintained. The emphasis is placed on the whole person rather than the parts. Interdependent relationship of body, emotions, mind and spirit becomes the basis upon which the traditional healing is based. Personal responsibility
and participation are emphasised. The maintenance of continued health depends on harmony of this whole. In other words, an individual’s state of health is measured by how well these various aspects (body, mind and spirit) function, both individually and in unity with the other aspects.

This comparison between Chinese Taoism and the Motuan irutahuna emphasises that there has to be wholeness in the mind and body of the people. Both Yin and Yang must be balanced in order to maintain harmony in the Chinese system. The only way the Motuans will live in harmony is to maintain the irutahuna social norm. However, as we shall show more clearly, the difference is that Chinese Taoism is based on nature, whereas the Motuan irutahuna is based on the supernatural.

7.2.2 SIMILARITIES BETWEEN DIAGNOSIS AND TREATMENT

Similarities seemed to exist between Chinese traditional medicine and traditional Motuan medicine as they relate to diagnosis and treatment. The basic function of Yin-Yang in human health is simply that when their harmony is disrupted there is illness, and when they are in good balance, there is health. One example of the law of Yin-Yang balance in physical health is the pH\textsuperscript{16} balance of body fluids as being either more acidic (Yang) or more alkaline (Yin).\textsuperscript{17} In terms of displacement of body energy, Yang means normally active and Yin means an energy level below normal. Traditional therapies are used to re-establish the balance.

The body surface is generally known as Yang, the inside is Yin, and the front (chest and abdomen) is Yin, the back Yang. Internal organs are also Yin or Yang. The

\textsuperscript{16} R. M. Youngson, \textit{Collins Dictionary of Medicine}, 1992, p.473. According to Collins Dictionary of Medicine pH refers to ‘body fluids and is accurately maintained between about 7.3 to 7.5. Below this range the condition of acidosis exists; above it alkalosis’. Both are dangerous.

\textsuperscript{17} Ling Y. Wei, \textit{op. cit.}, p.75.
Yin, or “solid” organs, are the liver, heart, spleen, lungs and kidneys. The Yang, or “hollow” organs are the gall bladder, small intestine, stomach, large intestine and bladder. And there are many other finer determinants of Yin and Yang.

The most important structural system of traditional Chinese medicine is a “network model”\(^\text{18}\) of twelve major channels or meridians and their collaterals, or branches, in which the vital energy (Chi) circulates. Well-defined points on the body surface join with the internal viscera and parts of the body. The points affects particular organs such that a Yin meridian emerges from a Yin organ and Yang meridian from a Yang organ. Each of the Yin meridians is joined with a Yang channel at the hand or foot. Furthermore, there are eight additional meridians, each having its own set of points. The channels are running lengthwise and joined together with neighbouring channels through short, horizontal collaterals or branches.

Spiritual redirection was the first level of cure in earliest times. Diagnostic methods were said to have developed gradually by a natural process with the growth of a more complex civilization and its human demands but diagnosis remained functionally preventive in nature, that is, it was carried out on a regular basis to ascertain whether the balance of Yin-Yang forces was harmonious, and to observe their precise effect on the path of the Chi (vital energy). Accordingly, the Chinese healer himself became a refined agency in the combined diagnostic/prognostic course of action.

Diagnosis involved four procedures using the senses: looking, listening, questioning and feeling the pulse. These four procedures were used together as one by itself was inadequate. Looking and listening are easy to understand (Ming);\(^\text{19}\)

\(^{18}\) Ling Y. Wei, op. cit., p.73.
\(^{19}\) P. Huard and Ming Wong, (trans. B. Fielding), Chinese Medicine, 1968, pp.193-194.
sphygmology is intelligent (Shen); and questioning workmanlike (Chung). To use only one diagnostic method is Chung, to use two is Shen, to use all, both Shen and Ming. The Nei Ching dwells on the need for preciseness in diagnostic procedures: diagnosis must remove all "doubt or confusion" so that "no mistakes or neglect occur". In the best of circumstances, the diagnosis should be done in early morning (Yin and rising Yang) when physician and patient are uncontaminated by the intake of substances or by worldly disruptions.

The physician first looked at the body orifices and the tongue for their colour, tone, texture, odour and temperature. The soles of the feet and the palms of the hands, nails and hair are examined for any telling characteristics such as perspiration, texture, colour and topography. There are no more than one hundred different conditions of tongue including colour (purplish, yellowish, blackish, etc.), topography, or specific location (back, front, tip, side, underside, etc.). Similarly, urine and feces are examined for colour, odour, volume and frequency or retention. In listening, the physician carefully studies the sound of the breathing, sighing or coughing since the way of inhalation and exhalation is linked with specific organs and bodily functions. In questioning the patient, the physician looks for details of habit, style of life, and particular mediating circumstances. Dreams were thought to show internal physiological conditions.

Taking the pulse was a demanding process which was thought of as giving extensive, most penetrating information. Chinese physicians took pulses on the neck and leg arteries as well as the wrists, but the radial artery of the forearms is the seat

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20 I. Veith, op. cit., p.57.
of a sophisticated, complex diagnostic system. Nine pulses are located on each radial pulse area, each with a particular name, and capable of recording the pathology of a physiological location. Gauging against one inhalation and exhalation of his own breath, the physician takes four pulse beats as the norm. He knows the normal sounds of the pulses as well as their pathological abnormalities or seasonal fluctuations. The four basic patterns, which differ in harmony with their corresponding organs and the person’s health, can possess 28 different qualities. The lung pulse should sound soft as “hair or feathers blowing in the wind,” but the heart pulse should have the “ringing sound of a sickle,” first strong and clear and then “trailing off”.21 If the pulse of heart or lungs beats “vigorously and long and the strokes are markedly prolonged”, the patient is ill. If pulse beats linked with different organs coincide in a certain combination, this shows a specific illness. Gradations of imbalances are often extremely fine and identified by terms such as choking, tender, limping, wavering, tangled as weed. Chinese physicians, however, continue to maintain its use more for prevention than for crisis intervention.

From the perspective of restoration of the body as a whole to its original state, diagnosis and treatment and procedures involved in identifying illness by visual examination of the body appear similar to the traditional Chinese diagnosis and treatment. In both traditional Chinese and Motuan diagnoses the major concern is the description of the diseases, and the appropriate treatment recommended. In most illnesses the search for its cause starts in the body itself. The bone setter looks for broken bones, displaced joints, or sprained muscles. Diagnosis of an illness by name involves not only a visual examination of the body symptoms but also taking note of

21 H. Wallnofer and A. Von Rottauscher, (trans. by M. Palinedo), Chinese Folk Medicine, 1972, p.100.
the degree of accompanying pain or other sensations, and the observation of associated behaviour such as vomiting, diarrhoea, and so forth. As we have seen, though, the Motu healers (babalau) go on to seek supernatural causes for physical malfunctions and can resolve the disturbance by trance, putting the spirit back in the body so the social harmony is restored. They add what may be called a ‘shamanic’ component.

From the perspective of reinstating harmony, the Chinese and the Motuan respectively observe the patient to find the cause and effect of the illness. Then they prescribe treatments to restore health.

7.2.3 SIMILARITIES REGARDING ANCESTOR WORSHIP AND SUPERNATURAL BEINGS

Amongst both the Chinese and the Motuans the family is highly valued. The family clearly stands out as Motu’s and China’s most powerful institution. In China the family gave shape to the whole of society. Except for the Chinese belief in reincarnation, similarities exist between the Chinese and Motuan cultures with regard to veneration of ancestors to whom people from both cultures turned for help and guidance. Every Chinese and every Motuan lived with a constant awareness of parents, grandparents and other deceased relatives as living spirits surrounding them. Social ties, respect of the aged, dependence, submission, obedience, orientation to the past, conservation, security, loyalty and group dominance over the individual are very strong and highly cherished.

Just as the Chinese family is the core of society, and is the axis around which religion revolves, so ancestor veneration is the centre of that family religion. It is similar to the ancestor cult of the Motu people. Wright sums up the ancestor worship
in these terms:

Supernatural beings are a feature of many cultures, including that of the Chinese who have been influenced by the Buddhist and Taoist religions and philosophies of sages such as Confucius. But the Chinese are very practical people and prefer to keep their gods on a personal basis and propitiate or punish them according to earthly blessings that they are prepared to shower on their followers. Wherever Chinese follow the traditional way of life, incense sticks burn all day to honour some god, who might be the Queen of heaven of the boat people of Hong Kong; a household, trade, or other calling god, or the kitchen god who submits an annual report on the doings of the family and is very important part of the New Year celebrations.²²

The above quotation suggests that the main Chinese festivals, are all family-centred and ancestor-centred. In the Chinese family home and in business premises shrines are found. These are believed to bring good luck and prosperity. Ancestral names are recorded at these shrines emphasising the importance of the ancestors in present day activities. The importance of the ancestors among the Chinese has similarities to the place of the ancestors at the irutahuna amongst the Motuan people. The Chinese family and Chinese cosmology are on the same “continuum” of history. Death does not end relationships, it simply promotes them to a new plane. Obedience in life is followed by high respect and service after death. The ancestral spirits may provide guidance, care and protection. These beliefs are also held by the Motuans. The custodian role is taken on by ancestral spirits who reward the living for upholding the traditional values such as respect for elders, interdependence and the values honouring the family, loyalty, submission, and service to others, and punish those who violate these traditional values. Central to the Motuan religion, as has been shown, is a belief

in ancestor-spirits who, through their access to supernatural powers, can bring good or ill to their living descendants.

Despite similarities between traditional Chinese medicine and traditional Motuan medicine, however, there seem to be many differences which require consideration. We may admit a common pre-occupation with prosperity in both the Chinese and Motuan systems, yet the Chinese emphasise that importance of good luck or good fortune, while the Motuans emphasise the place of the *irutahuna* in producing harmony and well-being. In the past Motuans were warriors concerned with survival whereas today they are more concerned with security, and this is a concern shared with the Chinese. Both systems certainly have a materialistic stress; but nonetheless the Motuans tend to be more spiritualistic and the Chinese look to be more naturalistic.

7.3 **DIFFERENCES IN THE TRADITIONAL CHINESE AND MOTUAN MODELS**

Notions of what causes illness and the response to it are culturally determined. It is to this perspective I now turn to discuss the differences between traditional Chinese and Motuan medical models. The Chinese medical model is based on *nature* as a factor in causation of illness; natural forces such as excess of cold, heat, wind, rain, snow or dampness. Environmental cold is believed to cause “cold” or “chills” if allowed to penetrate the boundary of skin; cold draughts on the back cause a “chill on the kidneys”, cold rain on the head causes “a head cold”.

In China the longitudinal medical principle was the harmony of the human microcosm with macrocosmic laws. It is a concept of fitting in with nature, both for man’s personal benefit and for the benefit of natural systems. One should not eat or
sleep too much or too little, nor eat an excess of Yin or Yang foods. To expose oneself to extreme temperatures would be defiance against the notion of harmonious interaction with the atmosphere of the five seasons. The power of acting in harmony with the "right" way was immeasurable: "Even a heavy storm, afflictions or poison, cannot injure those people who live in accord with the natural order".

The traditional Motuan medical model, on the other hand, is rooted in the preternatural, or what is more often called the supernatural, as the basic factor in causation of illness. Illness is caused by angry ancestral spirits who feel they have been too soon forgotten. A cure involves acknowledgment of sin, repentance, and a vow to improve one’s behaviour. This confession, repentance and resolve not to offend in the future takes place at the irutahuna to appease the ancestral spirits.

The Chinese system does allow for some supernatural elements, but significantly very few. The Chinese system, for example, is also different because it has been recorded and updated over a long period of time. It has been influenced by outsiders for many centuries as the Chinese people had contact with people engaged in trade and travel.\(^\text{23}\)

There are also differences in the way each system is accepted outside the immediate community. There has been a widespread eclectic use of Chinese medicine by people in many countries, and traditional Chinese medicine is now accepted globally although this has not always been the case. Gradually other cultures have come to see and experience the benefits of certain branches of Chinese medicine, such as acupuncture and Chinese herbal medicine. Motuan traditional medicine is virtually unknown in the outside world. Traditional Chinese medical practices have been

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refined, update and well documented, and are rich in clinical experience. There are professional bodies to regulate the practice of these forms of medicine and protect the status quo. The Motuan system is not formally organised, there are no professional organisations, and information is rarely documented. Information is passed on by oral tradition and by practical experience, and healers work with their own remedies and methods. The Chinese traditional system emphasizes preventative medicine rather than curative medicine. Efforts are made to integrate traditional Chinese medicine with Western medicine. These developments are slow or non-existent in traditional Motuan medicine because traditional healers are unwilling to discuss their “secrets” with others, especially outsiders. Young Papua New Guinean medical professionals who have been trained in Western medicine do not support the use of traditional methods and only lip service support is given by the Government.

7.4 THE OUTLOOK FOR THE FUTURE OF TRADITIONAL MOTUAN MEDICINE

In comparing these two traditional medical orientations, we are now bound to ask about the future. Prospects for Chinese traditional medicine appear to be very good, because it seems now to present a successful challenge to Western ‘allopathic’ hegemony in modern medicine, or at least parts of it do. Can the same be said of the medical system of such a small-scale traditional society as that of the Motu? Worldwide there may be a growing respect for indigenous lore, for the “wisdom of the elders,” but the future of Melanesian traditional medicine does not, in many ways, appear encouraging, even though some may dispute this. While some older members of the present Motuan population use traditional healers, younger members are more

inclined to use Western medicine. Fewer and fewer young people wish to follow their parents’ traditional occupations and few are interested in being trained as babaludia. The decrease in the number of people seeking the services of the babalau makes the occupation still less attractive. In the future the number of traditional healers would be expected to decrease dramatically.

Motuan medical knowledge and practices will never become a documented science because traditional healers are very reluctant to share their knowledge which they believe to be a gift from their ancestors or God given to them personally. They are suspicious of anyone trying to learn their secrets. This is in contrast to traditional Chinese medicine which has been documented for hundreds of years. However, some attempt is being made to document some of the Papua New Guinea plants which have medicinal properties. The Chemistry Department of the University of Papua New Guinea is now beginning to examine pharmacological evaluations of plants used in Papua New Guinea medicines. A national chemist affirmed that medicinal properties for ring worms or grille have been established. More work needs to be done to assess Papua New Guinea medicines that are used by healers. Until such time as a competent evaluation of these is carried out, it will be impossible to establish just how effective these are.

Motuans who seek traditional healing are sceptical about medicines which are advocated from a scientific point of view. This is not to say that all such medicines are giving positive results but commitment to medicine does not require that treatments are 'successful'. If that were the case no medical system would enjoy the continued support of its users. That support rests on a set of practices producing satisfactory results for the most commonly presented conditions. There is little doubt that Motuan traditional medicine is perceived to attain this result. People who get sick with Motu
*senana goreredia* (pre-contact diseases) go to a *babalau* for treatment and get satisfactory results. The time it takes or completeness of the treatment is irrelevant. The proposition that Motuan medicine is most effective for Motuan illnesses is affirmed. However, this may change as more and more Motuans are exposed to Western medicine and come to have a basis for comparison of the speed and effectiveness of alternative treatments. Beliefs about the power of Motuan medicine are then likely to be challenged. However, this takes for granted that people will put themselves in positions in which they will accept Western medicine for Motuan illnesses such as sorcery caused serious illnesses. Given the development of a Health System based on a Central Hospital and the limitation put on the growth of the system, this is unlikely to happen in Papua New Guinea in the foreseeable future.

The significant number of people who move out from Motu villages and are exposed to alternative treatments may be at the leading edge of the challenge of traditional medicine. Their children who grow up away from Motuan medicine may never have the experiences which would influence them to believe in and use it. It is inevitable that the Motu culture will interact more with Western society and this will cause dramatic changes to take place in society. Because of the shortcomings, however, of Western medicine, people were and are now searching for cures that are free from side effects. Alternative medicine involving natural therapy has become popular with some people.

A question which deserves brief attention in conclusion is the future of ideas regarding traditional healing in the mind of the Motuan. Almost all Western observers seem to be of the opinion that an abandonment of traditional attitudes to illness will occur because of the impact of Western ideas, Western technology in medicine and social factors. Western-style education, a crucial agent of social change, will bring the
ultimate destruction of these beliefs. One must be aware, however, that while Western education widens and deepens the Motuans horizon of life and their understanding of how things work, it does not provide any answer to the question of why misfortunes occur. It is clear, also, that since Motuan beliefs entail important social and personal relationships, they are likely to become less relevant in situations of a different kind when important relations are more impersonal. However, even in these newer situations, Motuans still socially interact with people who have different cultural settings and rather than a dying out of traditional religious beliefs, it is more likely that a shift in the emphasis and nature of the beliefs will occur.

Traditional religion was and is and will continue to be observed by Motuans in some form because they understand the special spiritual forces that affect their lives. The purpose of traditional religion is to achieve change or to improve the quality of life by supernatural means, thus reducing their suffering and intensifying their chances of acquiring a balanced state of mind.

Today scientific and technological advances have contributed considerably toward the effectiveness of Western medicine. However, this technological knowledge in medicine is scientifically based and it usually excludes concern for the supernatural. Outside influences, especially that of Christianity, have brought some changes in attitudes, but have been less undermining to the Motuans’ sense of the supernatural behind human and environal relationships. Many younger people who have received a high level of Western education, of course, may deny acceptance of traditional beliefs. For some of them, this denial is superficial, and if they fail to get satisfaction from modern medicine, they may turn to traditional beliefs and traditional medicine. Even in university circles, attitudes toward traditional lifeways are becoming more accepting, especially because they have had less of an effect on the environment.
Thus the prospects for the old Motuan theory and practices of medicine are to some extent open. This thesis has been designed to help others comprehend them as one traditional medical system among many in Melanesia and across the globe because what we better understand we may not want to lose. In my estimation there are many important lessons to learn from the Motuan medical paradigm before it is too late, before valuable local knowledge disintegrates, and before we foolishly abandon interest and concern for the spiritual and concentrate top-heavily on organic chemistry, or fail to perceive our relationships affect diseases, especially in group-oriented societies,\footnote{See A. Smith Jr, \textit{The Relational Self}, 1982.} by being over-preoccupied with pathological reports, injections and pills.\footnote{Note M. Diesendorf (ed.), \textit{The Magic Bullet: Social Implications and Limitations of Modern Medicine: an Environmental Approach}, 1976.}
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Oral Testimony

Papua New Guinea

Barakau village;
Aria, Vegudi
Asi, Nana
Asi, Tau
Asi, Vaku
Asi, Vali
Aue, Egu
Egi, Bada
Egi, Gebo
Egi, Henao
Egi, Mada
Henao, Kebe
Henao, Bishop Ravu
Hetahu, Hera
Hetahu, Kone
Kopi, Joyce
Kopi, Maimu
Kopi, Mairi
Lahui, Itana
Lahui, Tamarua
Lahui, Tau
Lahui, Taunao
Loa, Kopi
Loa, Papa
Loa, Tau
Mada, Koana
Mada, Nou
Madu, Hanua
Madu, Kala
Madu, Lahui
Maraki, Ugava
Mase, Seri
Miria, Asii
Murigu, Vari
Nou, Asi
Nou, Madu
Peri, Nanai
Seri, Bae
Seri, Eli
Tau, Buruka
Tau, Iubu
Tau, Raiva
Tau, Vara
Tau, Varoka
Valahu, Asigau
Valahu, Hemoge
Valahu, Mera
Valahu, Valahu
Valahu, Vara
Varoka, Idau

Boera village;
rahobada, Lohia
rahobada, Miria
Rearea, Morea
Senaka, Boio
Delena village;
   Aila, Gabe

Elevala village;
   Baru, Gavera
   Gabe, Kamea
   Hanua, Guba
   Ovia, Gavera

Gabagaba village;
   Asi, Vabu
   Bagelo, Kinibo
   Bagelo, Vagi
   Bagelo, Vali Vali
   Boga, Henao
   Bore, Hare
   Boto, Kinibo
   Doana, Manega
   Gaba, Tau
   Gini, Mavara
   Loi, Vagi
   Nou, Obaha
   Obaha, Nancy
   rahobada, Gamoga
   rahobada, Nancy
   rahobada, Parina
   rahobada, Tau
   Rei, Bagelo
   Roga, Vabu
   Sabadi, Bogana
   Tau, Tau
   Vagi, Bagelo
   Vagi, Loi
   Vali Vali
   Vere, Bake
   Vogo, Vari

Gaire village;
   Egi, Tau
   Goa, Badira
   Gomea, Maleva
   Hanua, Ulato
   Ikoi, Ulato
   Ikoi, Vali
   Kei, Mera
   Kema, Dikana
   Kema, Kema
   Kema, Sere
   Kopi, Tom
   Lohia, Asi
   Maleva, Gomea
   rahobada, Gamoga
   rahobada, Hota
   Tau, Eli
   Tau, Gaire
   Tau, Taunao
   Ugava, Sere

Hanuabada village;
   Baru, Gavera
   Gabe, Kamea
   Guba, Nou
   Hanua, Guba
   Nou, Guba
   Ovia, Gabe
   Ovia, Gavera
   rahobada, Baru
   rahobada, Nou
   Toua, Dr A.

Hula village;
   Kalo, Kwamala
   Rei, Ragina
Manumanu village;
   Oala
   rahobada, Lohia

Papa village;
   Dogodo, Rev. Ario

Pari village;
   Aire, Aire
   Legu, Gaba
   Legu, Rev. Gaba
   rahobada, Legu

Porebada village;
   Arere, Loa
   Arere, Vagi
   Bitu, Seri
   Dairi, Vaburi
   Dogodo, Rev. Ario
   Igo, Rev. Morea
   Kohu, Simona
   Loa, Busina
   Loa, Karua
   Lohia, Kohu
   Morea, Riu
   Seri, Besego
   Sioni, Gorogo
   Tau, Mataio
   Taumaku, Dairi
   Toea, Koani

Port Moresby;
   Tamarua, Dr V. R.
   Taufa, Dr Reia

Rearea village;
   Audua, Avuru
   Audua, Rev. Nou
   Meba Lohia
   rahobada, Gobuta
   rahobada, Lohia
   Robert, Gabe

Tatana village;
   Baia, Kini
   Henao, Rahe
   Heni, Deili L.
   Lister, Deillin
   Rahe, Gamu
   Reasa, Madaha
   rahobada, Keity
Tubusereia village;

Airi, Gamoga
Airi, Noho
Biga, Kone
Dagu, Naiti
Daroa, Rev. Hehuni
Gwae, Tau
Hanua, Hitolo
Hehuni, Iubu
Henao, Hekwadi
Henao, Rev. Nanai
Henao, Vetali
Karu, Vabu
Keru, Hetahu
Kopi, Badira
Kopi, Raka
Kwalignu, Hanua
Lahema, Loi
Lahema, Tau
Lahui, Rev. I. T.
Lahui, Ray
Lahui, Rei
Lahui, Tamarua

Mahuta, Aue
Mahuta Banige
Mahuta, Dokona
Mahuta, Sibona
Matagu, Vabu
Matagu, Vabu
Murigu, Tabu
rahobada, Gamoga
rahobada, Guru
Sere, Guru
Tatoi, Sibona
Tau, Gwae
Tau, Idau
Tau, Loa
Tau, Logona
Tau, Sibona
Tau, Vagi
Vagi, Sima
Vara, Vabu
Vavia, Abi
Vavia, Egi

Vabukori village;

Dabu, Mase
Maraki, Eava
Maraki, Maraki

Rau, Eava
Rau, Maraki

Australia

Sydney;

Kearney, Prof. R.