

Social Discord and Bodily Disorders

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Social Discord and Bodily Disorders
Healing Among the Yupno of Papua New Guinea
Verena Keck



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and Bodily Disorders**

*Healing among
the Yupno of
Papua New Guinea*

Verena Keck

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Series Editors' Preface

Medical Anthropology Series

Social Discord and Bodily Disorders: Healing among the Yupno of Papua New Guinea

—Pamela J. Stewart and Andrew Strathern

This a unique ethnographic study, one of a very few detailed monographs covering the experience of sickness and its treatment in Papua New Guinea. This study is built on two strategic axes: the first is a descriptive analysis of the social organization of the Yupno people, especially with regard to debts arising from marriage prestations (gifts made between the groom's and the bride's side at the time of a marriage), and how these give rise to "social discord." The second axis is the experience of illness, with an extended discussion of the sickness and eventual death of a baby boy, Nstasiŋge, and how his condition was differentially diagnosed in the village where he lived by comparison with the biomedical health care center to which his mother took him when his "bodily disorders" worsened. The link between these two axes of discussion is the concept of *njigi*, "oppressing problems". Bridewealth payments in particular (comprising gifts made to the bride's kin by the kin of the groom) may give rise to long-standing and sometimes intractable disputes between people, and the negative feelings these disputes generate are held to produce sickness in children born of the marriages concerned. If the disputes are not settled, it is held that the children may die.

The attribution of sickness to social causes, connected with issues of morality, balance, and harmony in the world, is common throughout Papua New Guinea and in many other social contexts where kinship relations are prominent in the social order. Kinship is a crucial site where the moralities and expectations of nurture, reciprocity, obligation, and emotions of de-

pendency and personal constraint and rebellion, all play confusingly together. It is from the emotional nexus of conflict, defined by anger, desires, frustrations, and resentment that the genesis of diagnostic notions regarding the causes of illness emerges. In turn, remedial action has to begin with attempts to settle the perceived wrongdoings or omissions that are in play. Kinship is an important source of morality; it is also a chronic source of conflict between people in Papua New Guinea (for example, see Strathern and Stewart 2000a) as elsewhere.

In Papua New Guinea morality is also frequently bound up with proper performance in exchanges of wealth between people. In the Yupno case bridewealth is the crucial nexus around which such notions of proper performance center. While there is a generalized expectation between groups that if a woman marries into an outside group, that group will reciprocate at some later date by sending a female member back in marriage, there is a more specific expectation that the bridewealth, or brideprice, for the daughter will repay that for the mother: that is, that those within the kin network who helped the father to pay for the mother's brideprice can later reclaim their debts from the brideprice for the daughter. This interesting stipulation is paralleled from materials among the Duna people of the Southern Highlands Province in Papua New Guinea (see Strathern and Stewart 2004), and may perhaps constitute one of the older rules by which brideprice debts were settled in a number of ethnographic cases. It is evident that the claimants to such debts have to wait a long time before they can receive repayment through their claims. In the meantime many things can go wrong. What, for example, if there is no daughter? Or the mother remarries and takes her daughter with her to a hostile group? Or memories become hazy and conflicted or some claimants die without clearly passing on their knowledge of debts/claims to their successors? Moreover, as Verena Keck also points out, brideprices are in general high, yet some people on the bride's side may be left out because of ill-will or inadvertence, and as a result their anger may subsequently cause illness in the children of the marriage. Such claimants, of course, derive their claim in turn from the earlier marriage of the bride's mother. This rule of debt thus continuously implicates cross-generational sets of kin on both sides of any given marriage.

In the Duna area (see Stewart and Strathern 2002) many of the marriage customs share features with the Yupno ones, e.g. special gifts to the bride's mother and presentation of netted bags (that can be used to carry a newborn child as well as other items) to the new bride by her in-laws. But differences exist also: in the Yupno case the problems arising from debt or unmet claims have resulted in a greater elaboration of ideas about sickness than seems to be found in the Duna case, even though among the Yupno, there is a return pay-

ment, *pelok*, made for the initial brideprice, which liquidates a part of the debt incurred by the groom with respect to his helpers. This is because *pelok* gifts repay these helpers' contributions; while in the Duna case no such return gift is made. In this particular feature, Yupno custom resembles Hagen (Melpa) practices, from the Western Highlands of Papua New Guinea (Strathern and Stewart 2000b), rather than Duna ones. Similarly to Hagen expectations also, recipients of the brideprice may claim they were tricked into receiving a sickly pig that died later, or because of subsequent disagreements they may make more demands for further payments over time. If these payments are not met, trouble is thought to emerge and this can lead to sickness; as in the Yupno case where disputes can arise out of "inadequate" *pelok* gifts.

The matrix of marriage payments themselves, then, can generate sickness as a result of anger that brings about "oppressing problems." Both suspicions of highly individual manipulation and a sense of overwhelming, even malevolent, relationships are clearly shown in this set of ideas. From this foundation, Keck builds her skillful account of how sickness is handled, beginning with essential ideas about the components of the person, organized around notions of energy (*tevantok*), humors of the body, and the breath and shadow spirits of the person, all of which may be implicated in processes of illness and its treatment. The shadow spirit is said to share experience with other such spirits through dreaming, as happens with the Melpa *min* (see Stewart and Strathern 2003), and if the separation from the body is too long, illness or death may result (a classic set of notions in New Guinea). Health lies in the human being remaining "cool" (*yawuro* in the Yupno language), as opposed to "hot" or "cold," which are both undesirable states and are marks of illness. Magical aggression may make a person too cold; the bush spirit *sindok* may make them too hot. Remedies for illness involve the use of "hot" objects to counteract a "cold" state and vice-versa, always with the aim of producing a balanced, "cool" condition. A menstruating woman's energy and breath spirit are thought of as too hot, and so she must wash and cool down before she cooks for her husband again after menstruation is over. Male or female specialists known as "soothers" or "heat extinguishers" use a wide variety of plants and barks seen as "cool" to bring a patient suffering from a "hot" disorder such as a fever back into the cool state. Hot disorders in turn may be induced by the actions of specialists in *mawom* or *sit* sorcery (*sit* means to burn, heat, or cook). These ideas parallel ones found in Pangia in the Southern Highlands Province (see Strathern and Stewart 1999). In extended detail, Keck demonstrates the salience of humoral ideas of the body/person and their central significance for treating illness conditions. This again is likely to be a widespread feature of New Guinea societies which until recently was insufficiently ex-

plored or acknowledged in the literature (see A. Strathern 1996, Stewart and Strathern 2001).

Humoral ideas come into play in the context of practical treatment, but recovery from sickness depends, for the Yupno, on further diagnosis of oppressing problems, triggered by anger among the living and transformed into sickness by the agency of ghosts, whose intentions may be deduced from the evidence of dreams. So it was in the case of the small boy, Nstasiŋge. People may be confused and search for various causes in past disagreements as an illness proceeds and is resistant to treatment. Gossip about sexual misdemeanors may cause anger and lead to violence and oppressing problems. Gossip appears here in its guise of negative social action rather than as a mechanism for solidarity. Generally, in New Guinea, this is how gossip is perceived (see Stewart and Strathern 2004 for an extended discussion of this theme in the context of witchcraft and sorcery accusations). Competing and conflicting accounts of wrong-doing add to the confusion of diagnosis. In a fascinating vignette, Keck describes how the relatives of Nstasiŋge attempted to achieve reconciliation and harmony (and so relief from oppressing problems) by touching a one-Kina coin (the introduced state money of Papua New Guinea) and hanging it on the sick baby's neck, and also by giving the baby some water to drink from a bowl consecrated by a Christian prayer. The intrusion of new ideas derived from state and church organizations and their incorporation into the humoral ideas of the body are shown clearly here, since both the coin and the water were said to be "cool"; and the coin, as the equivalent of a traditional valuable, was thought to be able to entice the baby's shadow soul to return to his body.

One of the many interesting features of Keck's analysis is that she gives equally detailed accounts of attempts made in Nstasiŋge's home village to treat his illness and to the treatment given at the Teptep Health Centre by biomedically trained personnel. In both contexts a major problem was difficulty of diagnosis and a concomitant "failure of treatment" (see Lewis 2000 for this phrase). At the Health Centre, translation problems compounded the difficulties. Older people tend not to speak the lingua franca Tok Pisin, still less English, and the health personnel are largely from outside the local area and do not understand the Yupno language. Patients are sometimes afraid of these medical personnel. The situation is reminiscent of the account we ourselves received in the Duna area in 1999 of an unsuccessful visit to the Lake Kopia Health Centre by a couple with a sick child who subsequently died; although in this case the child's father could speak Tok Pisin fluently, the parents of the sick child found it hard to gain the attention of the health personnel (Strathern and Stewart 1999: 88). More efficient and well-stocked local health

centers for patient care, staffed by trained native-language speakers, would help in solving some of these problems. Keck does note the interesting point that a female Papua New Guinean nurse at Teptep incorporated the idea of a 'hevi' (or oppressing problem) into her own diagnosis of why Nstasiŋge's illness did not improve with treatment. Medical pluralism may be at work in the biomedical context, just as the use of the Kina coin in treatment indicates the incorporation of new items by the Yupno into their own cultural scheme of thought.

Throughout her account, Keck gives us the kind of detailed ethnography that not only elucidates customs but also poignantly reveals individual and collective experience. Her analyses are comparable to those given by Stephen Frankel on the Huli people of the Southern Highlands of Papua New Guinea (Frankel 1986) and by various authors in the volume edited by Frankel and Lewis (1989); and her careful, detailed descriptions parallel those given by Lewis in his ethnography of the Gnau people of the West Sepik in Papua New Guinea (Lewis 1975, 1980, and especially 2000, which also centers on the extended illness and death of a single person, Dauwaras). These are classic studies in medical anthropology generally as well as in Papua New Guinea ethnography. Verena Keck's study belongs to this same genre, and will take its place alongside the work of Frankel, Lewis, and others dedicated to comprehensive ethnography and careful, insightful analysis.

We are delighted to include Verena Keck's book in the Ethnographic Studies in Medical Anthropology Series. The other titles in this Series include:

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Author's Preface

This study is based on my experiences and perceptions gained during 22 months of fieldwork among the Yupno people in the Finisterre Range of Papua New Guinea between 1986 and 1988, and in two shorter visits in 1992 and 2000. The research formed part of a larger interdisciplinary project, in which two other anthropologists, a psychologist, a botanist, an ethnomusicologist and two physicians participated; the research topics of the other anthropologists were ethnobotany (Christin Kocher Schmid) and concepts of space, the Yupno counting system, and environmental classification based on a hot-cool-cold continuum (Juerg Wassmann). My own subject was the medical system from the Yupno point of view. A central element of the whole project was cooperation with scientists from other disciplines: zoologists, botanists and a developmental psychologist, Pierre Dasen, from Geneva, Switzerland. I worked with two medical doctors, Sandra Staub and Andreas Allemann, both from Basel, Switzerland, who, apart from working on their own Ph.D. theses, carried out a series of examinations amongst the population of Gua village. Their adviser was Prof.Dr.med. Niklaus Gyr from the Kantonsspital Basel. Robert Kiapranis, botanist at the Wau Ecological Institute, supervised the botanical classification of the various plants. Ethnomusicologist Don Niles, of the Institute of Papua New Guinea Studies in Boroko, worked on the melodies and instruments of the Yupno.

My fieldwork was financially supported by a doctoral grant from the Studienstiftung des Deutschen Volkes. My sincere gratitude goes to this institution. I wish to thank all those who helped me during fieldwork, with the analysis of the data and later in discussions (of the German version of my thesis): Meinhard Schuster, at that time Head of Department at the Basel Institute of Anthropology, my teacher and Ph.D. supervisor; Niklaus Gyr, medical director at the Kantonsspital Basel, for his help with the medical components of my subject, including assistance with the biomedical evidence and terms; Andrew Strathern, for his helpful comments on issues of theory and on Melpa-Yupno concepts of "souls;" Sandra Staub, who, with her intensive in-

volvement and sense of humor, made it possible to cooperate especially well in the village and who contributed substantially to the analysis of the medical data in the post-fieldwork period. Many thanks also to Ingrid Bell, who translated the text from the original German into English, and especially to Bob Tonkinson, who edited the English version. I also cordially thank Don Gardner, ANU, Canberra, who during his time in Heidelberg suggested the title of this book, and Dan Jorgensen, who helped with the very last changes. My greatest thanks are to my partner and colleague, Juerg Wassmann, for his intellectual and emotional support, in the field and since then. Above all, I owe an enormous debt of gratitude to the villagers of Gua for their cooperation, warmth and generosity in allowing me to share their daily life.

Conversations with the older male and almost all the female informants were translated by interpreters from the Yupno language into Tok Pisin, the Neo-Melanesian Pidgin-English and lingua franca of Papua New Guinea, and vice versa. Only the younger men were fluent enough in Tok Pisin to converse. The Yupno language is Papuan in type and has so far not been fully recorded; the only document is a preliminary grammar, in manuscript form, by Wes Reed of the Summer Institute of Linguistics (SIL), but even that was compiled in a different dialect-group at Kewieñ. Despite my intensive attempts to learn Yupno, I did not achieve fluency in this language; however, I was able to converse in a broken version and get the gist of most conversations.

It was extremely important for me to grasp Yupno notions and concepts in the vernacular, so, with considerable effort and a lot of patience on the part of my informants, we managed to overcome the language barrier and dissect central terms, i.e. split them into their basic components and essential meanings in order to render them understandable. However, in order not to overload the text with Yupno terms and thereby make it unreadable, most such terms have been replaced by English glosses, which render the meaning and are not always literal. Especially relevant terms are dissected into their components and translated; they can be found in the glossary. Two exceptions to this are the central terms *moñan* and *aminwop*, both referring to essential parts of the human being. The many shades of meaning implied in these Yupno terms cannot be captured by an English translation, but the two English terms in brackets have been added as auxiliary labels.

This monograph comprises seven chapters. In the first part, I introduce the topic and situate this study among existing medical-anthropological studies in Papua New Guinea. The second chapter centers on Gua, the village of little Nstasiñge, who is the protagonist of this book, and introduces the inhabitants and their social and kinship relations. Chapter 3 concerns the concept of person from the Yupno point of view and is essential for the understand-

ing of illness. The fourth chapter, which is the core of the book, outlines the history of the sickness of the little boy, Nstasiŋge, from both the Yupno point of view and the biomedical perspective. These contrasting perspectives demonstrate how very differently the same sickness episode can be interpreted. In the first section of this chapter, the child's mother and the relatives are heard, their stories being interrupted by explanatory excursi. The second section of the fourth chapter contains the biomedical data, based on the report of Madang Hospital, compiled by the physician Sandra Staub and formulated by me in cooperation with her. In Chapter 5, I present an attempt on to systematize the Yupno medical system, placing the concepts mentioned during the child Nstasiŋge's illness into a broader frame; in addition, further aspects not mentioned in this particular case are described. Chapter 6 contains my concluding comments, and Chapter 7 briefly sketch the situation years later (1992 and 2000) during subsequent fieldwork visits.

This book is based on a longer and more detailed German Ph.D. thesis (Keck 1992). Some materials in this book are adapted from the article "Two Ways of Explaining Reality", published in *Oceania* 1993 (63): 293–314, with the permission of the Editor.

Notes on the Text

The special symbols used are:

- (ɨ) is a volatile upper vowel. It is best reproduced by attempting not to pronounce it at all. E.g. *amɨn* (man) is best pronounced as if the i was not present: *amn*.
- (ŋ) is a velar sound pronounced like in "to sing"
- Yupno terms are rendered in the text in italics, Tok Pisin words are put into simple quotation marks. Proper names, names of clans and topographical designations are written with capitals.

Social Discord and Bodily Disorders

