Conceptualising health from an Abui perspective

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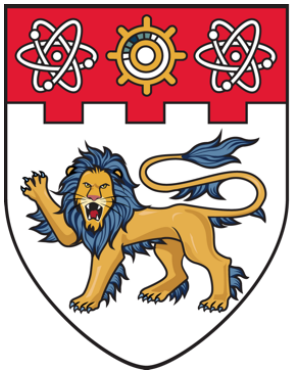

NANYANG TECHNOLOGICAL UNIVERSITY
SINGAPORE

Conceptualising Health from an Abui Perspective

Chan Wan Ting

School of Humanities

2019

Conceptualising Health from an Abui Perspective

CHAN WAN TING

School of Humanities

A thesis submitted to the Nanyang Technological University in partial fulfilment of the requirement for the degree of Master of Arts

2019

Statement of Originality

I certify that all work submitted for this thesis is my original work. I declare that no other person's work has been used without due acknowledgement. Except where it is clearly stated that I have used some of this material elsewhere, this work has not been presented by me for assessment in any other institution or University. I certify that the data collected for this project are authentic and the investigations were conducted in accordance with the ethics policies and integrity standards of Nanyang Technological University and that the research data are presented honestly and without prejudice.

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Chan Wan Ting

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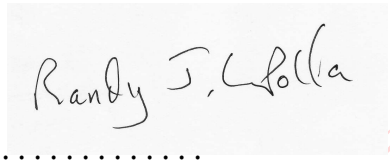

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Authorship Attribution Statement

This thesis contains material from 3 paper(s) published in the following peer-reviewed journal(s) / from papers accepted at conferences in which I am listed as an author.

The contributions of the co-authors are as follows:

- For the Southeast Asian Symposium 2018, Dr Philip Kreager organised a panel titled ‘Social, Economic and Health Vulnerabilities in Indonesia: Toward a Comparative Method’.
- Co-presenters Vita Priantina Dewi, Dewi Ismajani Puradiredja and Anna Barasano shared their expertise to help sharpen the purpose and application of this research project.
- Lenny Ekawati, a Project Coordination and Management Officer at the Eijkman-Oxford Clinical Research Unit organised and hosted the meetings for future research direction.
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- Dr Philip Kreager organised another panel titled ‘Language, Health and Anthropological Demography: Local Logistics of Health-Seeking Behaviour’ for the 17th International Conference on Communication, Medicine and Ethics.

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Date

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List of abbreviations

1	1st person
2	2nd person
3	3rd person
AD	addressee
ADJ	adjective
AGT	agent
AL	alienable
APPL	applicative
ASSOC	associative
BEN	benefactive
CAUS	causative
CONT	continuative verb stem
COMP	compound possession
COP	copula
CPL	completive verb stem or completive aspectual marker
CS	code-switching
DEM	demonstrative
DIM	diminutive
DISTR	distributive bound pronoun
DST	distal deictic or deictic verb
DUR	durative aspectual suffix
EXCL	exclusive
FOC	focus
GOAL	goal prefix possession
INAL	inalienable possession
INAN	inanimate
INCL	inclusive form of subject
INTER	interjection
IPFV	imperfective
IRR	irrealis

LOC	locative
MD	medial
MOD	modifier
N	noun
NMLZ	nominalization
NP	noun phrase
ORD	ordinal
PAT	patient
PART	particle
PFV	perfective aspect
PL	plural
POSS	possessive
PRIOR	priorative
PROG	progressive
PROH	prohibitive
PROX	proximal
QUANT	quantifier
QUOT	quotative
REC	object prefix ‘-o’, less affected than PAT
RED	reduplication
REL	relative
SEQ	sequence linker
SG	singular
SIM	simultaneous
SPC	specific
TOP	topic
V	verb
VP	verb phrase

Abstract

Language affects our perception and judgement for making decisions. In this thesis I am interested in how cognitive categories that are shaped by language and personal experience affect health-seeking behaviour. The study focuses on the Abui community in Alor, an island in East Nusa Tenggara, but the discovered patterns are analogous with those reported by similar studies from around the world. By exploring narratives of health conditions provided by healers from biomedical, traditional and even spiritual healing systems, I will show that health conditions manifested with similar symptoms may actually be perceived as categorically different conditions by the Abui.

One of the overarching principles guiding such perception is *alowai*, an Abui term that encompasses various kinds of misfortune and difficulties in life that include disease, poverty, as well as supernatural or natural calamities. Thus, *alowai* is not a term that can be easily translated with the Indonesian word for disease, *penyakit*. The implication of this would be that healthcare providers who tend to Abui patients are expected to treat more than just the patient's physical symptoms and also pay attention to the spiritual or emotional needs of the patient. Likewise, influence of the Abui language on fever concepts show that the Abui community understand fever differently from the biomedical definition of the condition. Healthcare providers treating Abui patients should be sensitive to these perceptual differences on both fever and disease concepts in order to achieve optimum treatment outcomes.

1 Introduction

We perceive the world through our senses and make sense of it with cognitive categories and norms that are shaped by our culture. Our understanding of bodily experiences, both physiological and psychological, are interpreted and understood through the vocabulary and metaphors inherited from our culture. Cultural metaphors help describe and contextualise our experiences by focusing our attention on culturally-defined deviations from physiological and psychological health norms (Angel & Thoits, 1987). Our health-seeking behaviour to alleviate these symptoms is thus based on our cultural interpretation of our own health condition.

Cognitive categories that exist in one language are not always translatable to another (Croft & Cruse, 2004, p.21). It has been noted that the Abui-speaking community in Alor, East Indonesia does not readily comply with healthcare procedures (Blake et al., 2017), notably with malaria treatment and prevention. The categorical framework for health in the Abui language influences the Abui-speaking community to conceptualise health in a way that is different from the biomedical framework. This thesis investigates the cognitive categories expressed through health metaphors in the Abui language and shows how these categories form a framework that influences the health-seeking behaviour of the Abui community. Additionally, this thesis discusses the implications of this for healthcare workers seeking to alleviate the endemic malaria situation in Alor.

1.1 Malaria and Healthcare Practices in Alor

Malaria is an infection of the *Plasmodium* parasite and is largely endemic in temperate to tropical climates in the Americas, Africa, and Asia. Malaria is a deadly disease that infects 200 million yearly, with up to 400,000 cases resulting in death (World Health Organization, 2017). This disease is not only deadly, but can also cause complications such as permanent brain damage, severe anaemia or liver and kidney failure (Trampuz, Jereb, Muzlovic, & Prabhu, 2003). *Plasmodium falciparum* (*P. falciparum*), the most widely distributed malaria parasite within West Indonesia (Elyazar, Hay & Baird, 2011), has been found to

be increasingly multi-drug resistant in recent years (Hüttinger, Satimai, Wernsdorfer, et al., 2010; Roberts, 2017; Boseley, 2018).

As early as 2008, researchers found a strain of *p. falciparum* failing the first-line malaria treatment involving artemisinin combination therapy (Boseley, 2018). Even more worrying is the increased rate at which the parasite gained resistance and spread in the Mekong region (Slivinski, 2019). Given the tangible threat of facing a strain that is potentially "untreatable" (Loria, 2017), a well-planned malaria intervention programme needs to be administered soon to prevent the highly resistant strains of malaria from spreading worldwide.

To address the problem of resistance against artemisinin combination therapy, a pilot project in 2014 incorporated three antimalarials instead of two in malarial treatment (Ashley et al., 2014). This project has had high cure rates in areas that have artemisinin-resistant *P. falciparum* parasites. Furthermore, a second round of this project, TRAC II is currently monitoring the extent of drug resistance as well as the effects of this triple artemisinin-based combination therapy (Worldwide Antimalarial Resistance Network, 2018).

This paper seeks to contribute a small part to this effort, by bringing the methodologies of anthropological and cognitive linguistics to bear on the issue so that the medical response to malaria in Eastern Indonesia will be better tailored to the conceptualisation and understanding of malaria within local communities. My research also aims to map the health-seeking behaviour within the Abui community of Eastern Indonesia, with a special focus on the way certain health issues affect the behaviour or members of the community.

One way to reconstruct the conceptualisation of health is to look at the linguistic features people use when describing their personal episodes of ill-health. My research will show how a systematic linguistic analysis of metaphor usage to describe health conditions and pathogenesis can reconstruct the cognitive framework for health conceptualisation. This framework will be shown to inform and affect the health-seeking behaviour of individuals.

Section 1.1.1 introduces the context of the study and why it was necessary to pilot a malaria intervention project in Alor. Section 1.1.2 elaborates the background of the Alor locals in terms of health-seeking behaviour and is based on biologist Alison Krentel's (2008) study on how societal, personal and financial factors affect mass-drug administration for filariasis on Alor island. Following these sections is section 1.2, which discusses the challenges faced when treating the health conditions of patients coming from a different language and culture.

1.1.1 Malaria in Alor

Alor is an island that lies at the eastern end of the Lesser Sunda chain of South Eastern Indonesia. It is an area with endemic malaria (The Malaria Atlas Project, 2018) and is known to have malaria parasites that are resistant to chloroquine and artemisinin, the most commonly used antimalarial drugs (Sutanto et al., 2009).

Efforts to control malaria within this region have been largely unsuccessful, with locals rarely visiting government healthcare facilities, much less complying with prescribed malarial treatment or taking preventive measures such as using mosquito nets (Krentel, 2008; Blake et al., 2017). Krentel (2008) posits that one of the main reasons is accessibility to these healthcare facilities, since villages can be hours away from the nearest government healthcare clinic.

However, distance alone might not be affecting compliance. In 2014, in-depth interviews about personal health histories were conducted by Benediktus Delpada (Benny), a member of the Abui community, and Dewi Ismajani Puradiredja (Jani), a demographer, in the Abui-speaking community of Takalelang. Abui is one of the 23 indigenous languages spoken in Alor-Pantar shown in Fig. 1 below. It is a language from the Trans New Guinea family (Kratochvíl, 2007), thus is distinct from the Austronesian languages that are commonly spoken in the islands surrounding the Alor-Pantar region.

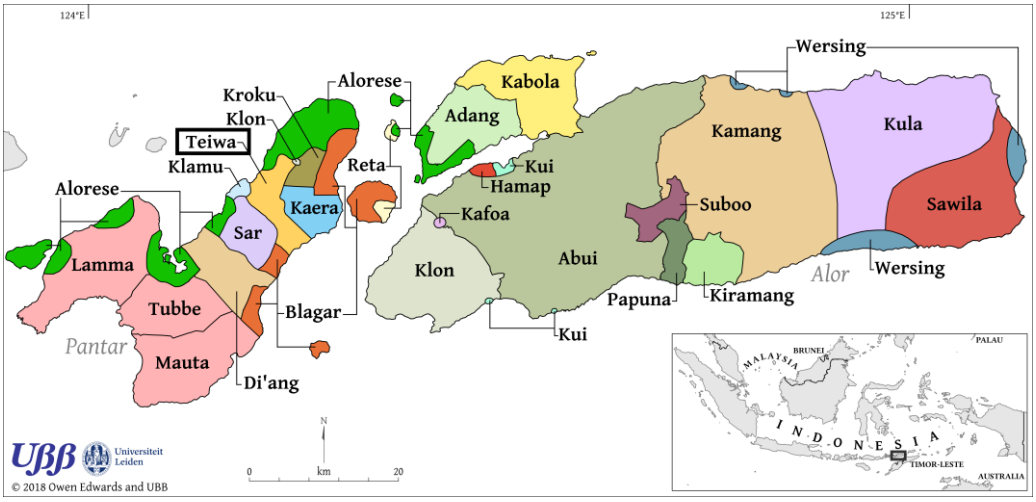

Figure 1. Languages spoken in the Alor-Pantar region

Malaria is not a native concept to the Abui language, as the 2014 interviews reveal, and there is no Abui word for "malaria". Given that fever is one of the most common health conditions occurring in the Abui community, one would expect malaria to be mentioned frequently in the interviews. However, Blake et al. (2017) found that some Abui members believe that malaria is a recent phenomenon, with one interviewee stating that the rise of malaria correlated with the introduction of mosquito nets. Fever, a common symptom of malaria, was said to be caused by black magic, fatigue, or poor dietary habits. Instead, malaria is a borrowed concept from the Indonesian language and is thus described with terminology that the Abui community learn from their visits at the community clinic or local hospital.

The closest Abui word that the community use to refer to malaria is *takaya*, which has symptoms that closely resemble severe malaria (Chan, 2016). However, a closer investigation of *takaya* suggests that the aetiology of *takaya* from an Abui perspective is socially unacceptable behaviour rather than mosquitoes, thus suggesting that *takaya* is not equivalent with malaria. The discussion in chapters 3 and 6 expounds on the fact that although the Abui community uses the word "malaria", their understanding of the disease is intermingled with local disease concepts, thus making their conceptual category of "malaria" quite different from the biomedical concept of "malaria". For differentiation purposes, the conceptual category of malaria amongst the Abui community will be denoted with italics i.e.

"*malaria*", while the biomedical categorisation of malaria will remain in non-italics i.e. "malaria".

1.1.2 Healthcare Practices in Alor

There have been efforts to eradicate tropical health conditions in Alor. Krentel (2008) observed that compliance with filariasis treatment (treatment for filarioidea roundworms) was largely dependent on factors such as social norm, authority and hierarchy, coercion and fear. These factors are far more likely to affect the success of implementing medical policies than the burden of disease itself. In Alor, compliance with mass drug administration schemes for filariasis was seen as a "social norm" (Krentel, 2008, p.234) and locals wanted their neighbours and family to see them comply with treatment. Authority figures such as village chiefs, religious leaders and government officials influence compliance on the individual level. Locals in Alor maintain respect for these authority figures, thus healthcare campaigns that cooperate with these figures tend to garner greater support from the community.

Based on her investigation of the impact of local opinion on mass drug administration sessions aimed at eradicating filariasis, Krentel (2008) notes how the personal opinions of locals can greatly affect compliance with a medical intervention programme of such a large-scale. Rather than the cost of the disease or a complete understanding of disease aetiology influencing compliance with filariasis treatment, Krentel (2008) found that each individual's encounter with filariasis, whether experienced personally or by a close family member, is more likely to motivate him or her towards filariasis treatment.

On an individual level, personal healthcare practices tend to incorporate a mix of traditional practices and Western biomedical drugs. Krentel (2008) observed that the Alorese have no qualms about embracing multiple aetiologies for a health condition. Within the same interview, Krentel's (2008, p.106-107) interviewee revealed that walking in the mud caused filariasis, and it was also equally possible to get filariasis via black magic. Accommodating multiple aetiologies is not limited to filariasis but is also evident in the aetiology of other conditions such as

malaria and tuberculosis. Krentel (2008) notes that this sort of understanding towards disease causation poses a challenge for healthcare workers trying to get full cooperation from Alorese during mass drug administration.

Biomedical treatment is relatively new to the Abui community, being widely available only since the Abui people moved from the mountains to the coast from the 1960s until the 80s as a result of political administration and trade (Kratochvíl, 2007 p.4; Kratochvíl, Delpada & Cacciafoco, 2019). In the past, the immobility of the sick person and sheer distance from the hospitals, which are all located along the coastal areas, made it extremely difficult to access biomedical treatment. Now that many of the Abui community live on the coast instead of in the mountains, access to biomedicine as a source of treatment is more readily available. The Abui-speaking community are known to be generally favourable to certain types of biomedical treatment, particularly injections from biomedical healthcare workers (F. Kratochvíl, personal communication, 22 March 2019). The extent of treatment preferences will be explored further in this thesis, specifically in chapters 5 and 6.

1.2 Disease Aetiology and Medical Semiology from Different Perspectives

Successfully treating health conditions requires more than just administering the right medical treatment or treating symptoms of a health condition; the healing process also depends on whether patients are able to make personal and social meaning of the entire experience of their ailment (Kleinman, 1978).

Unfortunately, professional medical practitioners from the biomedical system tend not to address health conditions holistically. In biomedical healthcare systems, health conditions are often treated with sterilised, impersonal beeping machinery that detach the doctor from their patient (Loudon, 2001). In contrast, healing methods from non-Western traditions tend to involve cognitive evaluation, as well as communication and interpersonal interaction, where abstract concepts of patients' health condition are communicated in the form of behaviour and experience (Kleinman, 1980, p.72). Hence, even in areas with

established Western healthcare systems, indigenous healers continue to remain popular.

Kleinman and Sung (1979) argue that the success of healing depends on how well a medical practitioner is able to address the whole experience of the health condition rather than prescribing the most appropriate treatment, which merely consists of administering "technical fixes" to the physiological aspects of the disease (Kleinman, 1978, p.88). This is in contrast with indigenous medical professions, such as the Chinese and Ayurvedic traditions that go a step further by also accounting for the disease experience as part of their explanatory framework. Concepts about health are mostly shaped by popular culture and folk traditions, which are usually practiced by the laity. When health practitioners go beyond relieving symptoms to provide culturally sensitive explanations to the patient, patients tend to respond more positively to the treatment (Kleinman, 1980, p.73).

The conceptualisation of health conditions and the explanatory framework of medical practitioners are not always synonymous with those of their patients. Conceptualisation of health conditions is culturally influenced, with the cognitive effect of culture influencing health-seeking behaviour (Younge, 2014; Chan, 2016). Furthermore, personal experiences of disease episodes differ from person to person, often resulting in different explanatory frameworks among medical practitioners, patients, and family (Kleinman, 1980). This frequently causes patients, family, and medical practitioners to arrive at conflicting conclusions as to how best to deal with a health condition.

For example, Tamil refugees living in Norway were often disappointed that the Norwegian doctors paid no attention to the hot/cold imbalance in their bodies. To make matters worse, Tamil patients frequently felt that their Norwegian doctors were only concerned about their physiological symptoms and could not understand that much of their emotional strain comes from being in an unfamiliar social and physical environment. Instead of recognising the Tamil patient's need for a community with fellow kinsmen and spiritual connectedness with the Hindu religion, doctors instead prescribed antidepressants and sick leave, with

recommendations for patients to take a "hike in the mountains" (Grønseth, 2011, p.323). Grønseth (2001) points out that the pain Tamil refugees speak of went beyond the bodily pain that the Norwegian doctors vainly attempted to treat. She suggests that the refugees' understanding of pain hails back to the Ayurvedic definition of pain, where social and emotional relations are closely linked to physical symptoms. Thus, to the Tamil refugees, being sick is more than just a physiological imbalance but an expression of social and personal difficulties.

By ignoring the clinical reality of the Tamil refugees, these biomedical practitioners were unable to help their Tamil patients make sense of their health conditions, causing much distress and dissatisfaction among the patients (Grønseth, 2001; Grønseth 2011). As Carpara (1998) notes, perception of disease and its transmission is usually culturally diverse. In order to gain positive patient participation, treatment needs to be culturally sensitive to the explanatory framework held by the patient.

Kleinman and Sung's (1979) study illustrates how successful healing is dependent more on the successful management of the disease experience rather than the accuracy of disease treatment. Healthcare in Taiwan exists in three main domains: Western-style doctors, Chinese-style doctors, and folk practitioners such as the *tang ki* (local shamans), fortune-tellers, and temple-based ritual experts (Kleinman & Sung, 1979). Although patients can seek medical intervention from any of the three domains, it seems that the folk practitioners seem to be able to provide patients with the highest satisfaction in terms of quality of care. In a culture where psychiatric disease is rarely discussed publicly and mostly stigmatised, patients often turn to traditional mediums known as *tang ki* (lit. divining youth), for healing and for explanations as to why the health condition afflicts them.

This is not to say that patients do not seek Western-style or Chinese-style medical treatment at all; a series of follow-up interviews conducted by Kleinman and Sung (1979) with a Taiwanese subject suffering from possible chronic anxiety neurosis shows that the subject only employed the help of a *tang ki* after Western-style and Chinese-style medicine did nothing to cure him. The ineffectiveness of

treatment from these domains was evident when the subject continued to experience somatic symptoms despite normal x-rays and blood test results from Western-style medical facilities, as well as consuming Chinese herbal medicine from a Chinese-style doctor. Repeated sessions with a reputedly powerful *tang ki* resulted in a complete disappearance of the subject's somatic complaints and most of his anxiety symptoms, a stark difference from the depressed and chronically anxious state the subject was in a mere seven months earlier.

The healing framework the *tang ki* employed in explaining and treating the subject's ailment was to allude to evil influences in the subject's body and thus he directed the subject to practice meditation regularly and attend sessions whereby the *tang ki's* god, the Monkey folk hero in Chinese culture, possessed the subject. Cult members of the *tang ki's* shrine also provided accompanying remedies, in the form of massaging and slapping the subject's arms, legs, and chest, as well as offering advice on how to become entrance in a manner that allowed the Monkey god to possess him. Regular and frequent visits to the shrine were necessary as part of the treatment. Furthermore, the subject appeared to be less stressed each time he returned from the shrine. It seems the support system within the shrine community and the general positive encouragement the subject received from his community for engaging the *tang ki's* services functioned to stabilise the subject's psychological health.

The idea of patient satisfaction determining the success of a treatment shows that we need to consider the medical philosophy of the patient and not just rely on the healthcare practitioner, biomedical or indigenous, to administer treatment for the disease. Just as how the Tamil refugees perceived the Norwegian doctors as unconcerned about their emotions and thus useless in alleviating the aches and pains in their body (Grønseth, 2001), Kleinman and Sung's (1979) subject was dissatisfied with the treatment results of biomedical Western and locally recognised traditional Chinese medicine and finally achieved successful healing with folk healing.

2 Metaphor and Cognition

> "It is quite an illusion to imagine that one adjusts to reality essentially without the use of language and that language is merely an incidental means of solving specific problems of communication or reflection. The fact of the matter is that the "real world" is to a large extent unconsciously built up on the language habits of the group… We see and hear and otherwise experience very largely as we do because the language habits of our community predispose certain choices of interpretation." (Sapir, 1929, p.209).

2.1 Metaphors and Embodied Health Experience

Metaphors are conceptual structures that are realised linguistically. These conceptual structures help us to make sense of the world by putting complex ideas – often intangible and abstract – into concrete and comprehensible terms that allow us to grasp concepts easily (Lakoff & Johnson, 1980, p. 18; Lakoff & Johnson, 1999, p.51). The mechanism of metaphors works mainly through association, where two seemingly unrelated entities are associated to each other simply through the metaphor. By relating something new and complex to a conceptual framework that we are more familiar with, we are able to grasp new concepts easily.

One of the ways to present metaphorical concepts is to use capitalised letters, following the convention developed by Lakoff and Johnson (1980). For example, the metaphor HAPPY IS UP is realised in phrases such as "My spirits *rose*" and "I'm feeling *down*" (Lakoff & Johnson, 1999, p.15). The intangible entity of the emotion of being happy is thus being associated with the experiential basis of the upward direction, represented by the metaphor HAPPY IS UP.

Metaphors affect how we analyse and solve problems. Our ability to make judgements and respond to them depends on the kind of metaphor used to frame the entity. Thibodeau and Boroditsky (2011) tasked participants to propose crime reduction solutions in a hypothetical city. When crime was described metaphorically as a virus as opposed to as a beast, participants preferred social reforms over enforcement-oriented approaches. Even with further studies

involving manipulation of metaphor placement and presentation, the results remained unchanged. People who were presented with the narrative that framed crime as a disease favoured a more holistic approach, while those presented with the narrative that framed crime as a beast opted for a more aggressive strategy.

Even experiential elements like physical warmth have been shown to translate easily into intangible emotions like social affection. Furthermore, the physiological and emotional experiences easily affect each other. In a study by Williams and Bargh (2008), it was shown that people holding a mug of hot coffee tended to perceive hypothetical individuals as having "warmer" personality traits and judge them to be socially affable. Under another set of conditions, participants who held a warm therapeutic pad as opposed to those who held a cold therapeutic pad were more likely to pick a gift for a friend instead of themselves. The degree of psychological warmth one exudes is shown to be spontaneously influenced by the presence of physical warmth, suggesting the metaphor PHYSICAL WARMTH IS FRIENDLINESS. Metaphors thus draw on prior knowledge of a target domain. In this case, the target domain, or social affectiveness of people, corresponds to the source domain, which is temperature. Such knowledge of conceptual metaphors is often cultural, and results for the same experiment may differ in cultures where friendliness is not metaphorically conceptualised as WARMTH.

Metaphors are thus able to influence rationalisation and affect human behaviour in a tangible manner. As shown in the experiments by Thibodeau and Boroditsky (2011), as well as Williams and Bargh (2008), metaphorical influence is sometimes subtle and not consciously perceived by the mind. Nonetheless, our actions continue to operate along the cognitive reasoning of the metaphor, whether we are overtly aware of the metaphor or not.

The fact that metaphor can emphasise certain characteristics of an abstract issue while obscuring other aspects makes it an ideal communicative tool to describe health conditions. One contemporary example is the use of metaphors to discuss cancer. Cancer is frequently described as a war between the body and the invasive tumour (Singh and Settleman, 2010; Sporn, 1996; Chabner and Roberts, 2005).

The use of the metaphor CANCER IS WAR in turn shapes the identity of patients such that they perceive themselves as fighters waging war against the personified cancer. However, using metaphors to talk about disease can be a two-edged sword. The use of military metaphors can cause patients to feel emasculated at the loss of control they have over their body. Yet, the very same metaphors can help other patients understand and communicate about their disease better, allowing them to establish control over a suddenly disordered world (Reisfield & Wilson, 2004). As Low (1994) puts it, metaphors enable the communication and expression of otherwise senseless and unspeakable suffering.

The use of metaphors is not just limited to Western biomedical health systems; indigenous medical systems are also influenced by social and cultural assumptions that can come in the form of metaphorical association (Lupton, 2012; Jilek & Jilek-Aall, 1985; Muela, Ribera & Tanner, 1998; Beiersmann et al., 2007). *Ataque de nervios* is a nerve-related condition that is commonly reported among the Spanish-speaking communities around the world. Symptoms of *nervios* include bodily sensations such as trembles, twitches and fainting, as well as out-of-body sensations such as losing conscious control of the body (Low, 1994). Sufferers of *nervios* often use metaphoric language to express their recurring set of sensations such as "shaking like a leaf", (feeling) "on pins and needles", "bursting out", and "breaking over". Specifically, Low (1994, p.158) notes that the most common triggers for an episode of *nervios* are usually acute stress, shock, and fatigue. However, *nervios* is more than just an episode of psychological breakdown; *nervios* is embodied as a metaphor for distress. A closer analysis of *nervios* sufferers revealed that some were migrants escaping from civil war or were struggling individuals from a low socioeconomic background. Low (1994) concluded that *nervios* was also a symbolic expression for psychological, social, economic and even political distress.

Thus, metaphors not only shape our values and experiences (Lakoff & Johnson, 1980), but also influence how we perceive our health and manage it, in the form of psychosocial or somatic treatment (Lupton, 2012). In the case of *nervios*, metaphors convey "lived experience in a culturally meaningful way" (Low, 1994,

p.142) and bridge the gap between physical bodily sensation and abstract emotional experiences.

2.2 Health, Identity, and the Body

Health, identity, and the body are entities which interact with each other through the exchange of practice, meaning, social relations, and relations with objects (Fox & Ward, 2006; Fox & Ward, 2008). Health is more than just a state of physical, social, and mental wellbeing (World Health Organization, 1978); the state of one's health can affect how one views the body and by extension, build an identity.

The identity of the ageing body, for example, is perceived differently when viewed through cultural and religious leanings (Fox, 2005). Interviews with elderly individuals from Australian secular culture revealed their fatalistic attitude towards ageing, as well as their reliance on life experiences from the past to make meaning of their current state. In contrast, Thai elderly coming from a religious culture expressed ageing as a natural course of life in a more forward-looking manner. Factors such as cultural context and social organisation were also shown to play a part in the shaping people's perception of geriatric care. Those coming from an individualistic culture viewed geriatric care as a commodity while those from a collectivist culture viewed geriatric care as a form of filial obligation.

Health is thus an abstract entity that interacts with the body, mind, and, on a broader scale, society. Just like *nervios*, societal beliefs and practices towards geriatric individuals influence the way they perceive their situation of an ageing lifestyle. While Australian elderly saw the ageing body as a physiological barrier to experiencing a better quality of life, the Thai elderly had a more harmonious relationship with their identity.

Responses and actions taken towards health conditions are fundamentally shaped by perception. Depending on how the patient with the health condition perceives

themselves in relation to the sickness, they will exhibit health-seeking behaviour that corresponds with the perception.

Interviews conducted by Adams, Pill and Jones (1997) revealed that chronic asthmatics can have contrasting attitudes towards their condition. Depending on their attitude, these asthmatics can be labelled as either acceptors or deniers. Adams, Pill and Jones (1997) found that asthmatic acceptors and deniers had different compliance rates in terms of taking their prescribed medication. Compulsive deniers of their asthmatic condition avoided the use of the term "asthma", choosing to describe themselves as having a "bad chest" or being "a bit poorly" (Adams, Pill & Jones, 1997, p.192-193). The fear of stigmatisation caused deniers to be more likely to conceal their condition from others in their social circle. By distancing themselves from being a member of the "asthmatic" community, deniers used only reliever medication but ignored the accompanying prescription of prophylactic medication. On the other hand, patients who were accepting of their condition were more likely to comply with prescriptions and achieve better control of their condition. These acceptors not only showed greater understanding of both their condition and its medication, they were also more receptive to knowledge proffered by doctors and various sources. In comparison to the deniers, acceptors were more open to disclosing their condition, albeit as an asthmatic that is as healthy as any normal person. This suggests that a person's perception of their health condition, whether positive or negative, irrevocably shapes social identity and affects the way they interact with others.

The realities of medically related activities are continually shaped and influenced by a person's beliefs, expectations, norms, and communicative transactions associated with sickness (Kleinman, 1980). All these factors serve to build a person's explanatory framework of their health condition. More than just general beliefs of sickness and healthcare, these frameworks help explain episodes of poor health (Kleinman, 1980, p.105) and can motivate the health-seeking behaviour of individuals. The two studies above suggest that patient narratives of their health conditions, also known as pathographies, reveal how individuals perceive health identities. These health identities affect the way people relate socially, as well as affect their health-seeking behaviour.

Thus this paper investigates how the conception of health and the influence of Abui culture has the ability to shape patient identity and cognition within the Abui community. The explanatory framework that an Abui patient adopts will cause him or her to exhibit health-seeking behaviour that fits into that framework. Concepts of health conditions revealed in narratives through the use of literary devices such as metaphors can help health professionals improve malaria treatment efficacy.

2.3 Abui Disease Metaphors

Among folk healers and elders of the Abui community, disease is conceptualised as a volitional force in the Abui language (Chan, 2016). The verbs and metaphors used for describing disease suggest that instead of being seen as a passive instrument, health conditions, especially those caused by supernatural causes, are personified in the Abui language as an animate force that moves and has volition.

Disease in Abui is known as *alowai,* which broadly refers to any form of misfortune, as well as supernatural or natural calamity. In the Abui culture, events and experiences are classified across a good-bad divide, with *alowai* being the broad term to cover all kinds of negative events or bad experiences. Events such as famines, poverty, lack of work opportunities and disease are all regarded as *alowai* (F. Kratochvíl, personal communication, February 8, 2019).

The Abui community have a practice of guarding personal property with spells. When someone steals from a spell-protected property, these spells cause *alowai* to affect the stealer. Supernaturally-caused disease of this kind is perceived to arrive when its name is uttered, or *hane fanga*, and comes down on someone, rendering the person sick, as shown in (1) and (2). The verb used in this context, *ooksiyeei,* is an Abui verb usually used exclusively for the movement of people from a significant distance away (Chan, 2016).

(1) *Nahaba naha* ***ha-ne*** ***fanga*** *mai hen dikang*
whatever not 3.inal-name tell and.then 3.Cop again

kul yaa he-tilipang mia mon-te
must go 3.al-tip be.in die.pfv-before
If we are unlucky (lit. hit by the name that is said), then we will die in the end.
<PF.136>

(2) *Ama o hiyeng naha* ***ha-ne*** ***fanga***
personMD 3.PAT-find.IPFV not 3.INAL-name tell

mai la mong.
And.then be.MD die
If the cure is not done quickly, then the victim will die.
<LOKU.024>

(3) *Hare hen* ***di*** *el baai* ***oo-k-siyeei***
so.then 3.COP 3.agt 2sg.TOP as.well 2sg.goal-bring-meet.PFV

So, have you ever had any (disease)?
(lit. Has a disease ever met you?)
<MA.132>

Disease infection is also described with the verb *hoomadia*, as shown in (4). The root morpheme *madi* means ‘get inside’. Variations of *hoomadia* such as *homadi* ‘intrude’, and *homidi* ‘intrude and fill the place’ further reinforce the idea that disease is an unwanted phenomenon in the Abui community.

(4) *Hen-u ama nala ong re nala-ng*
3.COP-PFV person what make.IPFV or food-towards

panen-te hu di ama ***hoo-madia***
make.PFV-before SPC.AD 3.AGT person 3.GOAL-infect
So, what did one do, or how did one behave when one got infected by it?
<LAF.154>

Abui pathographies for treatment likewise suggest that treatments also have a degree of animacy. When administering traditional herbal remedies, it is common for either the healers or patients themselves to recite a formulaic phrase like (5) before ingesting the remedy. In doing so, the remedy will be empowered or become effective.

(5) *He-nir-te* *hu* *pi* ***he-ahani***
3.loc-do.so.PFV-before Spc.AD 1PL.INCL.AGT 3.loc-breathe.into

ya… *...pi* *buuk* *mai* *lang* *nuku-da*
SEQ and drink.IPFV and.then be.MD one-get.IPFV
After we have prepared (the medicine for dysentery) and after we have "inspired" it by saying… …we drink (it) at once.
<MA.212>

Hence, the Abui community perceive both disease and treatment as animate entities, to varying degrees whereby disease is described as being more animate than treatment.

2.4 Effective Treatment from Different Perspectives

The disease systems of indigenous societies are not often fully understood, and usually differ in aetiology and medical semiology from their Western counterparts. This often results in frustration for both healthcare providers and indigenous patients. The following sections explore the different malaria-like diseases around the world and the challenges healthcare professionals face in treating these diseases successfully.

2.4.1 Sumaya

The use of the Diuola term *sumaya* to refer to malaria in the Nouna health district of Burkina Faso, West Africa, has caused much confusion among the local population and healthcare workers alike (Dugas, Dubé & Bibeau, 2009). The main issue Dugas, Dubé and Bibeau (2009) have found with the use of *sumaya* to refer to malaria is that while the symptoms of malaria and *sumaya* are similar, the aetiology, or cause of each respective disease, is different. The term *sumaya* literally means 'disease of shade/moisture/coldness' (*suma* meaning

‘shadow/humidity/cold’, and *ya* meaning ‘the state (of)’), and is caused by exposure to rain, dust, wind, or too much sun. It usually manifests during the rainy season and winter, with malaria-like symptoms generally resembling a cold, including cough, runny nose, fever, headache, and joint pain.

Interviews with the local village healers seem to suggest that *sumaya* is caused by a change of climate rather than an infection of the *Plasmodium* parasite, which is the biomedical explanation for the onset of malaria. This in turn leads to differing treatment for both diseases. While malaria is treated with a cocktail of the antimalarials chloroquine and artemisinin, *sumaya* is treated with up to three plant types, depending on the severity of the disease. Medicinal recipes tend to vary among the healers based on their learning and experience. On this note, Dugas, Dubé and Bibeau (2009) found that there were variations among the healers and village community on the definition and cause of *sumaya*, possibly causing the treatment for *sumaya* to vary widely.

The use of localised terminology for health conditions is by no means primitive. In fact, the description of *sumaya* is extensive, and even includes local names and aetiological explanations for *sumaya* complications. However, these complications are treated according to its medical semiology, which still differs from malaria at the fundamental level.

2.4.2 Kono

Another local malady that natives in Burkina Faso are familiar with is *kono*, also known as the ‘bird’ disease. *Kono* is characterised by convulsions and coma, affecting children up to 5 years old. The word *kono* literally means ‘bird’ in Diuola, owing to the birdlike movements of the child’s arms when the disease manifests itself.

Kono is also believed to be primarily caused by a bird flying over a child or a pregnant mother at night. In the case of the pregnant mother, her child is said to attract *kono* upon birth. Biomedically, *kono* is understood to be caused by the *Plasmodium falciparum* parasite. As Beiersmann et al. (2007) note, *kono* symptoms resemble cerebral malaria, an acute form of malaria. However, some

of the treatment measures employed by the local population suggest that birds rather than mosquitoes are the vector for the spread of *kono*. Treatment consists of both herbal and superstitious remedies. In order to protect children against *kono*, it is common for healers and mothers to make charms of bird feathers and leather.

Even though *kono* is considered a serious disease with fatal outcomes (Beiersmann et al., 2007, p. 106), locals still prefer traditional healers over Western doctors. High rates of mortality that occur in the hospital are said to be the main deterrent for Western medical intervention. However, Beiersmann et al. (2007) point out that by the time locals turn to Western healthcare for treatment, the condition of *kono* has become too complicated to treat, resulting in lower recovery rates. The conflicting disease concepts of locals and Western biomedicine result in very different approaches to the disease. Since locals believe *kono* is caused by birds, the most effective and logical remedy would be to remove the essence of being a bird by tying a feather charm to the child, rather than to rely on biomedical healthcare to bring the symptoms of cerebral swelling and high fever under control.

Thus, the metaphors and disease terminology that is used by the individual reveals much of the individual's explanatory framework for his or her health condition and hence affecting the health-seeking behaviour of the individual.

3 Methodology

Given the complexities involved in explanatory frameworks for health conditions across languages, this chapter proposes a methodology that focuses on eliciting local disease terminology and explanations in the Abui language. This chapter will first discuss the main difficulties in obtaining patient explanatory frameworks, as shown in Kleinman (1980), and the advantages for choosing qualitative interviews as a means of data collection for this thesis. After which, section 3.1 will show the method by which data was collected as well as how the interview questions were designed to elicit disease terminology that is unique to the Abui language. Finally, section 3.2 shows how these interviews were adapted to different social settings when conducted with different groups of participants within the Abui community.

Successful medical treatment outcome depends greatly on reconciling explanatory framework differences between the medical practitioner, patient, and family members of the patient. Discrepancies in explanatory framework occur mainly because they are not consciously perceived; each party may be so deeply influenced by their framework that they accept their personal cognitive and normative rules for interpreting their health condition without reflecting consciously. Since explanatory frameworks are implicit rather than explicit, discrepancies in explanatory frameworks only surface when negative results such as lack of compliance, abuse of health facilities, or incomplete or inadequate treatment occur (Kleinman, 1980, p. 99-100).

Compounding this problem is the fact that patients do not readily volunteer their explanatory framework to health professionals, confining their replies to short, single-phrase explanations, or even not responding at all (Kleinman, 1980, p.106). This makes it even more challenging for medical practitioners to simultaneously treat physiological symptoms of the health condition and effectively address the patient's experience with their condition. Patient explanatory frameworks frequently use idioms, metaphors, and logic distinct from the professional sector. Thus, the reconstruction of patient explanatory frameworks based on their

cognitive categories of their disease experience undoubtedly requires access to patients' personal opinions.

Cognitive categories for health conditions can be realised through qualitative research interviews, as they help elicit data which can be used to "develop theoretical understanding of the underlying structures of beliefs" (Green & Thorogood, 2013, p.81). The use of language is central to qualitative research. As Green and Thorogood (2013) put it, language allows us to make sense of our environment and ourselves and then communicate this understanding to others. The conversational nature of qualitative interviews reveals more than just facts alone. Likewise, the metaphors and idioms that people choose to explain their health conditions can reveal their explanatory model of a particular health issue.

3.1 Overview of Abui Corpus

The data used in this thesis are from a collective corpus of two phases. The first phase consists of first-person narratives based on unstructured interviews conducted in September 2014. The second phase consists of first and third-person narratives based on a mixture of structured and unstructured interviews in August 2018. Interviews from the first phase were part of a pilot project investigating the most common diseases in the Abui community. As part of the project, Benny, and Jani collected pathographies of Abui healers. Specifically, these Abui healers were asked to share their personal health histories and approaches to healing. Rather than question them about specific diseases, Benny asked generic questions about past experiences and notable *alowai*. This was done to avoid unnecessarily priming the interviewee to alter their behaviour and opinion on the researched topic.

In instances where Abui was not the dominant language medium used in the interview, Benny used Malay instead, and with some, Malay-Abui code switching. These Malay only and code-switching interviews are labelled 'penyakit', which means "disease" in Malay, and were recorded in the presence of a medical specialist. Table 1 below summarises the interview information.

No.	ID	Length	Language(s) used in interview	Interview type
1	Alowai_AA	01:18:00	Abui	Unstructured
2	Alowai_LAF	00:55:26	Abui	Unstructured
3	Alowai_MA	01:14:59	Abui	Unstructured
4	Alowai_ML	00:13:41	Abui	Unstructured
5	Alowai_PF	01:14:48	Abui	Unstructured
6	Penyakit_DD	01:28:33	Malay	Unstructured
7	Penyakit_EP	00:49:22	Code-switching	Unstructured
8	Penyakit_RD	00:38:10	Malay	Unstructured
9	Penyakit_RWYL	00:45:11	Malay	Unstructured
10	Penyakit_TL	01:25:16	Code-switching	Unstructured
11	Penyakit_YM	00:53:49	Code-switching	Unstructured
	Total	10hrs 47mins		

Table 1. September 2014 Interview Information

3.1.1 Demam and *-tatuk*

Members of the Abui community frequently mention fever as one of the most common *alowai* occurring in Alor (Blake et al., 2017). However, not all fevers are equal in intensity and severity. In Abui, the words *tootatuk, nootatuk* or *hootatuk,* which are inflections of the root *-tatuk,* are frequently translated as 'fever'. However, health-seeking behaviour for *-tatuk* indicates that this kind of fever is different from fever that biomedical healthcare workers treat.

The word *demam* is a Malay loan, meaning 'fever'. *Demam* may have been recently added to the Abui conceptualisation of diseases, because it is used by the biomedical staff in Alor, who are known to offer remedies for some of its manifestations, as shown in the chapter 4. My hypothesis proposes that the disease concepts *demam* and *-tatuk* are conceptualised as separate disease categories in the Abui community and thus employ different treatment procedures. It is hoped that a better understanding of how the Abui community categorise and treat types of fevers would result in more effective malaria

treatment, bridging the different perspectives in aetiology and disease categorisation among healthcare professionals and the indigenous community.

Thus, I conducted Phase 2 fieldwork in August 2018 with another round of interviews to support the preliminary findings in Blake et al. 2017. This time, three types of interviews were conducted by Mardelis Maufani (Vivi) and Benny, consisting of narratives based on unstructured, structured, and focus group discussion interview formats. The interview questions were aimed at finding out individual perceptions of traditional and biomedical – or as the Abui colloquially call "modern" – healing practices, as well as their personal reasons for preferring one treatment system over the other. In addition to investigating their perception of the two healthcare systems, questions were aimed at uncovering what were the most prevalent diseases that had high fever as a symptom.

Interviews from the second phase were recorded with a Zoom H5 recorder, with a Huawei P10 Plus phone backup in case the batteries of the Zoom recorder ran out. The interviews were conducted in either Malay or Abui, depending on the language medium most comfortable for both interviewer and interviewee. The Abui interviews were conducted by Benny while the Malay interviews were done by either Benny or Vivi, who is a native Kupang Malay speaker from the Abui community. The choice of language for interviewing was also dependent on the interviewee's age; those younger than 30 years old were generally more fluent in Malay than Abui, hence the use of Malay in those interviews. In addition, interviews with healthcare workers from the Abui community were conducted in Kupang Malay because Bahasa Indonesia and Malay are the language mediums used in their medical training. The use of English in all interviews was marginal, functioning mainly as interview guides for the interviewer.

3.2 Motivations for Types of Interview

Different types of interviews were used in order to cater to the environment in which the interview was taking place. The structured interview framework was chosen for the participants in interviews 3 and 10 because it enabled the interviewer to conduct the interview with multiple participants who were

between the ages of 12 to 16, yet in an orderly fashion. Conducting interviews with these youths in a group setting also enabled participants to feel at ease with the interviewer.

Participants who were middle-aged were interviewed using an unstructured interview format. These interviews only had one interviewee. The unstructured interviews collected can be further classified into three subtype categories summarised in Table 2 below. Type A unstructured interview was conducted with local healthcare workers who were also part of the Abui community, while the second and third types, B and C respectively, were conducted with local members of the Abui community who were not healthcare workers.

No.	ID	Length	Language(s) used in interview	Interview type
1	Demam_AY_01	00:23:37	Malay	Unstructured
2	Demam_AY_02	00:07:46	Malay	Unstructured
3	Demam_LKT-SS_01	00:19:56	Malay and English	Structured
4	Tatuk_LP_01	00:51:03	Abui and Malay	Unstructured
5	Demam_SK_01	00:28:21	Malay	Unstructured
6	Demam_SK_02	00:05:37	Malay	Unstructured
7	Demam_EP_01	00:04:02	Malay	Unstructured
8	Demam_EP_02	00:17:35	Malay	Unstructured
9	Demam_EP_03	00:07:23	Malay	Unstructured
10	Demam_GC_01	00:19:00	Malay	Structured
11	Demam_NH_01	00:24:22	Malay	Unstructured
12	Tatuk_TDAD_01	01:07:12	Abui and English	Focus group
13	Tatuk_TDAD_02	00:22:28	Abui and English	Focus group
14	Demam_AKMFM_01	00:41:35	Malay	Focus group
15	Demam_OM_01	00:11:29	Malay	Unstructured
16	Demam_OM_02	00:27:58	Malay and English	Unstructured
	Total	7hrs 44 mins		

Table 2. August 2018 Interview Information

The last type of interview was structured as a focus group discussion to accommodate multiple participants and allow each of them to build on each other's experiences and elaborate on their responses. These focus group discussions were based loosely on the same questions as unstructured interview Type B, though the latter half of the focus group discussions tended to deviate slightly from the initial questions, with further elaboration on a particular fever-causing disease, *loku*, as well as the characteristics and healing techniques of traditional diseases. Some examples of the questions asked for the August 2018 interviews are summarised in Table 3 below.

Type	Participant profile	Examples of questions	ID
A	Healthcare worker	• Is fever very common in your community? • In your opinion, between modern medicine and traditional medicine, which one is more effective? • Which is the most fatal disease in Alor?	07_20180804_EP_01 08_20180804_EP_02 09_20180804_EP_03 10_20180805_NH_01
B	Middle-aged local	• Can you tell us about a fever you had in the past that you remember? • What was the most effective treatment for your fever? • What are the types of diseases that cause fever?	01_20180803_AY_01 02_20180803_AY_02 05_20180804_SK_01 06_20180804_SK_02
C	Middle-aged local	• What kind of disease did you have as a child and how did your mother treat it? • Do you still have that disease? Or do your children get that disease? How do you treat it nowadays? • Is there a difference between *demam* and *tootatuk*?	14_20180807_AKMFM_01 15_20180808_OM_01 16_20180808_OM_02

Table 3. Unstructured interview questions

4 Results

The interviews show that treatment for *alowai* can be classified into two categories: traditional and biomedical. Traditional treatment includes massage and ingesting herbal concoctions, while Western biomedical treatment includes the use of self-purchased pharmaceutical drugs and healthcare treatment from community clinics or government hospitals.

The interviews also yielded information about health-seeking behaviour, especially regarding the traditional and biomedical healthcare divide. Biomedical healthcare consisting of medicine administered by the hospital or pharmacy seems popular among the younger members of the community under 30 years old, except for the instance of one youth in interview Demam_LKT-SS_01 who cited the use of an unspecified Chinese herb for treating high fever.

Depending on the assumed aetiology of the disease, treatment options vary. One way to understand disease aetiology is to identify the disease categorisation of the Abui community. Factors that can affect treatment preference are personal knowledge of treatment options, personal experience with the disease, and religion.

Section 4.1 discusses the different types of *alowai* that surfaced from the interviews and shows how they fall into two main categories: traditional or borrowed. Traditional *alowai* concepts are those derived from the Abui culture with Abui names while borrowed *alowai* concepts are those which have been acquired and subsequently incorporated from various religious influences or interaction with biomedical healthcare facilities.

Section 4.2 organises the pathographies based on their profile – the first subsection containing pathographies from Abui healers in section 4.2.1 and the second containing long-form narratives from biomedically trained healthcare workers in section 4.2.2. Specifically, section 4.2.1 focuses on the pathographies of elderly Abui healers from Phase 1 interviews. Due to the unstructured nature of these interviews, in which healers shared personal histories and disease

experiences, the interviews will be presented as a series of case studies that elaborate on each healer's profile. Section 4.2.2 draws on information from Phase 2 interviews and will elaborate on the fever treatment practices of two biomedical healthcare workers. These healthcare workers received training in biomedical facilities and currently work in clinics as a midwife and nurse respectively.

4.1 Alowai and *-riik*

Based on the descriptions of *alowai* symptoms and causes, I have classified the different types of *alowai* mentioned into broad categories of traditional or borrowed — the former being those native to the Abui culture and the latter being borrowed terminology or concepts as a result of contact with Christianity and Islam, as well as biomedicine healthcare facilities. Furthermore, the interviews reveal that both traditional and borrowed *alowai* have either supernatural or natural causes.

Traditional, or native, *alowai* consist of spells that are cast on fruit trees or directly on people, as well as general diseases. The supernatural type of traditional *alowai* is occasionally described as agents with a degree of animacy that can recognise and choose their victim. This supernatural *alowai* are often attributed to witchcraft and would be further elaborated in traditional healer LAF's pathography account in section 4.2.1.2. On the other hand, the natural kind of traditional *alowai* is inanimate and arises from natural causes such as old age, diet, and environmental factors.

Alowai from the Abui corpus that can be expressed in biomedical disease terminology are placed in brackets beside the corresponding *alowai*. The perceived cause of the *alowai* is also indicated as a postscript beside the *alowai.* These different *alowai* concepts are summarised in Figure 2 below.

Figure 2. Alowai Concepts[1]

As mentioned earlier, *alowai* is used to refer to all kinds of negative events or bad experiences. *Alowai* range from natural calamities such as famine to hardships caused by corruption and poverty. In general, *alowai* can be used to refer to anything which makes life unpleasant or difficult. Thus, when an Abui person encounters a disease that impedes his or her quality of life, this disease will be known as *alowai.* Alternative Abui terms to disease would be *nariik, hariik* or *tariik,* all derivatives of the root -*riik,* which means 'to hurt/harm'. Both *alowai* and -*riik* derivatives can be used to refer to diseases, but according to my Abui interviewer Benny, -*riik* derivatives typically refer specifically to an individual's health condition, while *alowai* is the broader term that enabled participants to share freely about the diseases that bothered them most. Strictly speaking, not all diseases are *alowai*; only those which cause much inconvenience are considered *alowai*.

[1] It should be noted that these *alowai* concepts are based on what interviewees discuss and report about disease symptoms and causes. Figure 2 is thus a summary of the interview discussions showing the disease aetiologies of the Abui community and may not necessarily correspond to biomedical aetiologies.

4.2 Distribution of Disease Categories in Sampled Population

The conceptual framework adopted by members of the Abui community vary based on each person's set of experiences. These experiences can range from the training they received from their elders in the past to personal encounters with certain *alowai* and the accompanying success or failure at treating them.

The interviews also revealed that religious leanings can sometimes affect the conception of *alowai* causality, leading the interviewees to turn to personal prayer or religious leaders for healing instead of relying on either traditional treatment techniques or modern healthcare. Notably, *alowai* of supernatural causes have a recurring characteristic of being largely "unavoidable" and fatal, regardless of the type of healing technique employed.

As each healer's life experiences are different, section 4.2.1 will explore each healer's account as a series of case studies that reflect their motivations for preferring a certain treatment type over another.

4.2.1 Community members with little or no formal medical training

Abui healing techniques are usually handed down from generation to generation through the oral tradition. As shown in (6), these healing techniques are often closely guarded secrets that are only revealed to trusted individuals[2], usually a family member or close relative. Due to the opacity in each healer's healing techniques, it is not surprising that traditional healers in the community are known to specialise in healing particular types of *alowai*.

(6) *Ama mai el na hedo wir ban a wan na iti la kabei dikang nerahasia wida la mii ookfanga do…*
People say that is as if I am telling you my secrets...
<AA.889>

[2] The interviewer of this interview set was a distant relative to many of the participants. Participants considered him an academic and unlikely to divulge these preserved techniques for self-gain within the community. Hence, he did not pose a threat to their livelihood.

Knowledge transfer is usually very hands-on, requiring the healer's disciple, often their own children, to source for specific herbs based on their oral instructions. (7) shows that upon bringing back the correct herb, the healer then reveals the herb's name to his or her disciple.

(7) *Nala baloku, henilti ya: eng pa hepaneei lol, ko na mii herienria henil mai dikangyal iti heata minaka-minaka ba iti hebika hoopa do, ama iti yal mi ba moku lokung haweel do, hedo wó heel abui melang to ee nalakaang.*
I asked: 'What kind of grass do I have to pick?' Then she answered: 'Just go down and touch the grass, I will show you later!' Then I picked the grass with small leaves and seeds, which was used to bathe children; there was no better treatment in the village compared to this grass at that time (when we lived in the mountains).
<AA.052>

The following section delves further into the individual profiles of each traditional healer and elaborates on each healer's personal experiences, showing how these experiences influence their attitude and approach towards *alowai*.

4.2.1.1 AA (female, trained midwife)

AA is an elderly female Abui speaker who has not experienced any *alowai* personally. She has extensive experience as a midwife and underwent midwifery training at the public hospital.

AA recounts in examples (8) and (9) that dysentery, or *asibeeka* in Abui, was a common and deadly disease during the time she stayed in the mountains. Now that they have moved to the coast, she does not consider dysentery a deadly *alowai* because certain healers have found the cure to it.

(8) *Haba ama ee hiyenglaka hesei ama hoodaweng nu hookaanra, hiyenglaka naha ama hoodaweng maiye, ama hoodafokda haba tafuda nu ama wó Takalelang miaiti oro Wilfutai mia nu, Arfakat hekuta nu hen hoopang sei baai naha.*
If the sick person got medicine from a healer, then he would be healed. But if the sick person got medicine from someone who does not know herb, then his disease would relapse. All that happened when we were living up in Takalelang, over in Wilfutaai, the sick people were brought to Arfakat's grandfather, but the old man was not able to heal them.
<AA.173>

(9) *Asibeeka yo mai yo hen yal pi tuutaahang sei do hen dei fa dikang naha.*
What people call dysentery, since we have moved to the coast, it no longer occurs.
<AA.134>

The current deadly *alowai* are a type of high fever, known as *tootatuk*, as well as witchcraft (supernaturally induced disease). Although both are deadly, AA points to specific people in the community who possess the knowledge of treating these diseases. In (10) and (11), AA shares her knowledge of two traditional healers who were known to have healed disease caused by witchcraft.

(10) *Ama hariik foka-foka loku nu ama eel ekuta heeltahai nu hen wala dei beekang hayei naha.*
Those in serious condition that people brought to your grandmother, those did not die.
<AA.200>

(11) *Ma hen di ko ya taka iti mii hoobuuk to, sembayangdia re tewil henil to.*
He just gave them water to drink; how can we know? Maybe he cured them by praying in our way or in some other way, you know.
<AA.349>

AA elaborates in examples (12) and (13) that one of the solutions for dealing with the sick in the past was to either quarantine or abandon them in the forest, especially if the *alowai* was highly contagious.

(12) *Ta panas dalam re nala yo, fileeilaang kanaaikiki nu heng, maama, hepaai kaang nu hen di rowa, hepaai beeka mai hen wan pi bunia.*
Just like fever (lit. heat within), the patients who contract smallpox but have a strong physique survive it and recover; but those whose physique is weak have to be hidden (i.e. quarantined or abandoned).
<AA.043>

(13) *Ama dotaa ba eetayool do, ama nala nee baai naha do, yaa henu hen di yaa hookaanra hei yo di hookaanra, naha hei yo hen di beeka haba hen ama mi ba yaa bunia nu baai ba hapaada.*
The sick could not hold their diarrhoea when sleeping and their beds got dirty; people nearby couldn't have meals; if the sick had good fortune, they would recover; but if not, it would be difficult and the sick were taken away and hidden away in different ways (i.e. quarantined or abandoned).
<AA.139>

AA obtained her healing knowledge from her elders, especially with regards to names of medicinal plants. As shown earlier in example (6), AA shows that she regards her healing knowledge as secrets. (14) reiterates this, and shows how transmission of healing knowledge requires the healer's disciple to recognise and obtain the correct medicine before the healer reveals name of the medicinal herb.

(14) *Hen di dara fila-fila bay al enahaa Malbiku wee do wida yo hedo wirte it do, ekuta di, keuta neng do wan di naboti ya: a Fiyaaimeang wee bataa ai ba bataa ba di bal ba hewahaisi heiya do wida, heata baai iti kapai heata do wida do hen a hetehi ya hewarmarang nu hetehi ya wit ba me yo, henile.*
At that time, she was a child, about the same age as your younger brother Malbi. Your grandfather asked me: 'Please go to Fiyaaimea and find me a tree whose roots grow like this cotton tree, and the leaves are also like this cotton tree and dig them, dig from the eastern side of the tree and bring them back to me.
<AA.048>

(15) *Hen na mil miyeeise hu ekuta di nookfangati hedo hane kongkopi yo henile.*
When I brought it to the old lady, she then told me that the name was kongkopi.
<AA.060>

AA refers to fever as *panas*, meaning 'hot' in Indonesian. As shown in (16), AA considers *panas* a seasonal *alowai*, a characteristic that is not mentioned in her discussion about *tootatuk*.

(16) *Ta panas dalam re nala yo, fileeilang kanaaikiki nu heng, maama, hepaai kaang nu hen di rowa, hepaai beeka mai hen wan pi bunia.*
Just like fever (lit. heatiness), the patients who contract smallpox but have a strong physique survive it and recover; but those whose physique is weak have to be hidden (i.e. quarantined or abandoned).
<AA.044>

4.2.1.2 LAF (female, healer)

LAF is an elderly female Abui speaker. She has extensive knowledge of *alowai* that commonly occur in the community — elaborating on 17 diseases in total. In (17), LAF recounts how she obtained healing knowledge through a dream once — the only account that mentions knowledge transfer other than through oral tradition.

(17) *Hm, hen di mahadadise henu mia yal moku lokung hawei mai, iti wan kanaikiki re fileeilang re yal do pi mingtawei mai langnukda. Na la pieili. Na pieilati, iti ekota hanooting do seisi haa, baloku ba it do mii moku hawel yo. Ma dara hesei mit do wan heisi do wan aratulung wida do.*
Yes, it is used to bathe children with smallpox. I had a dream, I dreamt about your grandmother. In my dream, she asked me to use that tree to bathe the children. When I woke up over him, his body was as if in flames.
<LAF.024>

Most notable in LAF's pathography is her discussion of *alowai* that traditionally had Abui names but are now increasingly being called '*malaria'*. The *alowai* that

she discusses fall into two main categories: supernaturally caused ones and those that are caused by other factors. *Alowai* like *takaya* are supernaturally caused, while *tarai he fokda* and *totatuk* are caused by diet.

According to LAF, *takaya* and *sak* are both spells that are typically placed on fruit trees to deter theft. Bamboo meshwork is woven and hung on these trees as an indicator that they are protected by these thief-punishing spells. (18) shows that symptoms of *takaya* and *sak* resemble severe malaria, with *takaya* causing high fever, confusion and possible brain damage.

(18) *Takaya nu ama bukopi ba mingatea mai, henu ama tanga beeka, dei makur ba miti.Naba do sinowai yo maiye, heyelri hewalri ba bala loku do baai heriile.*
A person suffering from the *takaya* disease loses speech and develops aphasia. In other words, the worst thing is the person becomes insane, and mentally unstable, disoriented, sometimes running into walls.
<LAF.029b>

In (19) and (20), LAF notes that *takaya* is now known as "*malaria satu*[3]" (lit. malaria type 1), but also mentions that the cure for *takaya* is not antimalarial pills but the application of chewed ginger on the face and slapping the patient a few times.

(19) *Takaya nu, maama, ama heyelra hewalri baa ma ta hefangi ya iti do nala malaria satu yo henu haa to. Afe di iti Kafola nu baai hoomadii, Endi bay al o Jakarta mia nu baai dikang di hoomadii, iti wo Uri do baai hoomadii.*
Takaya disease makes people insane. People used to call it as malaria type 1. Kafola got it before and Endi who lives in Jakarta now also once had that disease. Uri got it too.
<LAF.029a>

[3] *Malaria satu* is likely malaria caused by the most common malaria strain in the region *Plasmodium falciparum.*

(20) *Afe o pinaana Ande ba o lapang mia nu baai di hoomadii yo ta ama hefangi ya struk yo henul, haba henu naha, henu baai takaya haa. Henu emaama di pa meting natiise, hoomadii nu, maama. Takaya nu hepenyakit nu henu wida. Warafei-afeida maite, isi do lil-lilra. Afe hetadeng waha emaama Usu do oro Kaiheya mia do baai hoomadii.*
Our Andre (older than the addressee), who lives near Lapangan, once got that disease. At first, we thought he got a stroke, but it was takaya. He got it because your uncle put a spell on his betel tree (to protect it from theft), but he (Ande) took it and got that disease. Takaya disease is like that. High fever in the afternoon. Several days ago, Uncle Usu who lives in Kaiheya also got that disease.
<LAF.030>

(21) shows that the other spell, *sak*, causes severe headache and sudden nosebleed. These symptoms are hallmarks of severe malaria (Idro, Marsh, John & Newton, 2010).

(21) *Dikang ee wea di ama hamin ba dongsei yo, henu dikang ama hefangi ya sak toomadia yo henile. Sak henu ama maai kasing do hedowir ba mingtaweekaai ya ka ta mii watang natea ya fung natea.*
People also bleed from their nose. It is called the *sak* spell. The *sak* spell taboo sign consists of a bamboo meshwork woven like that to protect coconuts or betel nuts.
<LAF.053>

Both *sak* and *takaya* are spells which can seek, identify, and harm their chosen being. LAF explains in(22) that *sak* is able to recognise a person's soul if they happen to be located nearby, hence cautions that even one's shadow should not fall upon the *sak* bamboo meshwork.

(22) *Kali re tamba wir bao ng o heir kaanri ya ama mii ba nalang natia. Henur mai ama henur baa ma sak bui sak lohu yo henule. Henul maiye iti moku-moku tepikaai di tariiki ya wea tamin dongsaai baa ma la mong yo.*

(the meshwork) is made by crossing (the bamboo) like a plus or multiply sign. People activate it (lit. call it) and attach it to their plants. People usually call it *sak lohu* (lit. long meshwork). It causes sudden severe illness – blood comes out from the nose and death follows.

<LAF.056>

4.2.1.3 MA (female, midwife)

MA is an elderly female Abui speaker. It is not clear if she stayed in the mountains before, but MA recounts how different types of wild food had to be brought from the mountain during a famine.

MA names traditional treatments for common *alowai* such as *fileeilang* (chickenpox), *fak takata*, *weeng eeq* (dysentery), *weeng aasa* (blood in urine), *te'ui di tariik* (backache), *he'ui di beeka* (lit. bad back). According to MA, biomedical treatment in the form of pills is less effective than traditional treatment of massage, especially for diseases like backache or stomach ache. In the past, people did not visit the hospital, but instead ingested porridge cooked with medicine or had a massage from a healer.

According to MA, *alowai* is usually self-caused. Skipping meals or encountering snakes while in the jungle causes one to be vulnerable to *alowai*. Specifically, (23) to (24) show that skipping meals causes the body to weaken and gas to form in the stomach, resulting in *alowai*.

(23) *Pido he…ee…henu ee taaha na hefangi, pide alowai hole.*

As I have told you, we are the one(s) who summon the disease upon ourselves.

<MA.1038>

(24) *Nahaba po maraai ba laaki yo maiye pido alowai hor ba yal iti nu wir ba piriike.*
Or, if we don't eat regularly, we invite the disease that way.
<MA.1029>

(25) *Nahaba ya ee taaha na tanga yo wiir ba pi ranayooku lollaaki ba abui yaal pifeela wee hiyeng maiye la kilang-kilang hookfangi: mingabela ni yaa nifunimeting tahai!*
Or as I've said before, when we go to the mountains, and we see a snake (lit. our friend), we should just utter the words slowly: "Please step back (to let us pass), we are just looking for some betel nuts and betel vine!"
<MA.1045>

Some of these vulnerabilities can be avoided but (26) shows that most of the time, people are unable to stop *alowai* from coming upon them.

(26) *Hen di pibuoka baai pide he ko pi tewir tanga? Di sei mai hen la sei.*
The disease will stay away from us, how shall we say it? When a disease is to come to us, it will come.
<MA.1035>

MA also has experience as a midwife. Unlike her midwife peers, (27) and (28) show that she avoids rubbing or massaging the pregnant woman to prevent turning the foetus in the wrong position.

(27) *Madi pi yaa…ama afenga di ama hookmiti mai ama hoo…hoopaneipaake, ama hatook do luutkamaai ba hadawee-hadame hen beeka.*
There are people who help women to deliver a baby, they massage and rub her, they massage her abdomen in various directions – that's bad.
<MA.777>

(28) *Henu moka ba oro tomi mia nu baai lakaang hariik foka, pi moku dower ba harimaldi-hamataakokda.*
It hurts the baby in the womb, (as) it may turn the baby upside down.
<MA.780>

MA mentions many culturally specific procedures for treatment, one being the verbal empowerment of herbal medicine before ingestion as shown in (29).

(29) *Henu pi oro baabitapeei kaanra maiye we heahani buuk nu, oro tomi miang kaarang-kaarangdi ba it baai pi henu buuti ye, di sei hayei haba mingamoosingdi, mingaasa.*
Take that grass and smash it. After that, we say some words before drinking: "There are stones inside our body, after we drink it, it pulverises them and we urinate (them out)".
<MA.231>

Interestingly, among all the different disease conditions, MA does not mention any specific fever terms such as *panas*, *-tatuk*, or *demam*. The closest account of fever was her account of *fileeilang* in (30), wherein the occurrence of fever was implicit rather than explicit.

(30) *Henido yo wan la hoopalaakni.*
After that, he cooled down.
<MA.355>

4.2.1.4 ML (male)

ML is a male Abui speaker. ML did not give details about his personal life; instead, ML shared stories related to general health and *alowai* happening in the village. According to ML in (31), *alowai* can be categorised as minor or major *hariik*, with minor *hariik* being easy to treat, while major *hariik* like severe cough, diabetes and diarrhea, can cause death.

(31) *Henu el taaha na anara nu widi dara hedasar ee ping ananri nu wir bae e kel pasing mai nu henu o alowai ba arunra. Henu ama nu tafuda di ya heiya mia mai tafuda biasa hooksei. Ama hatook di hariik nu baai henile, ee me wan tariik foka ya nala henil o biasa di iti nala di ama heltaai hayei ya nala nu henu ee do mia ama hariik ba wan ya nala hoodaweng baai beeka nala henil yo, henu iti hiyeng ayoku hiyeng ayoku ba hen ama biasa hoodaweng baai beeka ya hemong. Nuku toming, toming di ama hoomidia yo. Henu hoodaweng baai ba sama naha eek ul hadohuke. Dikang nuku nu, nala keel foka yo. Keel foka nu ko hewalangra tanga mai ko TBC henile. Henu biasa ya henir baa ma hoodaweng baai kaang*

baaise hu nala naha mai henir ba ya ya ama hemong. Ba macam ee tariik foka nu henu dohehariik yo henil naha ee la tariik yo hemida nu hare wan, ee macam keel nu hen poiti yeng mai ama kul keele. Toming nu ama aasa beeka hu pi hane hole. Tapi tariik foka la moku-moku miyei bae e pi wan la moku tadei ba borokbak beeka ba nal mai henu mai hen wan tariik foka hane he tariik foka nu.

The diseases I have told you before were some general diseases. When it is the time for those diseases to occur, they would occur and many people must suffer from those diseases. For example: a minor disease such as stomach ache and a serious disease. Many people here used to suffer from those diseases and they tried to cure them. There are two types of diseases; first are minor diseases which are easy to cure, second are serious diseases which may cause death. For example, diarrhoea, when it happens, is not easy to heal. Another example is severe cough or TBC. If (TBC) is not treated carefully, it may cause death. With cough we would find that for someone it is a minor disease. Diabetes is a serious disease, where the patient has difficulty in passing urine.

<ML.004>

Alowai can also be divided into those that occur inside the body vs. those that occur outside the body. This classification sorts diseases based on how visible the symptoms are. For example, (32) shows that arthritis is an example of an inside *alowai*.

(32) *Ai, alowai afenga baai heng iti nala haba henu ee nala eta na hefanga nu wir ba he oro, oro tomi artinya ama homi hu haluol to re. hare henu pi kaang pi hane hor ba o alowai ba do hu helhayei beeka yal do ee usaha ba pil baai di wan umpamanya di hefanga ba nabala buku ya nala loku lakaang nariik, artinya uisaha hei so re. oh masi henu eta ko yang fulutulang mai yo ko henile pi heng anara. Dikang tatook tariik nu ya, ai, kul iti WC re asiokai taaha hetakia nu. Jadi henu ama afenga baai di hien ba o hedo hooksei yo henile. Tapi oro ama homi la mia nu henu, henu pi healowai nu pi hane fanga beeka nu.*

Yes, there are some other diseases too. But the diseases that I have talked about before were diseases that affect the inside of our body and we are able to recognise them (lit. we know their name). For example, we feel pain in our knee joints so we recognise that it is arthritis (*flu tulang* in Malay, lit. bone flu). Or if, if we suffer from diarrhoea, we would have

to go to the toilet many times. If the disease affects the outside of our body, it can be seen by others, but if it affects the inside of our body, we cannot recognise the disease.
<ML.022>

ML mentions that treatment for *alowai* is either drinking traditional herbal medicine or getting a massage. As example (33) shows, the hospital is usually the final resort if the *alowai* cannot be cured with traditional medicine.

(33) *Ma ee hen baai hehariik ban ala bu biasa it do mia nu ama la teitu nala ama hane hor ba daweng mii heltaai, henul nu ama nala bataa re baloku ba del ama mii heltaai. Henu la heteitu. Heayoku, ama ama helmunuke henu wan ee hedo wan afe da-da nidi kaang latihan nuku ba oro do yal hel iti hel loku to ko nar baai. Miyei baai na dikang hedowir ba mingananri. ADP hei ba latihan hei ba wee yo nadi kaang hedowir ba mingananri. Jadi nala tariik ba dara rumah sakit ya naha nu it do mi aba en ama iti ee daweng yo mae ama henu wir ba mii ba buuk ya naladise latukoi beeka mai ama rumah sakit yaa. Nahaba, naha mai hel baloku loku ama hefangi ba iti do hedaweng iti do hedaweng mai henu buuke. Dei dikang ya nala teisi haying beekda ya nala loku hado sama maiye ama munuke, hel taka to.*
The first medicine is herbal, made from plants or trees that people use in the first place. The second type of treatment is massage. We used to have a training about that, somewhere there, and now they (still do) it. Then I said: it is a training from ADP, I also said like this: any diseases (patients) that haven't visited the hospital, then use this medicine. And if the patient is not getting better, then take him/her to the hospital. Or drink the herbal medicine to cure the disease. And for muscle pain, people usually get a massage.
<ML.006>

Certain types of *alowai* have a specific cause. ML notes that seasonal *alowai* like cough and stomachache occur with such regularity that villagers will say that "the time for cough has come". Another seasonal *alowai*, arthritis, usually occurs during the season for clearing the fields, shown in (34) below.

(34) *Henu ya ba iti na ama hoodalakda latukoi kalieta loku ba hoodalakda nu, da alowai nuku ba hane ba iti hewalangra tanga maiye kabei fulutulang re struk mai do, henu wan melang do mi aba tewil masi niloku baai ni iti ni-isi hatuk maiye ni nala nu. Ee wan pi mitdi ba minggu nuku haar ba pi looma do haliol sei mara mai tetoku tabala buku ya nala nu henu heng henu iti ya heiya mia masi nala. Yaldo wir ba iti nal nu macam ama pining teki ya baloku ding walangaida nu hen afe wee ekota wee mai ama do wiil do, hedo wan alowai iya mia hare nala latukoi siengata yo nala neei ba hafik naha yo henile karena wan tatook tariik healowai nu. Alowai ba henu wan wan heiya mia hare siengata rula loku latukoi neei ba hafiki he yo henile. Hare ee iti hel yal tetoku tabala pi biasa wan nala nu ama hefangi bae e fulutulang ya nala mai do wan fa kabei la hefokda.*

People suffered...adults suffered a kind of disease which is called arthritis in Indonesian or stroke. That disease was common in the old village. It feels like pain in our body. It would have the following progression: we would not do anything for a whole week, and when we went up the mountain, we got a lot of pain in our legs. Another one is cough. Nowadays people get it when they start cleaning their fields, our grandparents would say that it was the time for disease (stomach ache) to occur. So, we had to eat carefully, we were not allowed to consume fresh (uncooked) vegetables. It might cause arthritis in our legs or bring swelling to our legs.

<ML.018>

The main cause of fever in children is attributed to the growth of teeth rather than the causes mentioned in previous healers' interviews. These fevers are usually treated with traditional medicine that consists of applying or bathing in an herbal mixture. He is also aware that these traditions are no longer practiced by the current generation raised after the community moved to the beach.

4.2.1.5 PF (male, tuberculosis patient)

PF is an elderly male Abui speaker who received primary education. PF was born in the mountains and moved to the coast in 1977. During his childhood and early adulthood, he experienced *alowai* in the form of several famines and recounts the types of wild foods people had to rely on. PF is a devout Christian, and in examples (35) and (37), he attributes the community's access to food as the result

of God's blessings. PF enjoys the changes brought about by development and notes that life on the coast is easier and healthier than in the mountains.

(35) *Dara-dara do nalamaa do faring.*
In the past, there was much food.
<PF.377>

(36) *Haba ko maka piaduo he henir panen hare, yaa heel maraai do di sei hanefanga maiye batako bal kaang do baai hiyeng naha.*
But maybe that's God's will. So, during the famine, it's hard to find any cassava or potato.
<PF.378>

(37) *Hedo siila maraai ba siila naha. Hare amakaang ba iti nupa nimina baleeika do, ahool ba iti teei ahool do, hedo baai piama wee di wetawat ba sei hetala baai maar ba nee, heisi baai ni maar ba nee. Hen baai ni neei.*
We had a famine all the time there (in the mountains). Then the people around us ate taro – which is called wild taro. People ate its leaves; people also ate its roots. We too ate that taro.
<PF.409>

(38) *Nido ni uwo Tatulang hu mia hare heel mia nu dei piadua maka niyataai-niymooling hare fat baai hadu, bale bataako ye mosa baleei faring.*
We stayed in Tatulang. God blessed us at that time, so we had lots of corn, patatas (sweet potato) and bananas.
<PF.410>

PF has a history of tuberculosis (TBC) and was successfully treated in hospital. He is proud of his own knowledge of TBC aetiology and treatment despite only having had basic education, and alludes to his knowledge being due to the wisdom of God. In examples (39) to (41), PF recounts his encounter with biomedical doctors shortly after his TBC pilot treatment.

(39) *Mahaba etanga-e' anangra do na hewahai hanefanga maiye am aba iti heel nala do la headuo baaiba hetanga-heanangra baai kurang.*
But based on what you have said, it seems like you have mastered this.
<PF.359>

(40) *Hen main a hefangi ya: hikmat.*
Then I said: 'It's the wisdom of God'.
<PF.360>

(41) *Jadi pi aisaha ba e pi ming tanga-anangra, onpaneng nu kalo piaduo hadosama hane fanga maiye hen iti buku do mi aba sakola foka re nala re, hen pi mi ba toobandingdia beeka, bapa.*
So, all that we've said and done for the name of God cannot be compared with any higher education in this world, sir.
<PF.362>

Although ancestors of the Abui community have passed down healing techniques and knowledge, PF reckons in (42) and (43) that there are too many new *alowai* such that they are unable to find enough cures for all of them.

(42) *Mahaba e wan ekuta we loku mi buku taai ii hare e alowai ba tariik ba tewida hane fanga maiye hen hedaweng baai mahada.*
But your ancestors have found the cure (to black magic), so whatever the disease is, there is always a medicine to cure it.
<PF.140>

(43) *Me yal tadeng homi do ni fingra hadasama nu naha, yal ni me wan iti kalieta beekadise alowai fiyaha loku dikang bukung lole.*
But now – not in the days when we were growing up – many new diseases are widespread.
<PF.141>

PF's concept of *alowai* involves more than just disease; apart from diseases, other *alowai* that cause PF concern are the corruption levels within the village and a series of water disruptions[4], as shown in (44) to (51).

(44) *Jadi hen baai alowai foka.*
So, that is also a big disaster.
<PF.656>

(45) *Me hen ee seerang-yai ye pemerenta hadosama mia haa.*
It concerns the population and the government in our village.
<PF.657>

(46) *Pi yaa RT(neighbourhood head) ya RW(citizens association) ya dusun homi…hoopa mia masi di hefangi: 'Ma nido kepala desa heniliel hare ni tanga mai ko seerang wefaaling naha to!*
When we look at the local government of our village…when we would appeal to the village and neighbourhood councillors they would answer: 'We were appointed by the village head but the villagers do not heed us!'
<PF.658>

(47) *Jadi hen tahaa wemalay tangi ba wefangi "KKN" (Korupsi, Kolusi, Nepotisme) mai do hen maka praktek sekarang desa Lembur Barat.*
This is known as "KKN" (corruption, collusion and nepotism) in Malay, and this happened in Lembur Barat Village.
<PF.659>

[4] There was a water pipeline built by the Catholic priest P. Florante, a missionary from the Philippines. It fell into disrepair and was fixed in 2003. Due to land ownership conflicts and disagreement on sharing the management and maintenance cost of the structure, parts of it fell into disrepair again. Some people closer to the water pipe used the water to grow vegetables while people further down the pipe did not have enough to even bathe. Other water projects by the government lacked quality materials, were poorly constructed, and mishandled workers' wages, such that water never ran (Kratochvil, personal communication, 18 January, 2018).

(48) *Jadi hen baai di iti mingtanga ananri nu supaya heniding hu yaa buku buoka mia baai hedo ama mingtanga-ananra do ma ka hen baai kul di toodamangri yo.*
So, this has been told to let other people to know that, what has been told here, also happened to the people there.
<PF.660>

(49) *Bak ba it do hedo baai di wefangi: 'Bak do baai welak! Iti kamar mandi do baai welak! Pipa luku baai welak!*
About the water tank here, he said: 'This big water tank must be broken down! This bathroom too! And these pipes have to be taken apart as well.
<PF.662>

(50) *Kata dikang hetanga-heanangra yo serang-yaai it do mia domara yo dara iti ya hetiira-takata ya dikang ya la hebaliik ba.*
And the villagers here and there, they are lacking water and suffer from the drought, but he said that the water is for sale only.
<PF.664>

(51) *Hadu hen baaiba hadu alowai foka nuku ba iti Lembur Barat do mia.*
That is a big *alowai* happening in Lembur Barat.
<PF.671>

4.2.1.6 TL (female, Christian)

TL is an elderly Abui female. She code-switches between Abui and Malay, thus using both the Abui words *alowai* and *hariik*, as well as the Malay terms *penyakit* (disease) and *sakit* (pain). TL is an elderly person who has lived through famines, moving down from the mountains to the coast after her marriage. She points out that there are now more types of *hariik* and more people falling ill. She attributes this phenomenon to change in eating habits, specifically, the increased consumption of salt and spices shown in (52). In (53), TL reveals that *alowai* can also occur as a result of having too many children.

(52) *Hen afe pi, yaaladite ati fitsin faring dosei ba nee haa. Hen hetariikti la faaring-faaring. Ya pi dieng maar ba nee henidi bumbu la faring dosei henu he henile. Afe nu ya kowa taka mii dieng maar ba nee hare henu tetariik kurang.*
Now we consume a lot of salt and monosodium glutamate with our food. That increases our health problems. We cook and add many spices and it is the cause. In the past we used plain water to cook (less spices) so we had fewer health problems.
<TL.143>

(53) *Pi dara abet nu henu piriik nu kurang to re, pi tukai pi barang dara pupa mia. Yaldo wan, apalagi wan minaka nuku hadu oro. La faaring mia baai lakaang foka beeka hare wan ni fa kalieta heimida to.*
I was less sick when I was young. I had lots of energy. Now I am old, I also have many children and grandchildren. I cannot carry heavy things anymore. I am too old now.
<TL.155>

TL has experienced much *alowai*, not in the form of disease alone, but with the death of one of her seven children due to an accident. TL herself was also involved in the accident. As a result of the accident, TL reveals in (54) that she is now unable to carry heavy things.

(54) *Kalua saya terlalu pikul barang berat, kepala yang jahit luar dalam tuku kali ju sakit, nigisan, paha yang tulang masi baku lewat ju sakit.*
I could not carry heavy things. I had an operation on my head, I had seven stitches and they would hurt, (with) nosebleeds, and pain in my thighs.
<TL.028>

In fact, TL attributes her decreased working ability to two recurring *alowai* – *tootatuk* and backache. Apart from causing her much discomfort, these *alowai* cause her much pain and limit the type of things she can carry to sell at the market, making it harder for her to earn enough money to buy daily groceries. (55) to (63) is a short excerpt of TL's explanation of how *alowai* is an indirect cause to her financial difficulty.

(55) *Nenek bias omong sedikit, sekarang ni nenek rasa bagaimana semua itu kerja jalan baik atau ada yang susah begitu, ada yang gampang, ada yang mungkin sulit begitu?*
How do you (TL) feel now, could you tell us about your daily routine, is everything doing alright, or maybe there are difficulties?
<TL.358>

(56) *La faring suina.*
There are a lot (of difficulties).
<TL.359>

(57) *Oh, banyak.*
Oh a lot.
<TL.360>

(58) *Kalua yang sulit tu yang bias nenek omong tu apa, yang sulit tu?*
What are they; could you tell us about some?
<TL.361>

(59) *Tootatuk to*
Everyone suffers from fevers
<TL.362>

(60) *Iya. Selalu sakit-sakit begitu itu*
Yes, people always get sick so –
<TL.363>

(61) *Neui do oro newaila baai.*
The pain in my back always troubles me.
<TL.364>

(62) *Oh ya. Jadi ubi biasa daun saja yang pigi jual. Kalua dia punya isi?*
Oh yeah. So, you (TL) usually sell the leaves of cassava. How about the tubers?
<TL.381>

(63) *Tihai so. Maa he ko hayoku ba parenta pa. Hare hetala taka henu ni saa balik.*
They are too heavy for me. Nobody helps me carry them to the market. So, it is only the leaves that I sell.
<TL.382>

TL is a devoted Christian and a member of a prayer group (*kelompok sembahayang*), which meets up regularly to pray for common intentions. She believes that treatment for all forms of disease requires prayers, either private or group prayers, before administering any form of treatment. As a local healer herself, she visits sick individuals from her prayer group and provides a prayer and massage service. These are shown in (64) and (65).

(64) *Hm. Sura homi mia ri napaatingti karieng e mooke do ayoku paak o henil o. hare wan ama hariik henidi ee, ee nekarieng yo henu wiidadi maama. Ama hariik, hekeluarga sei ba laak henil nu, dara helmunuk naha nu sembayang. Sembayangdi te na nolaak.*
The Bible says that we must work and pray, these two things. So, when someone gets sick, I treat them accordingly, their family invite me to visit the sick, and before giving a massage, I pray for them first. After that, I give a massage. After giving the massage, I pray for them again before going back home.
<TL.165>

(65) *Haba tomoku ba buuk nah aba sembayangdi se.*
We don’t just drink the medicine without saying anything; of course we pray first.
<TL.245>

4.2.2 Biomedically Trained Healthcare Workers

An alternative to traditional healing techniques in the community is biomedicine. The Abui community members access biomedical healthcare through public healthcare facilities and by consulting healthcare workers who have been trained at biomedical institutions.

This section discusses the interview content of two healthcare workers from the Abui community. EP, a female midwife, and NH, a male nurse, were interviewed for their individual approaches to treating patients from the Abui community. Although this round of interviews is not as rigorous or extensive as the *Alowai/Penyakit* interviews in terms interview length, both EP and NH were asked for their opinions on the effectiveness of both traditional and "modern" healthcare. Furthermore, since fever is one of the most prevalent *penyakit* in the Abui community, this interview focuses on what they think is the cause and appropriate treatment for *demam,* the Indonesian word for fever.

Demam is indeed one of the most common diseases NH encounters, either with bodyaches or just *demam* alone. In (66) and (67), NH elaborates on the disease profile of his patients.

(66) *Jadi yang selama saya berobat di rumah sakit untuk pasien tuh kebanyakan dari sini semua tapi dia punya keluhan tuh rata-rata pasien yang datang tuh donk sakit ini keluhan tuh badan sakit semua. Badan sakit ada yang demam, batuk pilek, sakit perut, mual muntah.*
So... as long as I have been working in the hospital, all patients mostly come from here. But their symptoms are mostly body ache (lit. pain in the whole body). Body ache, fever, cough and runny nose, stomach ache, nausea and vomiting.
<NH.0104>

(67) *Demam panas ada mual muntah, sakit perut, tapi yang paling sering itu datang dengan demam panas kebanyakan di anak-anak donk. Anak kecil umur…berapa…lima…enam tahun sampai berapa…tujuh belas…tujuh belas tahun tuh rata-rata demam panas semua.*
The fever, nausea and vomiting, stomachache, but the most frequent one is (patients) who came having fever. Most of them are kids. Kids age…how old…5…6 years until how old…17…17 years old – most of them have a fever.
<NH.0142>

Both EP and NH treat *demam* in the same manner by administering medicine in the form of pills when approached by sick individuals. Likewise, if the fever does not subside after three days, both healthcare workers will strongly advise patients to go to the hospital for a blood test. As EP points out in (68), fever lasting more than three days is a sign of possible malaria infection.

(68) *Berarti saya kasih obat demam. Saya kasih obat untuk tiga hari…untuk minum selama tiga hari. Kalau tiga hari tidak ada perubahan dan kalau pasien datang lagi berarti saya anjurkan ke puskesmas untuk ambil darah begitu.*
It means I will give (the patient) fever medicine. I will give medicine for 3 days…for consumption for 3 days. If there are no changes in 3 days and if the patient comes back again, I will refer (the patient) to the clinic for taking a blood test.
<EP.0143.1>

However, both EP and NH experience difficulties when treating elderly patients as these patients will ask for an injection instead of taking the pills which the biomedical healthcare workers administer. As EP explains in (69), the elderly patients believe that they require an injection in order to be healed.

(69) *Jadi pasien… maksudnya orang-orang tua disini sudah punya kepercayaan atau bagaimana. Jarum itu harus kena dulu baru sembuh begitu.*
So, the patients…meaning old people here have a belief or else…needle needs to be injected first in order to be healed.
<EP.0459.3>

In (70) and (71), EP recounts an incident where the patient rejected EP's pill prescription for the patient's stomach discomfort. Instead, her patient insisted on having an injection despite an injection not being the correct medication for this patient's health condition.

(70) *Kasi obat minum. Nanti tidak minum!*
(I) gave the medicine to drink. But (he/she) did not drink it!
<EP.0438.3>

(71) *Nanti setelah saya berkunjung tiga atau empat hari… saya berkunjung tidak minum. Saya bilang: 'kenapa tidak minum?'…bilang…eh...obat begini saya minum terus juga tidak sembuh lah maunya suntik.*
Later after I visited three or four days (after) I visited, (he/she) did not drink it. I said why don't you drink it?... he/she said, "eh… medicine like this…(although) I keep drinking it, (I) will not be healed anyway. (I) want to get injection".
<EP.0442.3>

One of the recurring themes in both EP and NH's account is how God is ultimately the one who enables healing, as shown in (72). Religion thus has an impact on shaping their view of healing, given that both EP and NH are parishioners in a local church in Alor.

(72) *Jadi masih kesimpulannya yo itu tuh kalau kita percaya memang Tuhan kasih kesembuhan tuh lewat obat-obat begitu eh kami juga perantara begitu. Kami hanya mengobati tapi Tuhan yang penyembuhkan begitu. Jadi kalua…memang pasien juga percaya kalau lewat obat yang bidan dengan oh ini, apa? Pokoknya lewat obat yang tenaga kesehatan kasih tuh. Kalau dia sembuh berarti pasien akan sembuh begitu. Yakin dan percaya.*
So, the conclusion is that if we believe that God really grants healing through medicine, we are the mediators (for Him). We only treat but God (Himself) is the healer. So, if you…if the patient also believes that along with the medicine, the midwife has oh, what? The main thing is (to have) drugs with the worker's care. If all goes well, it means the patient will recover. Trust and believe (in God).
<EP.0921.2>

4.2.2.1 EP (female, midwife)

EP is a female midwife who specialises in the healthcare of babies and pregnant women. As EP is not trained in diagnosing and treating general *penyakit*, she reveals in (73) that she used to turn patients away for sheer lack of relevant training. However, EP now takes on patients with general diseases because she realised that the Abui community tend not to differentiate between doctors and nurses, as shown in (74).

(73) *Jadi sebenarnya untuk ini kan saya tidak bisa. Saya bidan. Bidan kan untuk kesehatan ibu dan anak.*
So, I'm not supposed to be (treating patients). Midwives are supposed to look after the health of the mother and her child.
<EP.0125.3>

(74) *Pandangan masyarakat itu kalau tenaga kesehatan berarti tahu semua. Tahu semua. Pokoknya mau itu donk ta… hanya kita dilingkup. Kita dilingkup apa dinas kesehatan ya itu saja yang kita tahu kalau di kesehatan ada bagi-bagi jurusan lagi. Yang namanya dia perawat, dokter, bidan, gizi, lingkungan… kesehatan lingkungan gitu. Tapi, kalau untuk di masyarakat kan yang penting dia sudah… yang penting kesehatan. Yang penting ini apa sudah pakai pakaian putih itu berarti kesehatan dan dia… kita bisa berobat di dia begitu. Yang masyarakat tahu itu hanya bidan dengan mantri dan tidak tahu yang lain-lain. Kalau laki-laki berarti mantri, perempuan berarti bidan.*
The general public think being a health worker means knowing everything. However, our knowledge is limited. We each work for a department and we do know all the different department names such as: nurse, doctor, midwife, nutritionist, environmental…environmental health specialist. But what really matters to the community is that he or she has…the important thing is health. Just because one dons a white coat, the community thinks he or she will be able to treat their health condition. (Sometimes), the community is only familiar with the term "midwife" and not the others. All male healthcare workers are all known as nurses and all female healthcare workers are known as midwives.
<EP.0131.3>

EP also reveals that it is common for the community to prefer certain healers over others. EP describes this trust-based preference in examples (75) and (76) with the metaphor *tangan yang cocok* (lit. suitable hands), where a patient would rather seek treatment from a healthcare worker they have existing relationship ties with rather than the professional expertise of another healthcare worker. Even if the medicine provided by both healthcare workers is exactly the same, such a patient would favour his or her chosen healer with *tangan yang cocok*.

(75) *Obatnya sebenarnya sama. Obat… obat minum sama. Kan biasa juga lihat. Obat apa yang dia dapat dari ini apa…tenaga kesehatan lain begitu. Dan itu obat yang ada sama saya juga.*
The medicine (prescribed) is actually the same. Both medications should be swallowed – it's just the way it works. The medication he or she obtains from other healthcare workers is exactly the same as ones I prescribe.
<EP.1147.2>

(76) *Obatnya sama yang kami kasih tapi orang … istilah bilang tangan yang cocok dulu baru sembuh. Kalau tidak cocok, nah tidak sembuh.*
The medicine is the same but the difference being that we care for the patient…basically *tangan yang cocok*. If one's hand is not suitable, the (patient's) disease will not be cured.
<EP.1221.2>

EP is wholly supportive of the use of traditional medicine and believes it will enhance the recovery process if both traditional medicine and biomedicine are taken together. As examples (77) and (78) suggest, EP believes that traditional healing methods like *tindis tindis*, which is the sponging of the body with a damp cloth, is an external healing method that is quite compatible with biomedicine pills. After all, examples (79) shows that EP believes that healing comes from God and considers the ability to heal a gift from God that allows her to mediate for the patient.

(77) *Mandi tindis-tindis badan begitu. Jadi itu kan anggap saja obat dari luar.*

Bathing (and) “tindis-tindis” (placing a damp washcloth against your body for a brief time). So, just consider it as an outer treatment.

<EP.033.2>

(78) *Jadi terus kalau obat yang saya kasihkan untuk diminum. Jadi bisa saja jalan dua-dua. tidak keberatan. Iya, karena iya jalan sama-sama. Lebih bagus.*

So then if the medicine that I gave is for being taken (being drunk). Both of them can go together. (I) don’t mind. Yes, because yes it can go together. It’s better.

<EP.0036.2>

(79) *Jadi masih kesimpulannya yo itu tuh kalau kita percaya memang Tuhan kasih kesembuhan tuh lewat obat-obat begitu eh kami juga perantara begitu. Kami hanya mengobati tapi Tuhan yang penyembuhkan begitu. Jadi kalua…memang pasien juga percaya kalau lewat obat yang bidan dengan oh ini, apa? Pokoknya lewat obat yang tenaga kesehatan kasih tuh. Kalau dia sembuh berarti pasien akan sembuh begitu. Yakin dan percaya.*

So the conclusion is that if we believe that God really grants healing through medicine, we are the mediators (for Him). We only treat but God (Himself) is the healer. So if you…if the patient also believes that along with the medicine, the midwife has oh, what? The main thing is (to have) drugs with the worker’s care. If all goes well, it means the patient will recover. Trust and believe (in God).

<EP.0921.2>

4.2.2.2 NH (male, trained nurse)

NH displays two main understandings of the aetiology of disease (*penyakit*) and hence prescribes treatment based on the perceived cause of it. If the *penyakit* is caused by bacteria, NH will treat the symptom with the relevant biomedical pills, as shown in (80) and (81).

(80) *Kebanyakan sebelum saya penanganan itu kan saya liat saya kaji dia dulu dari dia punya laporan-laporan terus saya lihat dari dia punya gejala-gejala yang klinis juga.*

Mostly before I prescribe anything, I usually examine him or her based on his or her report. Then I examine his clinical symptoms too.
<NH.0159>

(81) *Saya lihat dia punya gejala klinis misalnya ada tanda-tanda malaria atau tipes begitu. Itu kan sudah infeksi… …Kalau virus itu tidak bisa kasih o…kalau bakteri doank itu kita ini…infeksi itu macam kayak ada malaria itu kita harus kasih antibiotik.*
I examine his clinical symptoms, for example, *malaria* symptoms or typhus – that's already an infection… …If it is (caused by) a virus, (antibiotics) cannot be given; if it is (caused by) bacteria we…like a *malarial* infection, we must give antibiotic.
<NH.0322>

Alternatively, NH believes that *penyakit* could be a supernatural punishment from God. In the case of the latter, NH stresses it is important to seek God's forgiveness in order to be healed. Hence, (82) shows how water that has been prayed over would be an effective form of disease treatment.

(82) *Saya lihat juga misalnya kalau kasih minum air-air yang campur dengan daun itu saya sering batasi.*
I take into consideration too, for example if (they) are given drinks (such as) water that is mixed with leaves. I often limit it.
<NH.1959>

NH is largely ambivalent to most traditional treatment but points out that he will strongly advise patients not to drink traditional herbal remedies. He cautions that taking both types of medication together would possibly interact and make the patient's condition worse. Interestingly, NH's opposition to ingesting traditional remedies stops short of discouraging patients from drinking holy water.

(83) *Kalau berdoa saja nah…sembayang atau sembayang air biasa pun minum tidak apa-apa, tapi saya…saya larang keras jangan kasih minum itu daun-daun. Karena itu, dia pun(ya)…efek sampingnya bukan menyembuhkan tapi nanti dia ini…memberatkan lagi.*
If (it is) only praying…praying or regular holy water, it is okay. But, I…I…forbid harshly…don't give them (the) leaf-drink (lit. water from

> leaves) because it has side effects…it may not heal (the patient) but instead worsen (the condition).
> <NH.2009>

The different approaches NH and EP have towards accommodating traditional medicine could be partly due to their training. As NH is a fully trained nurse, he would have a clearer understanding of different health conditions as well as the chemical effects of the medicine he administers. EP was trained to handle the health of pre and post pregnancy women, as well as children, hence does not have such a robust understanding of how biomedicine works.

Thus the results of this chapter show how traditional Abui healers and biomedically trained workers approach health conditions that occur within the community. Abui healers generally have a good knowledge of local herbs and plants. While it is not clear how well-versed the biomedical healthcare workers NH and EP are with local herb knowledge, they do try to accommodate other forms of traditional healing to a certain degree.

The results in this chapter also highlight the differences in the conception of the aetiology of fever between traditional healers and nurses, and shows how the particular aetiology assumed influences treatment preferences, be it traditional or biomedical healthcare treatment. Treatment practices stem largely from the availability of healthcare treatment, affordability of the treatment, and religious beliefs.

The next chapter explores the implications of having both biomedical and traditional healthcare available to the Abui community, as well as the effect such healthcare options can have on treating fever symptoms.

5 Discussion

Now that all the profiles of both biomedical and traditional healers have been presented, this chapter identifies the main similarities and differences between these two healing methods, as well as the implications they have for treatment of health conditions, in particular, fever. The difference in the understanding of the aetiology of fever between traditional healers and biomedical healthcare workers influences their treatment of fever conditions. The similarities and differences in the treatment of fever are derived from a comparison between the biomedical and traditional healing practices which will be expounded in sections 5.1 and 5.2 respectively.

The varying practices for healing discussed in chapter 4 can be broadly distributed into three systems: traditional, spiritual (religiously motivated within the Christian faith), and biomedical. Each system contains healing practises limited to their category, such as having prayer as a healing technique being exclusive to the spiritual system and injections being exclusive to the biomedical system. Yet, as practices are influenced by culture and belief in disease aetiology, these healing systems exhibit some shared similarities.

For example, the time interval for patient visits is 3 days for both traditional healers as well as biomedical healthcare workers. Likewise, treating patients with holy water is a popular favourite in both the traditional and biomedical healing systems despite originating from the spiritual system. As suggested in the EP and NH accounts, holy water would be a reference to the community's religious belief that God is the one who grants healing. The main difference in the use of holy water for healing is that the biomedical healing system does not allow the incorporation of herbs while the traditional and spiritual healing systems do.

Massage seems to be the only healing technique that is universally acceptable in all three systems, although massage with herbs is not allowed in the biomedical system. This finding is consistent with NH's opinion that mixing herbs with biomedicine would be potentially dangerous to the patient.

The supernatural aspect of disease is evident in both the traditional and spiritual healing systems. Figure 3 below summarises the differences in healing systems.

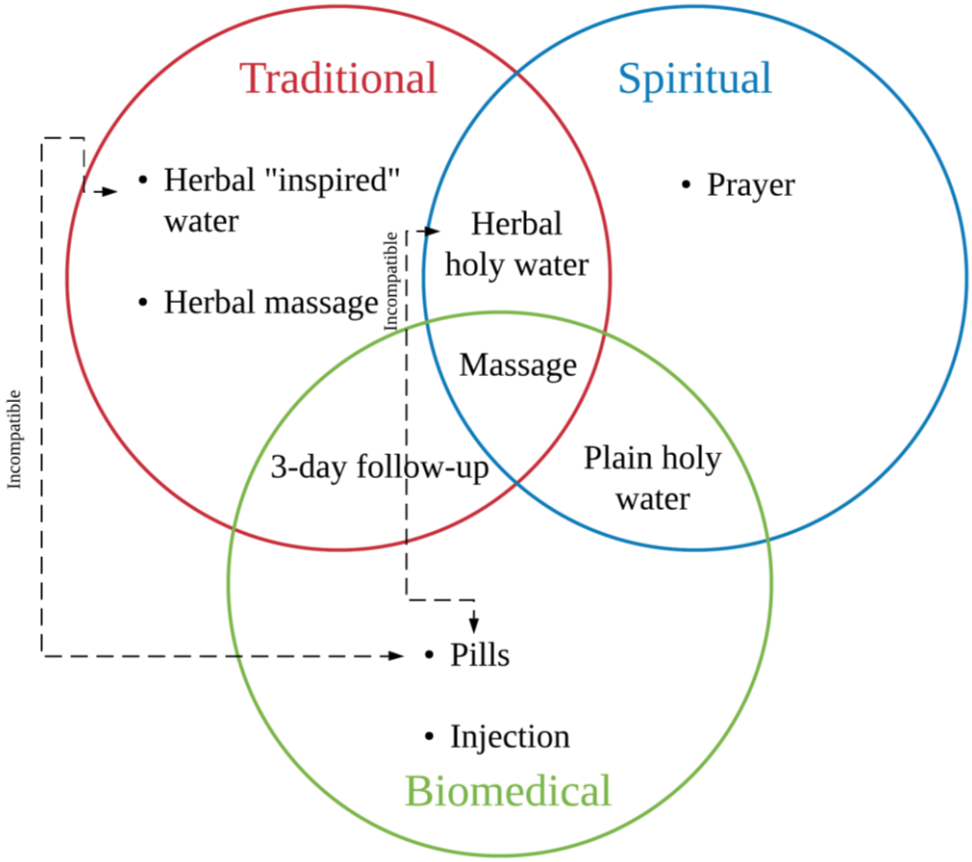

Figure 3. Healing Systems

5.1 Convergent traditional and biomedical treatment

NH and EP demonstrate that although they treat disease based on their biomedical training, they are sensitive to the cultural influences on treatment, namely traditional and religious-spiritual treatment techniques. They navigate this balance carefully with their judgment such as NH, who says in (84):

(84) *Hanya, untuk namanya pengobatan secara itu doang itu tradisional itu doang tuh itu kebanyakan saya…kasih obat disini nih obat medis. Tapi untuk pengobatan tradisional itu…saya lihat juga misalnya kalau kasih minum air-air yang campur dengan daun itu saya sering batasi.*
Only, for what you call a treatment like that…like traditional treatment…I mostly I give (them) medical medicine here. But for traditional treatment…I take into consideration too, for example if (they) are given drinks (such as) water that is mixed with leaves, I often limit it.
<NH.1947>

Both the biomedical and traditional healing methods adhere to a 3-day interval between the first treatment and the follow-up. It is not clear whether NH and EP adopt this method to cater to the healing culture of the Abui community or if this is a standard practice for biomedical treatment in Alor, but in doing so, they gain the reputation of being "good" healers who show care for their patients (F. Kratochvíl, personal communication, June 7, 2019).

5.2 Divergent traditional and biomedical treatment

Although there are similarities amongst the healing systems, there exist differences as well. This section explores the differences between the traditional and biomedical healing systems since most of the interview materials are sourced from healers from the traditional and biomedical systems, especially with regard to treatment procedures. The following sections show how each healing system treats fevers differently.

Section 5.2.1 shows how *demam* and *-tatuk* are conceptualized as different disease categories despite both diseases encompassing the symptom of raised

body temperature. This is shown through the different cause and treatment for the respective diseases.

Section 5.2.2 revisits *takaya*, a fatal disease that resembles severe malaria. However, healing attitudes and aetiology understanding show that *takaya* is likely to be categorically different from malaria.

5.2.1 Treatment for *demam* and -*tatuk*

In the interviews conducted in Abui, *tootatuk* is essentially fever that's accompanied by chills. According to PF, *tootatuk* is one of the most common *alowai* that occur in the community, along with diseases such as famine, tuberculosis and diarrhoea. *Tootatuk* frequently occurs in conjunction with other complications such as *takaya,* a disease that is highly similar to cerebral malaria, kidney disease (*taraai daliifi laaina*), or smallpox (*fileeilang*). All these accompanying complications are considered *alowai* that are difficult to treat and frequently lead to death.

Western biomedical treatment was preferred for *demam* regardless of the cause of the fever, except in the case of physical exhaustion due to hard labour. *Malaria* is frequently cited as the most common disease that causes fever, with some people citing *demam* as a common form of fever epidemic. The other diseases that cause *demam* are common cold, cough, smallpox and chickenpox.

Interestingly, Western treatment was not mentioned in the treatment for *tatuk*, and the treatment of *tatuk* is quite varied. Out of the 10 incidences of *tatuk*, nine mention a traditional remedy, which is body massage by a healer or the application of crushed herbs to the body. The remaining *tatuk* incident did not mention any remedy. Although both traditional and biomedical treatments are effective, the community is increasingly turning to biomedical treatment for complications arising from *tatuk.*

Example (85) shows that this phenomenon coincides with the fact that *tatuk* is also known as *malaria* in recent times, likely due to the symptom similarities both diseases exhibit.

(85) *too-tatuk* *mai* *yala hei* *ama* *he-fangi*
2SG-be.feverish and.then nowadays person3.loc-told.about

ya *malaria*
Seq malaria
'Now, people call *tootatuk* malaria'
<LAF.136>

According to biomedical healthcare workers NH and EP, *demam* can be caused by dehydration, late meals, weather fluctuations, and flu. Alternatively, *demam* can be caused by more deadly factors such as *malaria*, dengue or typhoid. Treatment for *demam* caused by *malaria* will not be cured by the regular medicine that NH and EP dispense and requires a different set of pills.

The disease category for *demam* seems to accommodate a wider range of causes than *tootatuk*, ranging from mild causes like the common cold to deadlier ones like *malaria*, dengue and typhoid. On the contrary, the *tootatuk* category seems to be exclusively linked with fatal outcomes. Hence, the terms *demam* and *tootatuk* should not be used interchangeably, as they are perceived to be categorically different in both disease aetiology and medical semiology.

5.2.2 Takaya

As mentioned in LAF's interview, *takaya* is a disease that only affects thieves when they steal from fruit trees that are cast with the *takaya*-inducing spell. *Takaya* is possibly derived from the word *takaai*, which means 'to steal' in the Abui language (Chan, 2016). Symptoms of *takaya* include high fever, deranged behaviour, and occasional temporary paralysis in the mouth. The cerebral damage caused by *takaya* seem eerily similar to complications caused by severe malaria. This human-like agency suggested in *takaya* only affects fruit tree thieves. Furthermore, since the one who calls upon the *takaya*-inducing spirit owns the spirit, the stealer suffering from *takaya* has to initiate corrective

behaviour and restore the relationship with the individual he or she stole from. Such details are never mentioned in healers' explanation of *malaria* episodes.

Just like *sumaya* and *kono*, Western healthcare workers occasionally associate *takaya* with malaria. However, based on linguistic analyses of *takaya* interview accounts from Chan (2016) and this paper reveals that the local understanding of *takaya* is most likely not malaria. The Abui community tend to view malaria as a recent disease brought about by modernisation rather than an endemic disease entrenched in the area since the earliest days of their civilisation. The implications of this would be that Abui patients of *takaya* are less likely to voluntarily seek Western biomedical treatment. Therefore, despite *takaya* having symptoms that are similar to severe malaria, they are not likely the same disease. The treatment process and pathogenesis of *takaya* suggests that *takaya* is conceptualised as a separate disease from malaria.

These examples show how using local disease terminology to replace Western disease names may not always be the best solution. The disease naming systems that is used among the Abui community show that they perceive and categorise their bodily discomfort quite differently from the biomedical classification system.

6 Conclusion

Through analysing narratives of various Abui healers, we can piece together a conceptual framework that informs the health-seeking behaviour of the Abui people. This conceptual framework is complex and personal, influenced by individual encounters with the disease, perceived disease cause, and religious leaning. The influence of religious practices is realised in the framework's supernatural dimension that permeates both the traditional and monotheistic religions practiced within the community.

This study has also established that the Abui term *alowai* greatly influences the abstract concept of health among the Abui community. *Alowai* encompasses all kinds of unfavourable events and life experiences as well as disease episodes which tend to affect more than just their physiological wellbeing. Thus, crucial to understanding the health-seeking behaviour of the Abui people is that the term '*alowai'* includes more than just physiological disorder and bodily ailment. The practical implication of this is that an Abui patient seeking treatment is likely to expect relief from more than just their state of ill-health. Depending on the nature of the *alowai*, the patient will seek healing in the form that addresses the root problem of the *alowai*, on top of relieving the symptoms of their ill-health. For example, if the patient perceives his or her *alowai* to be caused by a supernatural attack from a malevolent spirit, the patient might seek a traditional healer or a Christian priest who is known to deal with supernatural causes of *alowai*. The health-seeking behaviour of the Abui is thus more complex than what biomedical model hospitals offer.

These Abui disease narratives also show that treatment efficacy is dependent on the perception of disease causation. At times, the patient's understanding of the aetiology of their disease can be vastly different from the healer's, leading to patient resistance towards the treatment prescribed. Both EP and NH have experienced challenges of this sort that often complicate their prescribed treatment procedure. Furthermore, EP and NH are in comparison much younger than the elderly traditional healers. Krentel (2008) has noted that the Abui cooperate with medical treatment better when these instructions are given by

authoritative figures such as village chiefs, religious leaders and government officials. This places EP and NH in a somewhat paradoxical situation where they end up having to instruct patients who are in fact more senior in age or status than themselves. Based on this observation, the interaction between seniority, perceived authority and medical compliance is thus a topic that can be researched further.

Even though there is increasing adoption of biomedical healing practices, the narratives also show that the Abui community have an overt preference for certain types of medication over others. Based on account evidence from EP and NH's interviews, Abui patients generally perceive injections to be more efficient than any other biomedical treatment. This corroborates observations that the Abui elderly strongly believe that injections are the most potent form of biomedical treatment (F. Kratochvíl, personal communication, 22 March 2019). This perception of biomedical treatment could undermine future treatment efforts if healthcare workers administer treatment schemes or vaccination programmes without being sensitive to this existing bias within the community.

There also seems to be a routine that is shared among healers, be it biomedical or traditional ones, through the revisiting of patients in 3-day intervals after treatment. Thus, healthcare providers who wish to foster the trust and cooperation of the Abui patients should consider incorporating this practice in their treatment process in order to boost treatment outcomes. The health-seeking behaviour of the Abui people can thus be summed into this conceptual framework (Figure 4 below).

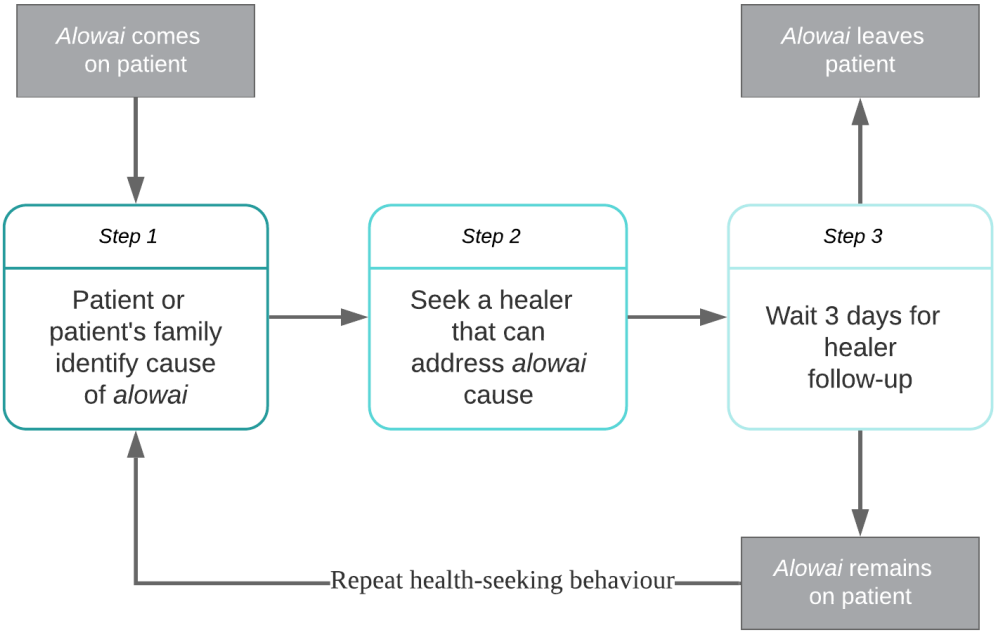

Figure 4. Health-seeking Behaviour Conceptual Framework

It is hoped that further research will refine this framework to include other factors that were not explored in this thesis. These other factors that might also influence health-seeking behaviour could be variations across age groups, gender, kinship networks (Kreager, 2006), friendship ties and the role of influence or leadership in the community.

References

Adams, S., Pill, R., & Jones, A. (1997). Medication, chronic illness and identity: the perspective of people with asthma. *Social Science & Medicine, 45*(2), 189-201.

Angel, R. & Thoits, P. (1987). The impact of culture on the cognitive structure of illness. *Culture, Medicine and Psychiatry, 11*, 465-494.

Ashley, E. A., Dhorda, M., Fairhurst, R. M., Amaratunga, C., Lim, P., Suon, S., … White, N. J. (2014). Spread of artemisinin resistance in *Plasmodium falciparum* malaria. *The New England Journal of Medicine, 371*, 411-423.

Beiersmann, C., Sanou, A. Wladrasch, E., De Allegri, M., Kouyate, B., Müller, O. (2007). Malaria in rural Burkina Faso: local illness concepts, patterns of traditional treatment and influence on health-seeking behaviour. *Malaria Journal, 6*(106), 1-9.

Berridge, V. & Strong, P. (1991). AIDS and the relevance of history. *Society for the Social History of Medicine, 4*(1), 129-38.

Betancourt, J. R. (2006). *Improving Quality and Achieving Equity: The Role of Cultural Competence in Reducing Racial and Ethnic Disparities in Health Care.* New York, NY: Commonwealth Foundation.

Blake, A. L., Chan, W. T., Delpada, B., Ekawati, L. L., Ghazali, S., Holton, G., … Tee, A. Y. W. (2017). The language of malaria in Abui: An interdisciplinary investigation of healthcare practices in Alor, Eastern Indonesia. [Powerpoint Slides]. Retrieved from https://www.researchgate.net/publication/321978501_The_Language_of_Malaria_in_Abui_An_interdisciplinary_investigation_of_healthcare_practices_in_Alor_Eastern_Indonesia

Boseley, S. (2018, February 1). Drug-resistant malaria will spread without urgent action, experts warn. *The Guardian.* Retrieved 22 Apr, 2019, from https://www.theguardian.com/world/2018/feb/01/drug-resistant-malaria-will-spread-without-urgent-action-experts-warn

Brandt, A. (1991). 'Emerging themes in the history of medicine', *Milbank Memorial Quarterly, 69*(2), 199-214.

Carpara, A. (1998). Cultural interpretations of contagion. *Tropical Medicine and International Health, 3*(12), 996-1001.

Chabner, B. A., & Roberts, T. G. (2005). Chemotherapy and the war on cancer. *Nature Reviews Cancer*, *5*(1), 65-72.

Chan, W. T. (2016). *The Pragmatics Behind the Medical and Health Knowledge in Alor: An understanding of how disease is conceptualized in the Abui language*. (Unpublished Honours Thesis). Singapore: Nanyang Technological University.

Croft, W. & Cruse, D. A. (2004). *Cognitive Linguistics*. New York: Cambridge University Press.

Degner, L. F., Hack, T., O'neil, J., & Kristjanson, L. J. (2003). A new approach to eliciting meaning in the context of breast cancer. *Cancer Nursing, 26*(3), 169-178.

Dugas, M., Dubé, E., & Bibeau, G. (2009). Translating malaria as *sumaya:* Justified convention or inappropriateness?. *Anthropology & Medicine, 16*(3), 307-318.

Edwards, O., & UBB. (2018). *Languages of Alor and Pantar.* Kupang: Language & Culture Unit (UBB) and Leiden University.

Elyazar, I. R. F., Hay, S. I., & Baird, J. K. (2011). Malaria distribution, prevalence, drug resistance and control in Indonesia. *Advances in Parasitology, 74*, 41-175.

Ennis-Cole, D., Durodoye, B. A., & Harris, H. L. (2013). The impact of culture on autism diagnosis and treatment: Considerations for counselors and other professionals. *The Family Journal, 21*(3), 279-287.

Fleischman, S. (2015). Language and medicine. In D. Tannen, H. E. Hamilton and D. Schiffrin. *The handbook of discourse analysis* (470-502). Malden, Massachusetts: Blackwell Publishers Ltd.

Fox, N. J. (2005). Cultures of ageing in Thailand and Australia. (What can an ageing body do?). *Sociology, 39*(3), 481-498.

Fox, N. and Ward, K. (2006) Health identities: from expert patient to resisting consumer. *Health*, *10*(4): 461-79.

Fox, N. and Ward, K. (2008) What are health identities and how may we study them? *Sociology of Health & Illness*, *30*(7), 1007-21.

Green, J., & Thorogood, N. (2013). Beginning data analysis. *Qualitative Methods for Health Research.* London: SAGE Publications Ltd.

Grønseth, A. S. (2001). In search of community: A quest for well-being among Tamil refugees in northern Norway. *Medical Anthropology Quarterly 15*(4), 493-514.

Grønseth, A. S. (2011). Tamil refugees in pain: Challenging solidarity in the Norwegian welfare state. *Journal of Ethnic and Migration Studies*, *37*(2), 315-332.

Hüttinger, F., Satimai, W., Wernsdorfer, G., Weidermann, U., Congpuong, K., Wernsdorfer, W. H. (2010). Sensitivity to artemisinin, mefloquine and quinine of *Plasmodium falciparum* in northwestern Thailand. *The Central European Journal of Medicine*, *122*(3), 52-56.

Idro, R., Marsh, K., John, C. C., & Newton, C. R. (2010). Cerebral malaria: mechanisms of brain injury and strategies for improved neurocognitive outcome. *Pediatric research*, *68*(4), 267-74.

Jilek, W. G., & Jilek-Aall, L. (1985). The metamorphosis of culture-bound syndromes. *Social Science & Medicine. 21*(2), 205-210.

Kleinman, A. (1978). Concepts and a model for the comparison of medical systems as cultural systems. *Social Science & Medicine. Part B: Medical Anthropology*, *12*, 85-93.

Kleinman, A., & Sung, L. H. (1979). Why do indigenous practitioners successfully heal?. *Social Science & Medicine. Part B: Medical Anthropology*, *13*(1), 7-26.

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. Berkeley: University of California Press.

Kratochvíl, F. (2007). *A grammar of Abui: A Papuan language of Alor*. (Doctoral thesis). Retrieved from Leiden University Repository. (ISBN No. 9789078328285)

Kreager, P. (2006). Migration, social structure and old-age support networks: a comparison of three Indonesian communities. *Ageing & Society*, *26*(1), 37-60.

Krentel, A. (2008). Why do individuals comply with mass drug administration for lymphatic filariasis? A case study from Alor District, Indonesia. Doctoral dissertation, London School of Hygiene & Tropical Medicine.

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.

Lakoff, G., & Johnson, M. (1999). *Philosophy in the flesh*. New York: Basic books.

Loria, K. (2017, September 27). A drug-resistant malaria superbug is on the rise – here's why that's so concerning. *Business Insider*. Retrieved 22 April, 2019, from https://www.businessinsider.com/drug-resistant-malaria-greater-mekong-southeast-asia-2017-9/?IR=T

Loudon, I. (2001). *Western medicine: An illustrated history.* New York: Oxford University Press.

Low, S. M. (1994). Embodied metaphors: Nerves as lived experience. In T. J. Csordas (ed.), *Embodiment and experience: The existential ground of culture and self*, 139-162. Great Britain: Cambridge University Press.

Lupton, D. (2012). *Medicine as culture: Illness, disease and the body.* Los Angeles: Sage Publications.

Lupton, D. (2013, January 2). The cultural assumptions behind Western medicine. *The Conversation.* Retrieved 22 April, 2019, from http://theconversation.com/the-cultural-assumptions-behind-western-medicine-7533

Muela, S. H., Ribera, J. M., & Tanner, M. (1998). Fake malaria and hidden parasites—the ambiguity of malaria. *Anthropology & Medicine*, *5*(1), 43-61.

O'Donoghue, P. (2010). Plasmodium. Brisbane: Faculty of Science, The University of Queensland. Retrieved 22 April, 2019, from http://parasite.org.au/para-site/text/plasmodium-text.html

Reisfield, G. M. & Wilson, G. R. (2004). Use of metaphor in the discourse on cancer. *Journal of Clinical Oncology*, *22*(19), 4024-4027.

Roberts, L. (2017, October 11). Drug-resistant malaria is spreading, but experts clash over its global risk. *Science.* Retrieved 22 April, 2019, from http://www.sciencemag.org/news/2017/10/drug-resistant-malaria-spreading-experts-clash-over-its-global-risk

Sapir, E. (1929). The status of linguistics as a science. *Language 5*(4), 207-214.

Singer, M., and Baer, H. (2007). *Introducing Medical Anthropology: A discipline in action, 1st edition. Lanham, New York, Toronto, Plymouth, UK:* AltaMira Press.

Singh, A., & Settleman, J. (2010). EMT, cancer stem cells and drug resistance: an emerging axis of evil in the war on cancer. *Oncogene, 29*(34), 4741-4751.

Slivinski, N. (2019). Are we headed for a new era of malaria drug resistance. *The Scientist.* Retrieved 25 November, 2019, from https://www.the-scientist.com/features/are-we-headed-for-a-new-era-of-malaria-drug-resistance--65496

Sporn, M. B. (1996). The war on cancer. *Lancet (London, England), 347*(9012), 1377-1381.

Sutanto, I., Suprijanto, S., Manoempil, P., & Baird, J. K. (2009). Resistance to chloroquine by Plasmodium vivax at Alor in the Lesser Sundas Archipelago in eastern Indonesia. *The American Journal of Tropical Medicine and Hygiene, 81*(2), 338-342.

The Malaria Atlas Project (2018). *Spatial Distribution of Plasmodium Vivax Malaria Endemicity Globally, 2010.* Retrieved 22 April, 2019 from https://map.ox.ac.uk/explorer/#/explorer

Thibodeau, P. H., & Boroditsky, L. (2011). Metaphors we think with: The role of metaphor in reasoning. *PloS One, 6*(2), e16782.

Trampuz, A., Jereb, M., Muzlovic, I., & Prabhu, R. M. (2003). Clinical review: Severe malaria. *Critical care (London, England), 7*(4), 315-23.

Williams, L. E., & Bargh, J. A. (2008). Experiencing physical warmth promotes interpersonal warmth. *Science, 322*(5901), 606-607.

World Health Organization. (1978). *Primary Health Care.* Geneva: World Health Organization.

World Health Organization. (2017). *World malaria report 2017.* Retrieved 22 April, 2019, from http://apps.who.int/iris/bitstream/handle/10665/259492/9789241565523-eng.pdf;jsessionid=A758D1DE118A46D139502972402BEB35?sequence=1

Worldwide Antimalarial Resistance Network. (2018). *Tracking resistance to artemisinin collaboration II.* Retrieved 22 April, 2019, from

http://www.wwarn.org/working-together/partner-projects/tracking-resistance-artemisinin-collaboration-ii

Yourgenome, (2016). The ongoing battle against drug resistant malaria. (2016, June 13). Retrieved 22 April, 2019, from http://www.yourgenome.org/stories/the-ongoing-battle-against-drug-resistant-malaria

Appendix:
Abui interviews with full glossing

Chan Wan Ting

This appendix contains fully glossed examples extracted from the interviews listed in the main body of the thesis. In many cases, some context is provided with the key example referred in the main text. The glossing is done using the SIL Toolbox in-built morphological parser. The data is presented sequentially and grouped in sections dedicated to individual healers.

The Abui corpus which this appendix is derived from is archived in a Google Drive. As of writing, the corpus is only made accessible to linguists who are working on the Alor-Pantar region.

1 AA, female, trained midwife

AA is an elderly female Abui speaker who has not experienced any major disease (*alowai*) personally. She has extensive experience as a midwife and underwent midwifery training at the public hospital.

(1) *AA: ta panas dalam re nala yo, fileeilaang*
be.PRX.AD CS.fever CS.internal or what MD.AD chickenpox
kanaai-kiki nu heng, maama, he-paai kaang nu hen
smallpox SPC 3.COP.IPFV father 3.AL-physique be.good SPC that
di rowa, he-paai beeka mai hen wan
3.AGT live 3.AL-physique be.bad and.then that already
pi bunia.
1PL.INCL.AGT hide.IPFV
AA: 'just like fever (lit. heat within), the patients who contract smallpox but have a strong physique survive it and recover; but those whose physique is weak have to be hidden (i.e. quarantined)' [Alowai.AA.043]

(2) *BD: hm*
hm
AA: 'yeah' [Alowai.AA.044]

(3) *AA: yal tuutaaha-ng sei nu dikang hen*
now coast-TOWARDS come.down.IPFV SPC again 3.COP
wiida-ti iti he-iya-he-tadeng
resemble.IPFV-REAL.PST that 3.AL-season
mahada-di-se di too-madia.
exist.IPFV-get.PFV-PRIOR 3.AGT DISTR.GOAL-infect
AA: 'now that we live on the coast, that disease is contracted only in a particular season' [Alowai.AA.045]

(4) *AA: hen di dara fila-fila ba yal*
3.COP 3.AGT still RED-be.young REL now
e-nahaa Malbi-ku wee do wida
2SG.AL-younger.sibling proper.name-DIM ASSOC PROX resemble.IPFV
yo hedo wir-te it do,
MD.AD 3.FOC make.like.MD.PFV-PRIOR lie.on PROX
e-kuta di, e-kuta neng do wan
2SG.AL-grandparent 3.AGT 2SG.AL-grandparent male PROX already
di na-bot-i ya: a Fiyaaimea-ng
3.AGT 1SG.PAT-tell.PFV-PFV SEQ 2SG.AGT place.name-TOWARDS
wee bataa ai ba bataa ba di bal ba
leave tree root REL tree REL 3.AGT plant REL
he-wahai-si he-iya baai iti kapai
3.LOC-look.at.IPFV-REAL.PST 3.AL-trunk also lie.on Java.cotton.tree
he-iya do wida, he-ata baai iti kapai
3.AL-trunk PROX resemble.IPFV 3.AL-leaf also lie.on Java.cotton.tree
he-ata do wida do hen a he-tehi
3.AL-leaf PROX resemble.IPFV PROX 3.COP 2SG.AGT 3.LOC-dig.PFV
ya hewar-marang nu he-tehi ya wit ba
SEQ 3.AL-east.side SPC 3.LOC-dig.PFV SEQ carry.in.arms.PFV SIM
me yo, he-nil-e
come.IPFV MD.AD 3.LOC-do.so.IPFV-PROG

AA: 'at that time, she was a child, about the same age as your brother Malbi. Your grandfather asked me: 'please go to Fiyaaimea and find a tree whose roots grow like this cotton tree, and the leaves are also like this cotton tree and dig them, dig from the eastern side of the tree and bring them back to me" [Alowai.AA.048]

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(5) *AA: nala baloku, he-nil-ti ya:*
what grass 3.LOC-do.so.IPFV-REAL.PST SEQ
e-ng pa he-paneei lol, ko
2SG.LOC-bound.to.do go.down.IPFV 3.LOC-touch.PFV wander IRR
na mii he-ri-enri-a, he-nil
1SG.AGT take.PFV 3.LOC-2PL.PAT-show.PFV-CONT 3.LOC-do.so.IPFV
mai dikang - yal iti he-ata minaka-minaka ba iti
and.then again - now that 3.AL-leaf RED-be.small REL lie.on
he-bika hoo-pa do, ama iti yal mi ba moku
3.AL-seed 3.GOAL-have.IPFV PROX person that now use PURP kid
loku=ng ha-weel do, hedo wó heel
small.person-TOWARDS 3.PAT-wash PROX 3.FOC DIST.H 3.TOP
abui melang to ee nalakaang?
mountain village PROX.AD before good.thing

AA: 'I asked: 'what kind of grass do I have to pick?' Then she answered: 'just go down and touch the grass, I will show you later!' Then I picked the grass with small leaves and seeds, which was used to bathe children; there was no better treatment in the village compared to this grass at that time (when we lived in the mountains).' [Alowai.AA.052]

(6) *AA: du-dang daweng to heto di*
3I.REC-grumble medicine PROX.AD that.PRX.AD 3.AGT
na-bot-i ya na sik-i ba marang.
1SG.PAT-tell.PFV-PFV SEQ 1SG.AGT pluck-PFV SIM come.up.IPFV
la bel o he-nil mai na ber
be.MD pull.out.IPFV MD 3.LOC-do.so.IPFV and.then 1SG.AGT pull.PFV
wot-i ya mii marang he-luok
throw.PFV-PFV SEQ take.PFV come.up.IPFV 3.LOC-massage.IPFV
he-laan-i ya maar kaanra mai bataa
3.LOC-wash.in.PFV-PFV SEQ cook.PFV complete.IPFV and.then wood
ai nu baabi-tapeei, mii ba
root SPC strike.PFV-pound.PFV take.PFV SIM
too-aliek-i ya mii moku fila loku
DISTR.GOAL-boil.together.PFV-PFV SEQ take.PFV kid be.young PL
ha-weel-e. hongfing ba ee heel nala di
3.PAT-wash-PROG adult REL before 3.TOP do.so 3.AGT
hoo-madii ba latukoi kuwo-kuwo wida do
3.GOAL-infect.PFV REL very.much sighing.sound resemble.IPFV PROX
hedo ha-weel-e
3.FOC 3.PAT-wash-PROG

AA: 'I went to pick in the middle of the grass which was used as a medicine, he asked me to pick and bring it to him. Then he asked me to take them off, then I took them off and carried, washed them them clean, boiled some water, the root of the grass then smashed, boiled them together then used to bathe children. Even adults who suffered from this disease also bathed with this medicine' [Alowai.AA.053]

(7) *BD: baloku ba heel a he-ai mii ba ko wala*
grass REL 3.TOP 2SG.AGT 3.AL-root take.PFV PURP IRR just
baai nu hen nala baloku?
grind.IPFV SPC 3.COP what grass

BD: 'what was the name of the grass whose root you took?' [Alowai.AA.054]

(8) *AA: ma el do, he-iya kapai iya wida,*
PART before PROX 3.AL-trunk cotton trunk resemble.IPFV
he-bika baai kapai bika wida, kapai minaka he-bika
3.AL-seed also cotton seed resemble.IPFV cotton be.small 3.AL-seed
la wida
be.MD resemble.IPFV

AA: 'the stem looks like cotton stem, and also the seeds, the seeds were like small cotton seeds' [Alowai.AA.055]

(9) *BD: hen-u e-ng ananra!*
3.COP-PRF 2SG.LOC-bound.to.do talk.IPFV

BD: 'that's what you have to tell me more about!' [Alowai.AA.056]

(10) *AA: ha-ne kongkopi ba*
3.INAL-name medicinal.plant QUOT

AA: 'the plant is called *kongkopi*' [Alowai.AA.057]

(11) *BD: oh, kongkopi*
oh medicinal.plant
BD: 'oh... *kongkopi*' [Alowai.AA.058]

(12) *AA: ha-ne kongkopi ba*
3.INAL-name medicinal.plant QUOT
AA: 'people say it is called *kongkopi*' [Alowai.AA.059]

(13) *AA: hen na mii miyeei=se hu*
that 1SG.AGT take.PFV come.PFV-PRIOR SPC.AD
e-kuta di noo-k-fanga=ti
2SG.AL-grandparent 3.AGT 1SG.GOAL-BRING-tell.to.IPFV-REAL.PST
hedo ha-ne kongkopi yo he-nil-e
3.FOC 3.INAL-name medicinal.plant MD.AD 3.LOC-do.so.IPFV-PROG
AA: 'when I brought it to the old lady, she then told me that the name was *kongkopi*' [Alowai.AA.060]

(14) *BD: hm...*
inter
BD: 'yeah' [Alowai.AA.061]

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(15) *AA: asiibeeka yo mai yo hen yal pi*
dysentery MD.AD and.then MD.AD that now 1PL.INCL.AGT
tuutaaha=ng sei do hen de-i
coast-TOWARDS come.down.IPFV PROX that 3I.LOC-have.purpose
fa dikang naha
be.MD.AD again not
AA: 'what people call dysentery, since we have moved to the coast, it no longer occurs' [Alowai.AA.134]

(16) *AA: ama ha-took biasa ha-riik, heng*
person 3.INAL-gut commonly 3.PAT-ill 3.COP.IPFV
he-nil-a, abui mia nu henu ama
3.LOC-do.so.IPFV-CONT mountain be.in SPC 3.COP-PRF person
he-mon took-e, maama
3.LOC-die.PFV drop-PROG father
AA: 'now, we sometimes contract a stomach infection, but when we used to live in the mountains people died in scores from that disease (i.e. dysentry)' [Alowai.AA.135]

(17) *BD: oh, asiibeeka he-i do?*
oh dysentery 3.LOC-benefit PROX
BD: 'oh, from dysentery?' [Alowai.AA.136]

(18) *AA: hm.*
hm
AA: 'yeah' [Alowai.AA.137]

(19) *AA: ama ha-took di ha-riik nu ama wea loku*
person 3.INAL-gut 3.AGT 3.PAT-hurt SPC person blood PL
nu-ng eet-ayool-e
SPC-TOWARDS suffer.diarhoea-PROG
AA: 'when people got stomachache, the sick suffered from bloody diarrhoea' [Alowai.AA.138]

(20) *AA: ama do-taa ba eet-ayool do, ama nala*
person 3I.REC-sleep.IPFV SIM suffer.diarhoea PROX person food
nee baai naha do, yaa henu hen di yaa
eat also not PROX go 3.COP-PRF that 3.AGT go
hoo-kaanra he-i yo di
3.GOAL-recover.IPFV 3.LOC-benefit MD.AD 3.AGT
hoo-kaanra, naha he-i yo hen di beeka
3.GOAL-recover.IPFV not 3.LOC-benefit MD.AD 3.COP 3.AGT be.bad
haba hen ama mi ba yaa bunia nu baai ba
but that person use SIM go hide.IPFV SPC also SIM
ha-paada
3.PAT-be.separated
AA: 'the sick could not hold their diarrhoea when sleeping and their beds got dirty; people nearby couldn't have meals; if the sick had a good fortune, then they would recover; but if not it would be difficult and the sick person was taken away and hidden away in different ways (i.e. quarantined or abandoned)' [Alowai.AA.139]

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(21) *AA: haba ama ee h-iyenglaka he-sei ama*
but person before 3.PAT-know 3.LOC-come.down.IPFV person
hoo-daweng nu hoo-kaanra, h-iyenglaka naha ama
3.GOAL-cure.IPFV SPC 3.GOAL-recover.IPFV 3.PAT-know not person
hoo-daweng maiye, ama hoo-da-fokda haba
3.GOAL-cure.IPFV if person 3.GOAL-3I.PAT-grow.big.IPFV but
tafuda nu ama wó Takalelang mia - iti oro Wiifutaai
be.all SPC person DIST.H place be.in - lie.on DIST place.name
mia nu, Arfakat he-kuta nu hen
be.in SPC proper.name 3.AL-grandparent SPC 3.COP
hoo-pang-sei baai, naha
3.GOAL-TOWARDS-come.down.IPFV also not
AA: 'if the sick person got medicine from a healer, then he would be healed. But If the sick person got medicine from someone who does not know herb, then his disease would relapse. All that happened when we lived up in Takalelang, over in Wiifutaai the sick people were brought to Arfakat's grandfather, but the old man was not able to heal them' [Alowai.AA.173]

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(22) *AA: ama ha-riik foka-foka loku nu ama eel*
person 3.PAT-ill RED-be.big PL SPC person before
e-kuta hee-l-tahai nu hen wala
2SG.AL-grandparent 3.BEN-GIVE-search.IPFV SPC 3.COP just
de-i beeka-ng ha-yei naha
3I.LOC-benefit be.bad-TOWARDS 3.PAT-hit.IPFV not
AA: 'those in serious condition that people brought to your grandmother, those did not die' [Alowai.AA.200]

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(23) *AA: ma hen di ko ya taka iti mii*
PART 3.COP 3.AGT IRR water be.empty that take.PFV
hoo-buuk to, p-ienglaka? hare
3.GOAL-let.drink.IPFV PROX.AD 1PL.INCL.LOC-3.PAT.know so
di ta ko di pi-ai sembayangdia re
3.AGT be.AD.PROX IRR 3.AGT 1PL.INCL.AL-side pray.IPFV or
tewil re he-nil to
do.how or 3.LOC-do.so.IPFV PROX.AD
AA: 'he just gave them water to drink, how can we know? Maybe he cured them by praying in our way or in some other way, you know' [Alowai.AA.349]

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(24) *AA: ama ma-i: el na hedo wir*
person be.PROX-PFV 2SG.TOP 1SG.AGT 3.FOC make.like.MD.PFV
ba na wan na iti la kabei dikang
REL 1SG.AGT already 1SG.AGT that be.MD little again
ne-rahasia wida la mii
1SG.AL-CS.secret resemble.IPFV be.MD take.PFV
oo-k-fanga do...
2SG.GOAL-BRING-tell.to.IPFV PROX
AA: 'people say that it is as if I am telling you my secrets' [Alowai.AA.889]

2 LAF, female, healer

LAF is an elderly female Abui speaker. She has extensive knowledge of *alowai* that commonly occur in the community — elaborating on 17 diseases in total. LAF recounts how she obtained healing knowledge through a dream once — the only account that mentions knowledge transfer other than through oral tradition.

(25) *BD: oh, iti petmarul, hoo?*
oh lie.on maringa.tree TAG
BD: 'oh, that's the tinta plant, isn't it?' [Alowai.LAF.023]

(26) *LAF: hm, hen di mahada-di-se hen-u mia yal*
hm that 3.AGT service-get.PFV-PRIOR 3.COP-PRF take.IPFV now
moku loku-ng ha-wel mai, iti wan kanai-kiki re
kid PL-TOWARDS 3.PAT-wash and.then that already smallpox or
fileilang re yal do pi ming-ta-wel
chickenpox or now PROX 1PL.INCL.AGT APPL-DISTR.PAT-wash

mai lang-nukda. Na la pieili. Na
and.then APPL-do.once.IPFV 1SG.AGT be.MD dream.PFV 1SG.AGT
pieila-ti, iti e-kota ha-nooting do
dream.IPFV-REAL.PST that 2SG.AL-grandparent 3.INAL-soul PROX
sei-si haa, baloku ba it do
come.down.IPFV-REAL.PST like.DIST.IPFV grass REL that PROX
mii moku ha-wel yo. Ma dara he-sei
take.PFV kid 3.PAT-wash MD.AD PART still 3.LOC-come.down.IPFV
mit do wan he-isi do wan ara-tulung wida
babysit PROX already 3.AL-body PROX already flames like.MD.IPFV
do.
PROX

LAF: 'yes, it is used to bathe children with smallpox. I had a dream, I dreamt about your grandmother. In my dream, she asked me to use that tree to bathe the children. When I woke up over him, his body was as if in flames' [Alowai.LAF.024]

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(27) *LAF: Takaya nu, maama, ama he-yelra*
malaria.type SPC father person 3.LOC-go.insane.IPFV
he-walri ba ama ta he-fangi
3.LOC-drive.crazy.PFV SIM person be.PROX.AD 3.LOC-tell.about.PFV
ya iti do nala malaria satu yo hen-u haa
SEQ that PROX what malaria CS.one MD.AD 3.COP-PRF like.DIST.IPFV
to. Afe di iti Kafola nu baai hoo-madii,
PROX.AD before 3.AGT that proper.name SPC also 3.GOAL-infect.PFV
Endi ba yal o Jakarta mia nu baai dikang di
proper.name REL now MD place be.in SPC also again 3.AGT
hoo-madii, iti wo Uri do baai
3.GOAL-infect.PFV that DIST.L proper.name PROX also
hoo-madii. Takaya nu ama bukopi ba
3.GOAL-infect.PFV malaria.type SPC person compose.PFV SIM
ming-natea mai, hen-u ama tanga beeka,
APPL-put.upright and.then 3.COP-PRF person speak.IPFV cannot
de-i makur ba miti. Naba
3I.LOC-have.purpose become.silent.PFV SIM sit-PFV in.other.words
do sinowai yo maiye, he-yelri
PROX be.under.spell MD.AD if 3.LOC-go.insane.PFV
he-walri ba bala loku do baai
3.LOC-drive.crazy.PFV SIM plaited.wall PL PROX also
he-riil-e.
3.LOC-climb.onto-PROG

LAF: '*Takaya* disease makes people insane. People used to call it as Malaria type 1. Kafola got it before and Endi who lives in Jakarta now also once had that disease. Uri got it too. A person suffering from the *takaya* disease loses speech and develops aphasia. In other words, the worst thing is the person becomes insane, and mentally unstable, disoriented, sometimes running into the walls.' [Alowai.LAF.029]

(28) *LAF: Afe o pi-naana Ande ba o lapang*
before MD.L 1PL.INCL.AL-older.sibling name REL MD.L field
mia nu baai di hoo-madii yo ta ama
be.in SPC also 3.AGT 3.GOAL-infect.PFV MD.AD be.PROX.AD person
he-fangi ya struk yo he-nul, haba
3.LOC-tell.about.PFV be.DIST stroke MD.AD 3.LOC-do.so.IPFV but
hen-u naha, hen-u baai takaya haa.
3.COP-PRF not 3.COP-PRF also malaria.type like.DIST.IPFV
Hen-u e-maama di pa meting
3.COP-PRF 2SG.AL-father 3.AGT go.down.IPFV betel.vine
natii-se, hoo-madii nu, maama. Takaya
put.a.spell.PFV-PRIOR 3.GOAL-infect.PFV SPC father malaria.type
nu he-penyakit nu henu wida.
SPC 3.AL-CS.disease SPC 3.COP-PRF like.MD.IPFV
war-afei-afeida maite, isi do lil-lilra.
become.late.afternoon.IPFV although body PROX RED-heat.up.IPFV
Afe he-tadeng waha e-maama Usu do oro
before 3.AL-day some 2SG.AL-father proper.name PROX DIST
Kaiheya mia do baai hoo-madii.
place.name be.in PROX also 3.GOAL-infect.PFV
LAF: 'Our Andre (older than the addressee) who lives near Lapangan (an open area near the Catholic church of Takalelang), once got that disease. At first we thought he got a stroke, but it was *takaya*. He got it because your uncle put a spell on his betel tree (to protect it from theft), but he (Ande) took it and he got that disease. *Takaya* disease is like that. High fever in the afternoon. Several days ago, uncle Usu who lives in Kaiheya also got that disease.' [Alowai.LAF.030]

(29) *LAF: Marang la enra mai, hen-u dikang iti*
come.up.IPFV be.MD cry.IPFV and.then 3.COP-PRF again that
o ya Fifi he-ya to dikang di
MD.L be.DIST proper.name 3.AL-mother PROX.AD again 3.AGT
pa la ha-pakdi to. Ma a
go.down.IPFV be.MD 3.PAT-slap.PFV PROX.AD PART 2SG.AGT
tewir oo-madia masi: ni-ya na
do.how.PFV 2SG.GOAL-infect and.so 1pl.excl.inal-mother 1SG.AGT
laak do la he-yel-yelra ya tuntama nuku
leave.for PROX be.MD 3.LOC-RED-go.insane.IPFV SEQ night one
na laak-i ba yaa Kalangfat baai miadi yo. War
1SG.AGT leave.for-PFV SIM go place also get.in.PFV MD.AD sun
di afei-afeida baai o-tatuk-e?
3.AGT become.late.afternoon.IPFV also 2SG.REC-be.feverish-PROG
Mai hi, ai heto takaya to. Ai korbai war
and.then so.PFV oh that.PRX.AD malaria.type PROX.AD oh soon day
afei-afeida-te Fifi he-ya di
become.late.afternoon.IPFV-PRIOR proper.name 3.AL-mother 3.AGT
sei yo, hen-u baai mii ba
come.down.IPFV MD.AD 3.COP-PRF also take.PFV SIM

hoo-puini *kaanri* *masi,* *damaai do* *hedo* *takei*
3.GOAL-spit.at.PFV complete.PFV and.so ginger PROX 3.FOC bite.IPFV
kaanri *maiye, mii* *ba* *h-iyeng* *ha-min* *nu*
complete.PFV if take.PFV SIM 3.INAL-eye 3.INAL-nose SPC
kafufi *ya* *ta-taang* *to-bole.*
spit.PFV SEQ DISTR.INAL-hand DISTR.REC-hit-PROG

LAF: 'He was feverish and anxious, then Fifi's mother came to him and asked. How do you feel? He said: 'I feel like I have lost my mind and I sleep walk, one night, I walked all the way to Kalabahi. Do you feel sick during the afternoon? He said: Yes. She said: Oh, that's takaya disease. Later that afternoon, Fifi's mother visited him again. She chewed some ginger and spitted the chewed ginger in his face and clapped his hands.' [Alowai.LAF.031]

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(30) *LAF: dikang ee* *wea* *di* *ama* *ha-min* *ba*
again before blood 3.AGT person 3.INAL-nose SIM
dong-sei *yo,* *hen-u* *dikang ama*
INTO-come.down.IPFV MD.AD 3.COP-PRF again person
he-fangi *ya* *sak* *too-madia*
3.LOC-tell.about.PFV be.DIST protect.with.spell DISTR.GOAL-infect
yo *he-nil-e.* *sak* *hen-u* *ama*
MD.AD 3.LOC-do.so.IPFV-PROG protect.with.spell 3.COP-PRF person
maai *kasing do* *he-dowir* *ba*
bamboo part PROX 3.LOC-do.like.PROX.PFV SIM
ming-ta-weekaai *ya* *ka* *ta* *mii*
APPL-DISTR.PAT-weave.together SEQ IRR be.PROX.AD take.PFV
wata-ng *natea* *ya* *fu-ng* *natea.*
coconut-TOWARDS put.a.spell SEQ betel.nut-TOWARDS put.a.spell

LAF: 'people also bleed from their nose. It is called the sak spell. The sak[1] spell taboo sign consists of a bamboo meshwork woven like that to protect coconuts or betel nuts' [Alowai.LAF.053]

(31) *BD: ta-weekaai* *ho?*
DISTR.PAT-weave.together TAG

BD: 'Is it woven like a meshwork?' [Alowai.LAF.054]

(32) *LAF: hm*
hm

LAF: 'yeah' [Alowai.LAF.055]

1 The spell name is *sak* which means something like 'put parallel along each other' and refers to the meshwork pattern. It is the sign that there is a spell on a tree, and people should avoid it. The nose bleed associated with cerebral malaria is attributed to this particular spell. Perhaps related, in some Abui stories, there are descriptions of sharp bamboo traps that you put on a path and they are supposed to pierce the enemy's feet, or cause deep cuts. It is plausible that the spell sign on the tree is derived from this practice, although the bamboo does not necessarily have to be sharp there, but the nosebleed is then of course associated with it working. This would be an example of a post-hoc explanation of the symptom. One of *Takaya* symptoms is a nose bleed therefore the tree from which the patient stole probably had the *sak* protection.

(33) *LAF: kali re tamba wir ba ong o*
CS.multiply or CS.add make.like.MD.PFV SIM make.IPFV MD
he-ir kaanri ya ama mii ba
3.LOC-give.a.name.PFV complete.PFV SEQ person use SIM
nala-ng natia. he-nur mai ama
food-TOWARDS put.a.spell 3.LOC-do.so.PFV and.then person
he-nur ba ama sak bui
3.LOC-do.so.PFV SIM person protect.with.spell be.short
sak lohu yo he-nul-e.
protect.with.spell be.long MD.AD 3.LOC-do.so.IPFV-PROG
he-nul maiye iti moku-moku te-pikaai di
3.LOC-do.so.IPFV if lie.on suddenly DISTR.AL-head 3.AGT
ta-riik-i ya wea ta-min
DISTR.PAT-hurt-PFV SEQ blood DISTR.INAL-nose
dong-saai ba ama la mong yo.
INTO-come.down.PFV SIM person be.MD die MD.AD
LAF: '(the meshwork) is made by crossing (the bamboo) like a plus sign or a multiply sign. People activate it (lit. call it) and attach it to their plants.[2] People usually call it *sak lohu* (lit. long meshwork). It causes a sudden severe illness - blood comes out from nose and death follows' [Alowai.LAF.056]

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3 MA, female, midwife

MA is an elderly female Abui speaker. It is not clear if she stayed in the mountains before but MA recounts how different types of wild food had to be brought from the mountains during a famine.

(34) *MA: hen-u pi oro baabi-tapeei*
3.COP-PRF 1PL.INCL.AGT DIST grind.PFV-pound.PFV
kaanra maiye we he-ahani ya buuk nu,
complete.IPFV if leave 3.LOC-breathe.into SEQ drink.IPFV SPC
oro to-mi mia-ng kaarang-kaarangdi ba
DIST DISTR.REC-be.inside be.in-TOWARDS become.rock.PFV SIM
it baai pi hen-u buut-i ye, di
lie.on also 1PL.INCL.AGT 3.COP-PRF drink.PFV-PFV SEQ 3.AGT
sei ha-yei haba ming-amoosingdi,
come.down.IPFV 3.PAT-reach.IPFV but APPL-become.dust.PFV
ming-aasa.
APPL-urinate.IPFV
MA: 'take that grass and smash it. after that, we say some words before drinking: there are stones inside our body, after we drink it, it pulverises them and we urinate (them out)' [Alowai.MA.0231]

(35) *BD: iya*
yes

2 The spell is activated by 'calling it, naming it', just like the water for healing is whispered and inspired (breathing in the name and blowing at it)

BD: ‘yes’ [Alowai.MA.0232]

(36) *MA: hen lang-aasa. ya dikang me ee*
3.COP APPL-urinate.IPFV be.DIST again come.IPFV before
te-ui di ta-riik re
DISTR.AL-back 3.AGT DISTR.PAT-hurt TAG
MA: ‘when urinating and the next I will tell you about backache’ [Alowai.MA.0233]

(37) *MA: hm*
hm
MA: ‘yeah’ [Alowai.MA.0234]

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(38) *MA: e-kuta beekadi ba kabala to*
2SG.AL-grandparent pass.away.PFV REL cloth PROX.AD
de-i wit-i ya dong-loohu ba uwo
3I.LOC-belong carry.in.arms.PFV-PFV SEQ INTO-wrap.PFV SIM under
fala-ng yaa de-kuta taai ii.
house-TOWARDS go 3I.AL-grandparent on.IPFV put
MA: ‘he brought a cloth that was used to cover his grandmother’s dead body in the house and put it on her’ [Alowai.MA.0353]

(39) *BD: hm, hm*
hm hm
MA: ‘yeah, ok’ [Alowai.MA.0354]

(40) *MA: he-nidi yo wan la*
3.LOC-happened.so.PFV PROX.AD already be.MD
hoo-palaakni
3.GOAL-cool.PFV
MA: ‘after that, he cooled down (his body cooled down)’ [Alowai.MA.0355]

(41) *BD: hm*
hm
BD: ‘yeah’ [Alowai.MA.0356]

(42) *MA: afe nu heel ee fileeilang di too-madia*
before SPC 3.TOP before chickenpox 3.AGT DISTR.GOAL-infect
mai, ee heel heel taka nu hu pake. nahate oro
and.then before 3.TOP 3.TOP only SPC SPC.AD CS.use otherwise DIST
te-‘ui di ta-riik-e maiye, ama tuli ata
DISTR.AL-back 3.AGT DISTR.PAT-ill-PROG if person tree.sp leaf
loku do ya sik-i kaanra maiye, mi ba o
PL PROX be.DIST pluck-PFV complete.IPFV if use SIM MD
minang… afe wee nu bokor wala ha-du naha.
be.on.side before ASSOC SPC bucket just 3.PAT-have.IPFV not
abui tenga foka do, hedo ama ya lila ming-ii
mountain plate be.big PROX 3.FOC person water be.hot APPL-put

kaanri mai, waa ata dong-saai, mii
complete.PFV and.then foliage leaf INTO-come.down.PFV take.PFV
ama he... he-pikaai mia lot sei.
person 3.AL- 3.AL-head be.in press.PFV come.down.IPFV
MA: 'people used that medicine for smallpox or backache. People used the tuli leaf, and put it in a big plate... there were no bowls at that time in the mountains... they mashed it and mixed it with hot water and applied it as a hot compress onto the head and the body' [Alowai.MA.0357]

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(43) *BD: madi ya pi nala tanaai beeka*
so.that be.DIST 1PL.INCL.AGT food do.randomly.PFV be.excessive
nee loku nu hen-u hen di de-l alowai
eat PL SPC 3.COP-PRF 3.COP 3.AGT 3I.LOC-give.IPFV disease
he-l re naha?
3.LOC-give.IPFV or not
BD: 'how about eating junk food, will it cause disease or not?' [Alowai.MA.0659]

(44) *MA: hen-e heng naha*
3.COP-PROG 3.COP.IPFV not
MA: 'no, it's not like that' [Alowai.MA.0660]

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(45) *MA: madi pi yaa... ama afenga di ama*
so.that 1PL.INCL.AGT go person be.other 3.AGT person
hoo-k-miti mai ama hoo-...
3.GOAL-BRING-deliver.baby-PFV and.then person 3.GOAL-
hoo-panei-paak-e, ama ha-took
3.GOAL-examine-sound.of.hitting.ground-PROG person 3.INAL-gut
do luut-kamaai ba ha-da-wee-ha-da-me hen
PROX stroke SIM 3.PAT-JOIN-leave-3.PAT-JOIN-come.IPFV 3.COP
beeka
be.bad
MA: 'there are people who help women to deliver a baby, they massage and rub her, they massage her abdomen in various directions, that's bad' [Alowai.MA.0777]

(46) *BD: hen beeka ho?*
3.COP be.bad TAG
BD: 'it is bad?' [Alowai.MA.0778]

(47) *MA: hm*
hm
MA: 'yeah' [Alowai.MA.0779]

(48) *MA: hen-u moku ba oro to-mi mia nu baai*
3.COP-PRF kid REL DIST DISTR.INAL-inside be.in SPC also
lakaang ha-riik foka, pi moku dowir ba
very 3.PAT-hurt be.big 1PL.INCL.AGT kid do.like.PROX.PFV SIM
ha-rimaldi ha-mataakokda.
3.PAT-turn.round.PFV 3.PAT-turn.upside.down.IPFV

MA: ‘it hurts the baby in the womb, it may turn over the baby upside down’ [Alowai.MA.0780]

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(49) *MA: nahaba po-maraai ba laak-i yo*
whatever 1PL.INCL.REC-hunger.PFV SIM leave.for-PFV MD.AD
maiye pido alowai ho-r ba yal iti nu
if 1PL.INCL.FOC disease 3.REC-call.PFV PURP now lie.on SPC
wir ba pi-riik-e
make.like.MD.PFV SIM 1PL.INCL.PAT-ill-PROG
MA: ‘or, if we don’t eat regularly, we invite the disease that way’ [Alowai.MA.1029]

(50) *MA: hm*
hm
MA: ‘yeah’ [Alowai.MA.1030]

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(51) *MA: hen di pi-buoka baai*
3.COP 3.AGT 1PL.INCL.LOC-be.far.from.IPFV also
pide he ko pi tewir
1PL.INCL.AGT.FOC 3.ANAPH IRR 1PL.INCL.AGT do.how.PFV
tanga? di sei mai hen la
speak.IPFV 3.AGT come.down.IPFV and.then 3.COP be.MD
sei
come.down.IPFV
MA: ‘the disease will stay away from us, what should we talk about? when a disease is to come to us, it will come’ [Alowai.MA.1035]

(52) *BD: hm*
hm
BD: ‘yeah’ [Alowai.MA.1036]

(53) *MA: pido he... ee... hen-u ee*
1PL.INCL.FOC 3.ANAPH before 3.COP-PRF before
taaha na he-fangi,
the.before.mentioned 1SG.AGT 3.LOC-tell.about.PFV
pide alowai ho-l-e
1PL.INCL.AGT.FOC disease 3.REC-call.IPFV-PROG
MA: ‘as I told you, we are the one who summon the disease upon ourselves’ [Alowai.MA.1038]

(54) *BD: hm*
hm
BD: ‘yeah’ [Alowai.MA.1039]

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(55) *MA: nahaba ya ee taaha na*
in.other.words be.DIST before the.before.mentioned 1SG.AGT
tanga yo wiir ba pi ran-ayooku
speak.IPFV MD.AD be.like.MD.PFV SIM 1PL.INCL.AGT future

lol-laak-i *ba* *abui* *yaa* *pi-feela* *wee*
wander.around-PFV SIM mountain go 1PL.INCL.AL-friend ASSOC
h-iyeng *o* *maiye* *la* *kilang-kilang*
3.PAT-find.IPFV MD if be.MD gently
hoo-k-fangi: *ming-a-bel-a*
3.GOAL-BRING-tell.to.PFV APPL-2SG.PAT-step.back-CONT
ni *yaa* *ni-fu-ni-meting* *tahai!*
1PL.EXCL.AGT go 1PL.EXCL.AL-betelnut.and.vine search.IPFV
MA: 'or, as I've said before that when we went to the mountain, and we saw a snake (lit. our friend), we should just utter the words slowly: "Please step back (to let us pass), we are just looking for some betel nuts and betel vine!' [Alowai.MA.1045]

(56) *BD: hm*
hm
BD: 'yeah' [Alowai.MA.1046]

(57) *MA: he-nil* *maiye* *hen* *ta-peekda* *naha*
3.LOC-do.so.IPFV if that DISTR.PAT-draw.near.IPFV not
MA: 'that way it will not come near us' [Alowai.MA.1047]

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4 ML, male

ML is a male Abui speaker. ML did not give details about his personal life; instead, ML shared stories related to general health and *alowai* happening in the village. According to ML, *alowai* can be categorised as minor or major *hariik* 'illness', with minor *hariik* being easy to treat, while major *hariik* like severe cough, diabetes and diarrhoea, can cause death.

(58) *FD: dikang* *he-ayoku* *yo,* *a* *kabei* *he-ananra*
again ORD-two MD.AD 2SG.AGT little 3.LOC-talk.about.IPFV
kaang-e *iti* *alowai* *loku* *ba* *iti* *melang* *do* *mia* *ba*
can-PROG that disease PL REL lie.on village PROX be.in SIM
ming-da-lakda *hen-u* *ya* *iti*
APPL-3I.PAT-happen.IPFV 3.COP-PRF be.DIST lie.on
pi-melang *do* *mia* *ming-da-lakda,* *da...*
1PL.INCL.AL-village PROX be.in APPL-3I.PAT-happen.IPFV 3.AGT
la *alowai* *hen-u* *ming-da-lakda?*
be.MD disease 3.COP-PRF APPL-3I.PAT-happen.IPFV
FD: 'the second story that we want to listen is about diseases that had happened in the village, what diseases were they?' [Alowai.ML.003]

(59) *ML: hen-u* *el* *taaha* *na* *ananra* *nu*
3.COP-PRF before the.before.mentioned 1SG.AGT talk.IPFV SPC
widi *dara* *he-dasar* *ee* *pi-ng*
resemble.PFV still 3.AL-CS.base before 1PL.INCL.LOC-bound.to.do
ananri *nu* *wir* *ba* *ee* *kel* *pasing* *mai* *nu*
talk.PFV SPC make.like.MD.PFV SIM before cough sneeze and.then SPC

hen-u o alowai ba arunra. hen-u ama nu tafuda
3.COP-PRF MD disease REL light 3.COP-PRF person SPC be.all
di ya he-iya mia mai tafuda biasa
3.AGT be.DIST 3.AL-title be.in and.then be.all CS.commonly
hoo-k-sei. ama ha-took di ha-riik
3.GOAL-BRING-come.down.IPFV person 3.INAL-gut 3.AGT 3.PAT-hurt
nu baai he-nil-e, ee me wan
SPC also 3.LOC-do.so.IPFV-PROG before come.IPFV already
tariik foka ya nala he-nil o biasa
severe.disease be.DIST something 3.LOC-do.so.IPFV MD CS.commonly
di iti nala di ama he-l-taai
3.AGT lie.on what 3.AGT person 3.LOC-GIVE-treat.disease
ha-yei ya nala nu hen-u ee do mia ama
3.PAT-reach.IPFV SEQ what SPC 3.COP-PRF before PROX be.in person
ha-riik ba wan ya nala hoo-daweng baai beeka nala
3.PAT-ill SIM already be.DIST what 3.GOAL-cure.IPFV also cannot what
he-nil yo, hen-u iti h-iyeng ayoku
3.LOC-do.so.IPFV MD.AD 3.COP-PRF lie.on 3.INAL-bunch two
h-iyeng ayoku ba hen ama biasa
3.INAL-bunch two REL 3.COP person CS.commonly
hoo-daweng baai beeka ya he-mong. nuku
3.GOAL-cure.IPFV also cannot SEQ 3.LOC-die.from.IPFV one
toming, toming di ama hoo-midia yo.
kidney.stones kidney.stones 3.AGT person 3.GOAL-infect MD.AD
henu hoo-daweng baai ba sama naha ee kul
3.COP-PRF 3.GOAL-cure.IPFV also SIM succeed not before must
ha-do-h-uk-e. dikang nuku nu, nala keel
3.PAT-JOIN-3.PAT-die.from.disease-PROG again one SPC what cough
foka yo. keel foka nu ko he-walangra tanga mai
be.big MD.AD cough be.big SPC IRR 3.AL-modern language and.then
ko TBC he-nil-e. hen-u biasa
IRR tuberculosis 3.LOC-do.so.IPFV-PROG 3.COP-PRF CS.commonly
ya he-nir ba ama hoo-daweng baai kaang
be.DIST 3.LOC-do.so.PFV SIM person 3.GOAL-cure.IPFV also can
baai-se hu nala naha mai he-nir ba ya
also-PRIOR SPC.AD what not and.then 3.LOC-do.so.PFV SIM be.DIST
ya ama he-mong. dikang oro he-alowai
be.DIST person 3.LOC-die.from.IPFV again DIST 3.AL-disease
afenga ba macam ee tariik foka nu hen-u
be.other REL CS.as before severe.disease SPC 3.COP-PRF
do-he-ha-riik yo henil naha ee la
3I.REC-3.LOC-3.PAT-hurt MD.AD 3.LOC-do.so.IPFV not before be.MD
ta-riik yo he-mida nu hare wan, ee macam
DISTR.PAT-ill MD.AD 3.LOC-fill.IPFV SPC so already before CS.as
keel nu hen po-it-i yeng mai ama
cough SPC 3.COP 1PL.INCL.REC-remain-PFV several and.then person

kul keel-e. toming nu ama aasa beeka
must cough-PROG kidney.stones SPC person urinate.IPFV cannot
hu pi ha-ne ho-l-e. tapi
SPC.AD 1PL.INCL.AGT 3.INAL-name 3.REC-call.IPFV-PROG CS.but
tariik foka la moku-moku miyei ba ee pi
severe.disease be.MD suddenly come.PFV SIM before 1PL.INCL.AGT
wan la moku tadei ba borokbak beeka ba
already be.MD be.quiet sleep.PFV SIM sound.of.caughing cannot SIM
nal mai hen-u mai hen wan tariik foka
do.so and.then 3.COP-PRF and.then 3.COP already severe.disease
ha-ne he tariik foka nu.
3.INAL-name 3.ANAPH severe.disease SPC

ML: 'the diseases I have told you before were some general diseases. When it is the time for those diseases to occur, they would occur and many people must suffer from those diseases. For example: a minor disease such as stomachache and a serious disease. Many people here used to suffer from those diseases and they tried to cure them. There are two types of diseases; first are minor diseases which are easy to cure, second are serious diseases which may cause death. For example diarrhoea, when it happens, it is not easy to heal. Another example is severe cough or TBC. If it is not treated carefully, it may cause death. With cough we would find that for someone it is a minor disease. Diabetes is a serious disease, where the patient has difficulty in passing urine' [Alowai.ML.004]

(60) *FD: ma ama ba biasa melang mia ha-riik o*
PART person REL CS.commonly village be.in 3.PAT-ill MD
hen-u ko di nala hen-u ming-ong-e?
3.COP-PRF IRR 3.AGT what 3.COP-PRF APPL-do.IPFV-PROG

FD: 'when people got those diseases in the village (in the old days in the mountains), what did they do about it?' [Alowai.ML.005]

(61) *ML: ma ee hen baai he-hariik ba nala nu biasa*
PART before 3.COP also 3.AL-disease REL what SPC CS.commonly
it do mia nu ama la teitu nala ama ha-ne
lie.on PROX be.in SPC person be.MD first do.so person 3.INAL-name
ho-r ba daweng mii he-l-taai,
3.REC-call.PFV SIM medicine take.PFV 3.LOC-GIVE-treat.disease
he-nul nu ama nala bataa re baloku ba
3.LOC-do.so.IPFV SPC person what tree or grass REL
de-l daweng he-l loku nu, ama mii
3I.LOC-give.IPFV medicine 3.LOC-give PL SPC person take.PFV
he-l-taai. hen-u la he-teitu. he-ayoku,
3.LOC-GIVE-treat.disease 3.COP-PRF be.MD ORD-first ORD-two
ama ama he-l-munuk-e hen-u wan ee
person person 3.LOC-GIVE-massage-PROG 3.COP-PRF already before
hedo wan afe da-da nidi kaang latihan
3.FOC already before RED-get.IPFV happened.so.PFV can CS.training

nuku ba oro do yal hel iti hel loku to ko
INDEF REL DIST PROX now 3.TOP lie.on 3.TOP PL PROX.AD IRR
nar baai. miyei baai na dikang
do.so.PFV also come.PFV also 1SG.AGT again
he-dowir ba ming-ananri, ADP
3.LOC-do.like.PROX.PFV SIM APPL-talk.PFV government.body
he-i ba latihan he-i ba wee yo
3.LOC-belong REL CS.training 3.LOC-belong REL ASSOC MD.AD
nadi kaang he-dowir ba
make.like.PROX.PFV can 3.LOC-do.like.PROX.PFV SIM
ming-ananri. jadi nala tariik ba dara rumah sakit ya naha
APPL-talk.PFV so do.so disease REL still CS.hospital be.DIST not
nu it do mia ba en ama iti ee daweng
SPC lie.on PROX be.in SIM crying.sound person lie.on before medicine
yo ma-e ama hen-u wir ba
MD.AD be.PROX-PROG person 3.COP-PRF make.like.MD.PFV SIM
mii ba buuk ya naladi-se latukoi
take.PFV PURP drink.IPFV SEQ do.such.PFV-PRIOR very.much
beeka mai ama rumah sakit yaa. nahaba,
be.in.bad.condition and.then person CS.hospital go in.other.words
naha mai hel baloku loku ama he-fangi ba iti
not and.then 3.TOP grass PL person 3.LOC-tell.about.PFV PROG
do he-daweng iti do he-daweng mai hen-u
PROX 3.AL-medicine lie.on PROX 3.AL-medicine and.then 3.COP-PRF
buuk-e. de-i dikang ya nala
drink.IPFV-PROG 3I.LOC-have.purpose again be.DIST what
te-isi di=ng ha-yeng beekda
DISTR.AL-body 3.AGT=do.involuntarily 3.PAT-place.IPFV broken.IPFV
ya nala loku ha-do-sama maiye ama munuk-e,
SEQ do.so PL 3.PAT-JOIN-succeed if person massage-PROG
hel taka to.
3.TOP only PROX.AD

ML: 'the first medicine is herbal, made from plants or trees that people use in the first place. The second type of treatment is massage. We used to have a training about that, somewhere there, and now they (still do) it. Then I said: it is a training from ADP, I also said like this: any diseases (patients) that haven't visited the hospital, then use this medicine. And if the patient is not getting better, then take him/her to the hospital. Or drink the herbal medicine to cure the disease. And for muscle pain, people usually get a massage' [Alowai.ML.006]

(62) *FD: ama ba ha-riik nu hen-u di ko nala hu*
person REL 3.PAT-ill SPC 3.COP-PRF 3.AGT IRR what SPC.AD
on-te mii ba de-isi nu
make.PFV-PRIOR take.PFV SIM 3I.AL-body SPC
hoo-ha-reng-e?
3.GOAL-3.PAT-heal.IPFV-PROG

FD: ‘what would the sick people do to get healed?’ [Alowai.ML.007]

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(63) *FD: ma yal ho-mi mia ba nal ba melang do mia*
PART now 3.REC-be.inside be.in SIM do.so SIM village PROX be.in
ba a tahai wahai do nala alowai taka
SIM 2SG.AGT search.IPFV look.IPFV PROX what disease only
hen-u wan ee moku loku re ho-mfing re kalieta
3.COP-PRF already before kid PL or 3.REC-be.adult or old.person
hoo-da-lakda?
3.GOAL-3I.PAT-happen.IPFV
FD: ‘when you were in the old village, what diseases were common among the children and adults?’ [Alowai.ML.017]

(64) *ML: hen-u ya ba iti na ama*
3.COP-PRF be.DIST PROG 1SG.AGT person
hoo-da-lakda, latukoi kalieta loku ba
3.GOAL-3I.PAT-happen.IPFV very.much old.person PL REL
hoo-da-lakda nu, da alowai nuku ba
3.GOAL-3I.PAT-happen.IPFV SPC 3.AGT disease INDEF REL
ha-ne ba iti he-walangra tanga maiye kabei
3.INAL-name REL lie.on 3.AL-modern language if little
fulutulang re struk mai do, hen-u wan melang do
CS.arthritis or stroke and.then PROX 3.COP-PRF already village PROX
mia ba tewil masi ni-loku baai ni
be.in SIM do.how and.so 1PL.EXCL.AL-person also 1PL.EXCL.AGT
iti ni-isi ha-tuk maiye ni
lie.on 1PL.EXCL.AL-body 3.PAT-experience if 1PL.EXCL.AGT
nala nu. ee wan pi mitdi ba minggu nuku
do.so SPC before already 1PL.INCL.AGT seat.PFV SIM CS.week one
haar ba pi looma do ha-liol
become.like.PFV SIM 1PL.INCL.AGT hill PROX 3.PAT-go.after
sei mara mai te-toku ta-bala
come.down.IPFV go.up.IPFV and.then DISTR.AL-leg DISTR.INAL-knee
buku ya nala loku ta-riik nu he wan alowai ba
joint and what PL DISTR.PAT-hurt SPC 3.ANAPH already disease REL
kabei arunra. dikang eta kel ba nala nu hen-u
little light again said.before cough REL do.so SPC 3.COP-PRF
heng hen-u iti ya he-iya mia masi nala.
3.COP.IPFV 3.COP-PRF lie.on be.DIST 3.AL-moon be.in and.so do.so
yaldo wir ba iti nal nu macam ama pining
now make.like.MD.PFV PROG do.so SPC CS.as person fallow
tek-i ya baloku di=ng
clear.by.cutting-PFV SEQ grass 3.AGT=do.involuntarily
walangaidia nu hen afe wee e-kota
become.green.IPFV SPC 3.COP before ASSOC 2SG.AL-grandparent
wee mai ama do wiil do, hedo wan
ASSOC and.then person PROX make.like.MD.IPFV PROX 3.FOC already

alowai iya mia hare nala latukoi sieng-ata yo nala
disease moon be.in so do.so very.much vegetables MD.AD food
nee-i ba ha-fik naha yo he-nil-e.
eat-PFV REL 3.PAT-pull.away not MD.AD 3.LOC-do.so.IPFV-PROG
karena wan ta-took ta-riik he-alowai nu.
CS.because already DISTR.INAL-gut DISTR.PAT-hurt 3.AL-disease SPC
alowai ba hen-u wan wan he-iya mia hare
disease REL 3.COP-PRF already already 3.AL-moon be.in so
sieng-ata rula loku latukoi nee-i ba
vegetables be.slippery PL very.much eat-PFV SIM
ha-fik-i he yo he-nil-e. hare
3.PAT-pull.away-PFV PROH MD.AD 3.LOC-do.so.IPFV-PROG so
ee iti hel yal te-toku ta-bala buku
before lie.on 3.TOP now DISTR.AL-leg DISTR.INAL-knee joint
renaba pi biasa wan nala nu ama
if.not.then 1PL.INCL.AGT CS.commonly already do.so SPC person
he-fangi ba ee fulutulang ya nala mai do
3.LOC-tell.about.PFV COMP before CS.arthritis and what and.then PROX
wan fa kabei la he-fokda.
already be.MD.AD little be.MD 3.LOC-grow.IPFV

ML: 'people suffered…, adults suffered a kind of disease which is called arthritis in Indonesian or stroke. That disease was common in the old village. It feels like pain in our body. It would have the following progression: we would not do anything for a whole week, and when we went up the mountain, we got a lot of pain in our legs. Another one is cough. Nowadays people get it when they start clearing their fields, our grandparents would say that it was the time for disease (stomachache) to occur. So, we had to eat carefully, we were not allowed to consume fresh (uncooked) vegetables. It might cause arthritis in our legs or bring swelling to our legs' [Alowai.ML.018]

(65) *FD: hen-u ee penyakit ba re alowai ba iti he*
3.COP-PRF before CS.disease REL or disease REL lie.on 3.ANAPH
umum ha-do ho, la arunra ba melang do-ng
CS.common 3.PAT-join TAG be.MD light SIM village PROX-TOWARDS
da-lakda yo.
3I.PAT-happen.IPFV MD.AD

FD: 'those were general diseases, right? They were quite common in the village?' [Alowai.ML.019]

(66) *ML: arunra ba da-lakda yo. hen-u iti moku*
light SIM 3I.PAT-happen.IPFV MD.AD 3.COP-PRF lie.on kid
fila baai la he-l-taai ha-yei
be.young also be.MD 3.LOC-GIVE-on.IPFV 3.PAT-fall.IPFV
ho-mfing baai la he-l-tai hayei.
3.REC-be.adult also be.MD 3.LOC-GIVE-on.IPFV 3.PAT-fall.IPFV

ML: 'they were quite common. children got infected and adults got infected as well' [Alowai.ML.020]

(67) *FD: ma bapak a he-o-mpang do alowai*
PART CS.father 2SG.AGT 3.LOC-2SG.REC-think PROX disease
afenga ha-du naha ho?
be.other 3.PAT-have.IPFV not TAG
FD: 'now do you think that there are other diseases or not?' [Alowai.ML.021]

(68) *ML: ai, alowai afenga baai heng iti nala haba hen-u*
oh disease be.other also 3.COP.IPFV lie.on do.so but 3.COP-PRF
ee nala eta na he-fanga nu
before do.so said.before 1SG.AGT 3.LOC-tell.about.IPFV SPC
wir ba he oro, oro to-mi
make.like.MD.PFV SIM 3.ANAPH DIST DIST DISTR.REC-be.inside
artinya ama ho-mi hu ha-luol to
CS.it.means person 3.REC-be.inside SPC.AD 3.PAT-go.after PROX.AD
re. hare hen-u pi kaang pi
TAG so 3.COP-PRF 1PL.INCL.AGT can 1PL.INCL.AGT
ha-ne ho-r ba o alowai ba do hu
3.INAL-name 3.REC-call.PFV SIM MD disease REL Prx SPC.AD
he-l-ha-yei beeka yal do ee usaha
3.LOC-GIVE-3.PAT-hit.IPFV cannot now PROX before CS.make.effort
ba pil baai di wan umpamanya di
PURP 1PL.INCL.TOP also 3.AGT already CS.for.example 3.AGT
he-fanga ba na-bala buku ya nala loku
3.LOC-tell.about.IPFV COMP 1SG.PAT-knee joint be.DIST do.so PL
lakaang na-riik, artinya uisaha he-i so
very 1SG.PAT-ill CS.it.means outside 3.LOC-have.purpose PROX.AD
re. oh masi hen-u eta ko yang fulutulang mai
TAG oh and.so 3.COP-PRF said.before IRR maybe CS.arthritis and.then
yo ko he-nil-e pi heng
MD.AD IRR 3.LOC-do.so.IPFV-PROG 1PL.INCL.AGT 3.COP.IPFV
ananra. dikang ta-took ta-riik nu ya, ai, kul iti
talk.IPFV again DISTR.INAL-gut DISTR.PAT-ill SPC SEQ oh must lie.on
WC re asiokai taaha he-takia nu. jadi hen-u
CS.toilet or trap.door be.on 3.LOC-loosen.IPFV SPC so 3.COP-PRF
ama afenga baai di h-ien ba o hedo
person be.other also 3.AGT 3.PAT-see.PFV SIM MD 3.FOC
hoo-k-sei yo he-nil-e. tapi
3.GOAL-BRING-meet.IPFV MD.AD 3.LOC-do.so.IPFV-PROG CS.but
oro ama ho-mi la mia nu hen-u, hen-u
DIST person 3.REC-be.inside be.MD be.in SPC 3.COP-PRF 3.COP-PRF
pi he-alowai nu pi ha-ne
1PL.INCL.AGT 3.AL-disease SPC 1PL.INCL.AGT 3.INAL-name
fanga beeka nu.
tell.IPFV cannot SPC
ML: 'yes, there are some other diseases too. But the diseases that I have talked about before were diseases that affect the inside of our body and we are able to recognise them (lit. we know their name). For example we feel

pain in our knee joints so we recognise that it is arthritis (lit. flu tulang, lit. bone flu). Or if, if we suffer from diarrhoea, we had to go to the toilet many times. If the disease affects the outside of our body, it can be seen by others, but if it affects the inside of our body, we cannot recognise the disease' [Alowai.ML.022]

(69) *FD: masi kaanri to bapak ee hel taka*
and.so complete.PFV PROX.AD CS.father 2SG.TOP 3.TOP be.empty
to haa...
PROX.AD like.DIST.IPFV
FD: 'that's all, uncle, it looks like you have exhausted the topic' [Alowai.ML.023]

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5 PF, male, tuberculosis patient

PF is an elderly male Abui speaker who received primary education. PF was born in the mountains and moved to the coast in 1977. During his childhood and early adulthood, he experienced alowai in the form of several famines and recounts the types of wild foods people had to rely on. PF enjoys the changes brought about by development and notes that life on the coast is easier and healthier than in the mountains.

(70) *PF: ta-kaanri ta-beekda. daweng ba*
DISTR.PAT-heal.PFV DISTR.PAT-harm.IPFV medicine REL
ta-kaanri ta-beekda
DISTR.PAT-heal.PFV DISTR.PAT-harm.IPFV
PF: 'making someone sick using a black magic' [Alowai.PF.138]

(71) *PF: to-mi-ng ta-luol*
DISTR.REC-be.inside-TOWARDS DISTR.PAT-hate
ta-ren-a ha-ne fanga maiye heel
DISTR.PAT-turn.to.PFV-CONT 3.INAL-name tell.IPFV if 3.TOP
ama ba oro minang ho-mi-pi-luol nu
person REL DIST be.on.side 3.REC-be.inside-1PL.INCL.PAT-hate SPC
hen-u di daweng tahaai ya pi-kaanri
3.COP-PRF 3.AGT medicine search.PFV SEQ 1PL.INCL.PAT-heal.PFV
pi-beekda-ti wan iti me
1PL.INCL.PAT-harm.IPFV-REAL.PST already lie.on come.IPFV
pi-riik-e
1PL.INCL.PAT-ill-PROG
PF: 'where people have enmity with one another; people who hate us, sometimes they use a black magic to make us sick; then we will get sick' [Alowai.PF.139]

(72) *PF: mahaba ee wan e-kuta wee loku mi*
but before already 2SG.AL-grandparent ASSOC PL while
buku taai ii hare ee alowai ba ta-riik ba
land on.IPFV put so before disease REL DISTR.PAT-ill SIM

te-wiida *ha-ne* *fanga* *maiye hen*
where-resemble.Md.IPFV 3.INAL-name tell.IPFV if 3.COP
he-daweng *baai mahada*
3.AL-medicine also exist.IPFV

PF: 'but your ancestors have found the cure; so, whatever the disease is, there is always a medicine to cure it' [Alowai.PF.140]

(73) *PF: me* *yal* *tadeng ho-mi* *do* *ni*
come.IPFV now day 3.REC-be.inside PROX 1PL.EXCL.AGT
fingra *ha-da-sama* *nu* *naha, yal* *ni* *me*
lifetime 3.PAT-JOIN-succeed SPC not now 1PL.EXCL.AGT come.IPFV
wan *iti* *kalieta* *beekadi-se* *alowai* *fiyaha* *loku dikang*
already lie.on old.person exceed.PFV-PRIOR disease be.new PL again
buku-ng *lole*
land-TOWARDS wander-PROG

PF: 'not in the days that we have grown up but now many new diseases are spreading widely' [Alowai.PF.141]

(74) *PF: hen* *baai ko* *rofi* *re naha re, haba wan* *ama* *tafuda*
3.COP also IRR truth or not or but already person be.all
hoo-k-siyei *ha-da-ta-rangra* *nu*
3.GOAL-BRING-meet.PFV 3.PAT-JOIN-DISTR.PAT-receive.IPFV SPC
ama *ba* *ho-mi-ng-ta-luol-ta-luol* *nu* *de-i* *daweng*
person REL 3.REC-DISTR.PAT-RED-hate SPC 3I.LOC-have medicine
hu *baai naha, ha-beesing* *baai naha, mahaba dikang iti*
SPC.AD also not 3.INAL-magic.spell also not but again lie.on
el *pi-i-di* *ba* *ama* *ho-mi*
before 1PL.INCL.LOC-benefit-get.PFV SIM person 3.REC-be.inside
di *pi-luol* *nu, ama* *ba* *ho-mi*
3.AGT 1PL.INCL.AL-hate SPC person REL 3.REC-be.inside
pi-luol *nu* *hen* *di* *yaa pi-ne*
1PL.INCL.AL-hate SPC 3.COP 3.AGT go 1PL.INCL.INAL-name
fangi, ruwol *ha-wata* *ha-wot-i* *ya* *me*
tell.PFV chicken 3.INAL-neck 3.PAT-hack.PFV-PFV SEQ come.IPFV
pi-riik *ha-ne* *fanga* *maiye pi*
1PL.INCL.AL-ill 3.INAL-name tell.IPFV if 1PL.INCL.AGT
he-ha-wai *p-ienglaka* *kaang*
3.LOC-3.PAT-answer.IPFV 1PL.INCL.LOC.3.PAT-know can

PF: 'whether it is right or wrong, but things that everyone has faced or experienced are that people hate each other; not because of a black magic or a magic spell but people who hate us, said our name while cutting the head of a rooster; we may be sick by that; if we know how to avoid that black magic, it's good' [Alowai.PF.142]

(75) *PF: nahaba* *naha ha-ne* *fanga* *mai* *hen* *dikang kul*
whatever not 3.INAL-name tell.IPFV and.then 3.COP again must
yaa he-tilipang mia *mon-te*
go 3.AL-end be.in die.PFV-PRIOR

PF: ‘if we are unlucky (hit by bad powers/spells - their name is said), then we will die in the end’ [Alowai.PF.143]

(76) *BD: oh*
oh
BD: ‘oh, yes’ [Alowai.PF.144]

(77) *PF: ma-si heel hen alowai ba hen ha-ne*
be.PROX-REAL.PST 3.TOP 3.COP disease REL 3.COP 3.INAL-name
nala, ne-kuta?
what 1SG.AL-grandparent
PF: ‘so, grandfather, what is the name of that disease?’ [Alowai.PF.145]

(78) *PF: ee heel iti eel e-kuta wee loku*
before 3.TOP lie.on before 2SG.AL-grandparent ASSOC PL
ha-da-sama do me nu baai soltan ba
3.PAT-JOIN-with.IPFV PROX come.IPFV SPC also curse.type QUOT
PF: ‘since the time of our ancestors, it is called *soltan*’ [Alowai.PF.146]

(79) *BD: oh, ya*
oh yes
BD: ‘oh, yes’ [Alowai.PF.147]

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(80) *PF: ama pi-tanda re nala ba mia nu*
person 1PL.INCL.AL-CS.sign or what REL be.in SPC
te-tewida mai nu hen ee n-iyenglaka
RED-where-resemble.IPFV and.then SPC 3.COP before 1SG.PAT-know
hare di dara mulai la tanga ba na
so 3.AGT still begin be.MD speak.IPFV SIM 1SG.AGT
he-fangi: oh, hedo kalo amakaang faring ha-luol
3.LOC-tell.about.PFV oh 3.FOC CS.if person much 3.PAT-go.after
o he-nil maiye hedo baai dowir-te
MD 3.LOC-do.so.IPFV if 3.FOC also do.like.PROX.PFV-PRIOR
PF: ‘I knew each of the symptoms, so at the beginning of the talk, I said: oh, according to many people, this thing must be said’ [Alowai.PF.345]

(81) *PF: dikang ama ha-da-sakola ha-da-sama,*
again person 3.PAT-JOIN-study 3.PAT-JOIN-be.parallel
ha-do-sama
3.PAT-JOIN-same
PF: ‘I was like if I were giving a lecture at that time’ [Alowai.PF.346]

(82) *PF: ma haba he-rofi maiye nala he ee pi*
PART but 3.AL-truth if what 3.ANAPH before 1PL.INCL.AGT
hoo-k-siyei ha-da-ta-rangri maiye,
3.GOAL-BRING-meet.PFV 3.PAT-JOIN-DISTR.INAL-receive.PFV if
yaa ming-iya-suida dikang o propinsi mia
go APPL-moon-three.times.IPFV again MD.L CS.province be.in
dikang amakaang dokter ayoku dikang maran-i
again person physician two again come.up.PFV-PFV

PF: ‘but in reality (I told them) what we have experienced and three months later, there came two more doctors from the provincial level’ [Alowai.PF.347]

(83) *PF: hen-e he ni ananri do jam nuku*
3.COP-PROG 3.ANAPH 1PL.EXCL.AGT talk.PFV PROX hour one
haadadi
become.like.DIST.PFV
PF: ‘at that time, we talked for about an hour’ [Alowai.PF.348]

(84) *PF: ma-te ya he-tilipang mai na*
be.PROX-PRIOR be.DIST 3.AL-end and.then 1SG.AGT
we-fangi ya: tuan ya nyonya, ko wal dara
3.LOC.INAN-tell.about.PFV SEQ CS.master and CS.lady IRR add still
wala dara ro-mi mia ba na-ra
just still 2PL.REC-be.inside be.in SIM 1SG.PAT-try
ming-ha-wai naha nu we-fanga maiye
APPL-3.PAT-answer.IPFV not SPC 3.LOC.INAN-tell.about.IPFV if
na-ra hee-natet ba we-ha-wai
1SG.PAT-try 3.BEN-wait.PFV SIM 3.LOC.INAN-3.PAT-answer.IPFV
kaang o: mai yo we-ha-waai naha
can MD and.then MD.AD 3.LOC.INAN-3.PAT-answer.PFV not
PF: ‘at the end I said: ladies and gentlemen, if you have any more questions, please ask me and I will answer them but they didn’t ask any more questions’ [Alowai.PF.349]

(85) *PF: ma-te hen baai di na-tahangdi ba:*
be.PROX-PRIOR 3.COP also 3.AGT 1SG.PAT-question.PFV COMP
a sakoladi re naha-ye?
2SG.AGT study.PFV or not-PROG
PF: ‘some asked me: do you have any formal education?’ [Alowai.PF.350]

(86) *PF: ai, nedo sakola maiye afe tahada*
oh 1sg.foc study if before exist.PROX.AD
SR kelas talaama
CS.elementary.school CS.class six
PF: ‘I only finished the sixth grade of SR (Sekolah Rakyat = community school) elementary school, you see’ [Alowai.PF.351]

(87) *BD: hm*
hm
BD: ‘yeah’ [Alowai.PF.352]

(88) *PF: te-tung o?*
DISTR.AL-year MD
PF: ‘how old?’ [Alowai.PF.353]

(89) *PF: ne-tung do wan kar-talaama he… he-poti. yal*
1SG.AL-year PROX already ten-six 3.ANAPH 3.AL-half now
do wan iti kar-yeting-ayoku he-poti ya heel mia
PROX already lie.on ten-seven 3.AL-half be.DIST 3.TOP be.in
nu kar-talaama he-poti yo
SPC ten-six 3.AL-half MD.AD
PF: 'I am more than 60 years old, I am almost 70, I am over 60, you know' [Alowai.PF.354]

(90) *PF: a pangkat wala punadi re?*
2SG.AGT CS.administrative.position just hold.PFV TAG
PF: 'have you held any position before?' [Alowai.PF.355]

(91) *PF: naha-ye*
not-PROG
PF: 'never' [Alowai.PF.356]

(92) *PF: a nala ba hedo he-tanga*
2SG.AGT something REL 3.FOC 3.LOC-speak.about.IPFV
he-anangra a wala ha-luol re naha?
3.LOC-talk.about.IPFV 2SG.AGT just 3.PAT-go.after or not
PF: 'have you joined any discussion about this before?' [Alowai.PF.357]

(93) *PF: naha-ye*
not-PROG
PF: 'no, never' [Alowai.PF.358]

(94) *PF: ma haba e-tanga-e-ananra do na*
be.PROX but 2SG.AL-story-2SG.AL-story PROX 1SG.AGT
he-wahai ha-ne fanga maiye ama ba iti
3.LOC-look.at.IPFV 3.INAL-name tell.IPFV if person REL lie.on
heel nala do la he-aduo baai ba
3.TOP do.so PROX be.MD 3.AL-master also REL
he-tanga-he-anangra baai kurang
3.AL-language-3.AL-story also deficit
PF: 'but, as from what you have said, it seems like you have mastered this' [Alowai.PF.359]

(95) *PF: hen mai na he-fangi ya: hikmat*
3.COP and.then 1SG.AGT 3.LOC-tell.about.PFV SEQ CS.wisdom
PF: 'then I said: it is the wisdom of God' [Alowai.PF.360]

(96) *PF: tafuda he-kaang he-fangi*
be.all 3.AL-agreement 3.LOC-tell.about.PFV
PF: 'everyone agreed with it' [Alowai.PF.361]

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(97) *BD: masi, ne-kuta, afe heel a iti alowai*
and.so 1SG.AL-grandparent before 3.TOP 2SG.AGT lie.on disease
ba ee keel-foka ba a hoo-k-sei nu
REL before tuberculosis REL 2SG.AGT 3.GOAL-BRING-meet.IPFV SPC
BD: 'so, grandfather, you used to have tuberculosis?' [Alowai.PF.481]

(98) *PF: iya*
yes
PF: 'yes' [Alowai.PF.482]

(99) *BD: hen a o iti daweng ba melang mia wala*
3.COP 2SG.AGT MD lie.on medicine REL village be.in just
buut naha ho?
drink.PFV not TAG
BD: 'at that time, you did not drink any traditional medicine?' [Alowai.PF.483]

(100) *PF: hen wala buut naha*
3.COP just drink.PFV not
PF: 'I did not drink any traditional medicine' [Alowai.PF.484]

(101) *BD: haba wala...*
but just
BD: 'but, did you just...' [Alowai.PF.485]

(102) *PF: he'e, maama*
yes father
PF: 'yes, sure I did' [Alowai.PF.486]

(103) *PF: ong-loohu ba tariik-fala-ng wee-i?*
CAUS-be.long SIM hospital-TOWARDS leave-PFV
PF: 'did you immediately go to the hospital?' [Alowai.PF.487]

(104) *PF: iya*
yes
PF: 'yes' [Alowai.PF.488]

(105) *PF: me keel tanaai ba keel hiring*
come.IPFV cough do.randomly.PFV SIM cough common
ha-ne fanga maiye nala makal loku do
3.INAL-name tell.IPFV if something bitter PL PROX
pi buuk-ti di too-kaangra
1PL.INCL.AGT drink.IPFV-REAL.PST 3.AGT DISTR.GOAL-recover.IPFV

PF: 'if we have a common cough, we will get better after drinking some bitter medicines (leaves)' [Alowai.PF.489]

(106) *BD: oh?*
oh
PF: 'oh?' [Alowai.PF.490]

(107) *PF: ma haba yaa he-tilipang mia-ti hedo kul keel-foka*
PART but go 3.AL-end be.in-REAL.PST 3.FOC must tuberculosis
ba tariik-fala-ng yaar-te yo mai hen-u
REL hospital-TOWARDS go.PFV-PRIOR MD.AD and.then 3.COP-PRF
hu oro-ng yaad-i
SPC.AD Dst-TOWARDS go.PFV-PFV

PF: ‘but if it at the end turned out to be tuberculosis, then you had to visit the hospital soon’ [Alowai.PF.491]

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(108) *PF: ko yaa di dee-l-tanga he-r-te*
IRR go 3.AGT 3I.BEN-GIVE-speak.IPFV 3.LOC-give.PFV-PRIOR
PF: ‘let it become a rumour’ [Alowai.PF.655]

(109) *PF: jadi hen baai alowai foka*
so 3.COP also disease be.big
PF: ‘so, that is also a big disaster’ [Alowai.PF.656]

(110) *PF: me hen ee seerang-yai ye pemerenta*
come.IPFV 3.COP before population and government
ha-do-sama mia haa
3.PAT-JOIN-with.IPFV be.in like.DIST.IPFV
PF: ‘it concerns the population and the government in our village’ [Alowai.PF.657]

(111) *PF: pi yaa RT ya*
1PL.INCL.AGT go CS.neighbourhood.head and
RW ya dusun ho-mi...
CS.citizens.association and remote.village.head 3.REC-be.inside
hoo-pa mia masi di he-fangi: ma
3.GOAL-have.IPFV be.in and.so 3.AGT 3.LOC-tell.about.PFV PART
nido kepala desa he-ni-liel hare
1PL.EXCL.FOC CS.village.head 3.LOC-1PL.EXCL.LOC-install so
ni tanga mai ko seerang
1PL.EXCL.AGT speak.IPFV and.then IRR people
we-faaling naha to!
3.LOC.INAN-listen.IPFV not PROX.AD
PF: ‘when we look at the local government of our village... when we would appeal to the village and neighbourhood councillors they would answer: we were appointed by the village head but the villagers do not heed us’ [Alowai.PF.658]

(112) *PF: jadi hen taaha we-malay tangi*
so 3.COP the.before.mentioned 3.LOC.INAN-Malay speak.PFV
ba we-fangi KKN mai do hen
SIM 3.LOC.INAN-tell.about.PFV CS.corruption and.then PROX 3.COP
ma ka praktek sekarang desa Lembur Barat
be.PROX IRR CS.practice CS.nowadays CS.village place.name
PF: ‘this is known as KKN (K = korupsi, K = kolusi, N = nepotisme, i.e. corruption, collusion and nepotism) in Malay, and this happened in Lembur Barat village’ [Alowai.PF.659]

(113) *PF: jadi hen baai di iti ming-tanga ananri nu*
so 3.COP also 3.AGT lie.on APPL-speak.IPFV talk.PFV SPC
supaya he-nidi-ng hu yaa buku buoka
CS.so.that 3.LOC-happened.so.PFV-TOWARDS SPC.AD go land be.far

mia baai hedo ama ming-tanga-ananra do ma ka
be.in also 3.FOC person APPL-speak.IPFV-talk.IPFV PROX be.PROX IRR
hen baai kul di too-da-mangri yo
3.COP also must 3.AGT DISTR.GOAL-3I.PAT-happen.IPFV MD.AD
PF: 'so, this has been told to let other people know that, what has been told there, also happened to the people there' [Alowai.PF.660]

(114) *PF: tewir-te seerang-yai he he-tanga-he-ananra*
do.how.PFV-PRIOR population 3.ANAPH 3.AL-story-3.AL-story
ye he-susa he-tapieta ba ee ming-ananri
and 3.AL-CS.trouble 3.AL-disadvantage REL before APPL-talk.PFV
yo hen ming-paneng naha, do-nakal de-lik-de-fala
MD.AD 3.COP APPL-arrange.IPFV not 3I.REC-alone 3I.AL-home
ha-kaangra
3.PAT-repair.IPFV
PF: 'why has the villagers' problem that was discussed repeatedly not been resolved: he is only concerned about his own family' [Alowai.PF.661]

(115) *PF: bak ba it do hedo baai di*
CS.water.tank REL lie.on PROX 3.FOC also 3.AGT
we-fangi: bak do baai
3.LOC.INAN-tell.about.PFV CS.water.tank PROX also
we-lak! iti kamar mandi do baai
3.LOC.INAN-take.apart lie.on CS.bathroom PROX also
we-lak! pipa loku baai we-lak!
3.LOC.INAN-take.apart CS.water.pipe PL also 3.LOC.INAN-take.apart
PF: 'about the water tank here, he said, "this big water tank must be broken down! this bathroom/toilet is to be broken down too! and these water pipes have to be taken apart as well' [Alowai.PF.662]

(116) *PF: ya ba anai ho-mi mia ba iti bordia do,*
water REL soil 3.REC-be.inside be.in REL lie.on drill.IPFV PROX
ni rapatdi yo ayoku. nuku mii Makongpe
1PL.EXCL.AGT negotiate.PFV MD.AD two one take.PFV place
dong-sei, nuku yo Aila dong-sei, nuku
INTO-come.down.IPFV one MD.AD place INTO-come.down.IPFV one
mii ba me Fulfil dong-sei yo
take.PFV SIM come.IPFV place.name INTO-come.down.IPFV MD.AD
mai, nuku mii uwo nu-ng natii ya, hen
and.then one take.PFV DIST.L Spc-TOWARDS stand.PFV SEQ 3.COP
natia kaangra masi afenga yo tafuda
put.upright repair.IPFV and.so be.other MD.AD be.all
we-lak
3.LOC.INAN-take.apart
PF: 'the water that comes from this drilled well, it was agreed that it would be divided into two branches, one directed to Makongpe, the other one is to Alila. He then said that another pipeline is to be directed to Blubul. After the pipeline was laid to Blubul, all the other pipelines were to be taken apart' [Alowai.PF.663]

(117) *PF: ka ta dikang he-tanga*
IRR be.PRX.AD again 3.LOC-speak.about.IPFV
he-anangra yo seerang-yai it do mia
3.LOC-talk.about.IPFV MD.AD population lie.on PROX be.in
do-mara yo dara iti ya he-tira
3I.REC-go.up.to.IPFV MD.AD still lie.on water 3.LOC-be.drained
takata ya dikang ya la he-balik ba
be.dry SEQ again water be.MD 3.LOC-sell QUOT
PF: 'and the population from here all the way up, they are lacking water and suffer from the drought, but he said that the water is for sale only' [Alowai.PF.644]

(118) *PF: ma-te o nu ming-pa Nurdin*
be.PROX-PRIOR MD SPC APPL-go.down.IPFV place.name
ming-pa iti pipa besi do dikang kaak
APPL-go.down.IPFV lie.on CS.water.pipe CS.iron PROX again inch
nuku ha-mina-ng ii wee pipa foka
one 3.INAL-side-TOWARDS put leave CS.water.pipe be.big
ha-tooli ya la we-balik o maise tuong
3.PAT-stretch-PFV SEQ be.MD 3.LOC.INAN-sell MD although teacher
di pa ber-i ya
3.AGT go.down.IPFV pull.PFV-PFV SEQ
de-l-tanga-tanga he-r ba di la
3I.LOC-GIVE-keep.talking.IPFV 3.LOC-reach SIM 3.AGT be.MD
fokdi yo
grow.big.PFV MD.AD
PF: 'then he went to Nurdin, wanted to sell the pipeline. Then the teacher went there and took out the pipes, then a quarrel happened and became ever greater' [Alowai.PF.665]

(119) *PF: foka me yo masi bak heng iti*
superior come.IPFV MD.AD and.so CS.water.tank 3.COP.IPFV lie.on
haba dikang bak ba it do di mihii ya do
but again CS.water.tank REL lie.on PROX 3.AGT set.PFV SEQ PROX
ya mii dong-saai ba balik ba.
water take.PFV INTO-come.down.PFV SIM sell QUOT
he-bukti it to, maama
3.AL-CS.evidence lie.on PROX.AD father
PF: 'when the government officials came to visit, the big water tank was there, but he said that he was the one who made that water tank, and he said that it will store water and he will sell the water. That is the proof, sir' [Alowai.PF.666]

(120) *PF: do maha we-ho-mi-ha-riik naha?*
PROX who 3.LOC.INAN-3.REC-3.PAT-get.upset not
PF: 'who would not get upset about that?' [Alowai.PF.667]

6 TL, female, devoted christian

TL is an elderly Abui female. She code-switches between Abui and Malay, thus using both the Abui words *alowai* and *hariik*, as well as the Malay terms *penyakit* 'disease' and *sakit* 'pain'. TL is an elderly person who has lived through the times, moving down from the mountains after her marriage. She points out that there are now more types of *hariik* and more people falling ill. She attributes this phenomenon to change in eating habits, specifically, the increased consumption of salt and spices. *Alowai* can also occur as a result of having too many children.

(121) *BD: sekarang rasa baik?*
now feel good
BD: 'do you feel OK now?' [Alowai.TL.027]

(122) *TL: kalau saya terlalu pikul barang berat, kepala yang jahit luar*
if 1SG too.much carry thing heavy head REL stitch outside
dalam tuju kali ju sakit, nigisan, paha yang tulang masi
inside seven times also sick nose.bleed thigh REL bone still
baku lewat ju sakit
each.other pass also hurt
TL: 'I could not carry heavy things. I had an operation on my head, I had seven stitches and they would hurt, nosebleed, and pain in my thighs' [Alowai.TL.028]

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(123) *BD: hm. itu dari mana yang datang suntik adik?*
hm DIST from where REL come inject younger.sibling
BD: 'Who gave her the injection?' [Alowai.TL.033]

(124) *TL: bidan hu kamar nuku mia maran ba*
midwife SPC.AD room INDEF be.in come.up.PFV SIM
marang moku tungri. Elisabet ba o Kaaiheya mia
come.up.IPFV kid inject.PFV proper.name REL MD place.name be.in
do: "Niya a tadei he, ya moku
PROX 1pl.excl.inal-mother 2SG.AGT sleep.PFV PROH be.DIST kid
yo wan ama tungri."
MD.AD already person inject.PFV
TL: 'A nurse came up from a room to give her the injection. Elisabet from Kaaihea told me then: Don't go to sleep, your daughter has been injected by a nurse.' [Alowai.TL.034]

(125) *TL: kuasa nu tafuda Lahatala ha-tááng ho-mi*
CS.strength SPC be.all Lord 3.INAL-hand 3.REC-be.inside
mia
be.in
TL: 'All the power is in the hands of God' [Alowai.TL.035]

(126) *BD: Di rumah sakit ni e mama?*
in hospital PROX PART mother
BD: 'This was in the hospital, wasn't it?' [Alowai.TL.036]

(127) *TL: Di rumah sakit ini. Sa masuk dibawah ini adik*
in hospital PROX 1SG enter under PROX younger.sibling
ada tidur diatas sa masuk di kolong, Tuhan itu berkuasa
PROG sleep above 1SG enter in compartment Lord DIST rule
jadi ini betul-betul rencana Tuhan tidak apa, tapi rencana
so PROX certainly plan Lord no.matter.what but plan
manusia Tuhan bisa batal.
human Lord can cancel
TL: 'Yes, it was in the hospital. When I entered the room, she was sleeping on the bed. God is great and I realized that, it was God's plan. When God has a plan, nothing is impossible, but plans of people sometimes do not happen.' [Alowai.TL.037]

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(128) *TL: hen afe pi, yaala-di-te ati fitsin faring*
3.COP before 1PL.INCL.AGT now-it.is.PFV-PRIOR salt m.s.g. much
do-sei ba nee haa. hen
3I.REC-put.into.IPFV SIM eat like.DIST.IPFV 3.COP
he-ta-riik-ti la faaring-faaring. ya
3.LOC-DISTR.INAL-ill-REAL.PST be.MD much-much be.DIST
pi dieng maar ba nee he-nidi
1PL.INCL.AGT pot cook.PFV SIM eat 3.LOC-happened.so.PFV
bumbu la faring do-sei hen-u he
CS.spices be.MD much 3I.REC-put.into.IPFV 3.COP-PRF 3.ANAPH
he-nile. afe nu ya kowa taka mii dieng
3.LOC-do.so.IPFV-PROG before SPC water be.raw only take.PFV pot
maar ba nee hare hen-u te-tariik kurang
cook.PFV SIM eat so 3.COP-PRF DISTR.AL-disease CS.deficit
TL: 'now we consume a lot of salt and monosodium glutamate with our food. that increases our health problems. we cook and add many spices and it is the cause. in the past, we used plain water to cook (less spices) so we we had fever health problems' [Alowai.TL.143]

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(129) *TL: pi dara abet nu hen-u pi-riik nu*
1PL.INCL.AGT still young SPC 3.COP-PRF 1PL.INCL.PAT-ill SPC
kurang to re, pi tukai pi
CS.deficit PROX.AD TAG 1PL.INCL.AGT support 1PL.INCL.AGT
barang dara pu-pa mia. yaldo wan,
CS.things still 1PL.INCL.REC-have.IPFV take.IPFV now already
apalagi wan minaka nuku ha-du oro. la
CS.moreover already be.small INDEF 3.PAT-have.IPFV DIST be.MD
faaring mia baai lakaang foka beeka hare wan
much take.IPFV also very be.big cannot so already
ni fa kalieta he-imida
1PL.EXCL.AGT be.MD.AD old.person 3.LOC-characterize.IPFV
to
PROX.AD

TL: ‘I was less sick when I was young, I had lots of energy. Now I am old, I also have many children and grandchildren. I cannot carry heavy things anymore. I am too old now’ [Alowai.TL.155]

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(130) *BD: oh, te-l-munuk ha-du ho?*
oh DISTR.LOC-GIVE-massage 3.PAT-have.IPFV TAG
BD: ‘oh, there was also massage?’ [Alowai.TL.164]

(131) *TL: hm. sura homi mia ri*
hm book 3.REC-be.inside be.in 2PL.AGT
na-paating-ti karieng e mook-e do ayoku
1SG.INAL-teach.IPFV-REAL.PST work and pray-PROG PROX two
laak o henil o. hare wan ama ha-riik
step.at MD 3.LOC-do.so.IPFV MD so already person illness
henidi ee, ee ne-karieng yo
3.LOC-happened.so.PFV before before 1SG.AL-work MD.AD
henu wiida-di maama. ama ha-riik, he-keluarga
3.COP-PRF resemble.IPFV-get.PFV father person illness 3.AL-family
sei ba laak henil nu, dara
come.down.IPFV PURP leave.for 3.LOC-do.so.IPFV SPC still
he-l-munuk naha nu sembayang. sembayang-di-te
3.LOC-GIVE-massage not SPC pray.for pray.for-get.PFV-PRIOR
he-l-munuk. he-l-munuk kaanri mai
3.LOC-GIVE-massage 3.LOC-GIVE-massage complete.PFV and.then
dikang sembayang-di-te na no-laak
again pray.for-get.PFV-PRIOR 1SG.AGT 1SG.REC-return
TL: ‘the Bible says that we must work and pray, those two things. So, when someone gets sick, I treat them accordingly, their family invite me to visit the sick, and before giving a massage, firstly, I pray for them. After that, I give a massage. After giving the massage, I pray for them again before going back home’ [Alowai.TL.165]

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(132) *TL: haba to-moku ba buuk naha ba*
but DISTR.REC-be.quiet SIM drink.IPFV not SIM
sembayang-di-se
pray.for-get.PFV-PRIOR
TL: ‘we don’t just drink the medicine without saying anything, of course we pray first’ [Alowai.TL.245]

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(133) *BD: nenek bisa omong sedikit, sekarang ni nenek rasa*
grandmother can talk little now PROX grandmother feel
bagaimana semua itu kerja jalan baik atau ada yang susah
how all DIST work go good or exist REL difficult
begitu, ada yang gampang, ada yang mungkin sulit begitu?
like.DIST exist REL easy exist REL perhaps difficult like.DIST
BD: ‘how do you feel now, could you tell us about your daily routines, is everything doing all right, or maybe are there any difficulties?’ [Alowai.TL.358]

(134) *TL: la faring suina*
be.MD much be.in.excess
TL: 'there are a lot (of difficulties)' [Alowai.TL.359]

(135) *TL: oh, banyak*
oh a.lot
TL: 'oh a lot' [Alowai.TL.360]

(136) *BD: kalau yang sulit tu yang bisa nenek omong tu apa,*
if REL difficult DIST REL can grandmother tell DIST what
yang sulit tu?
REL difficult DIST
BD: 'what are they. could you tell us about some?' [Alowai.TL.361]

(137) *TL: too-tatuk to*
DISTR.GOAL-suffer.fever PROX.AD
TL: 'everyone suffers from fevers' [Alowai.TL.362]

(138) *BD: iya. selalu sakit-sakit begitu itu*
yes always RED-sick like.DIST DIST
BD: 'yes. people always get sick so' [Alowai.TL.363]

(139) *TL: ne-ui do oro ne-waila baai*
1SG.AL-back PROX DIST 1SG.LOC-drop.IPFV also
TL: 'the pain in my back always troubles me' [Alowai.TL.364]

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(140) *BD: oh ya. jadi ubi biasa daun saja yang pigi jual. kalau dia*
oh yes so cassava commonly leave only REL go sell if 3S
punya isi?
POSS body
BD: 'oh yeah. so, you usually sell the leaves of cassava. how about the tubers?' [Alowai.TL.381]

(141) *TL: tihai so. maa he ko ha-yok-u*
be.heavy PROX.AD who 3.ANAPH IRR 3.PAT-carry.on.head-PRF
ba parenta pa? hare he-tala taka hen-u
SIM road go.down.IPFV so 3.AL-leaves only 3.COP-PRF
ni saa balik
1PL.EXCL.AGT go sell
TL: 'they are too heavy for me. nobody helps me carry them to the market. so, it is only the leaves that I sell' [Alowai.TL.382]