

CHOICE OF CURATIVE RESORTS: COPING WITH ILLNESS AMONG THE MANOBO

LINDA M. BURTON

Xavier University

The response to illness may be seen as involving a hierarchy of curative resorts. That is, what type of medical practitioner (traditional or modern) does one consult as a first resort, as a second resort (assuming failure for the first consultancy) and as a last resort? This paper describes the hierarchy of curative resorts held by Manobos living in Barangay Sagunto, La Paz, Agusan del Sur, especially as compared to that held by non-Manobo settlers in this same community.

Illness is common to all societies. It is the negative aspect of one's existence for it debilitates the sick, contaminates others, and ultimately disturbs the homeostasis of the health and well-being of the family and community. Thus, from time immemorial, man has responded to illness by searching for strategies that would alleviate the conditions of the afflicted. The usual response is to look for cures of any form or for someone who has the knowledge of how to heal.

The current economic crisis has greatly affected the existence of every Filipino. Difficult times are now being felt, especially when illness strikes the family. In the urban sector, illness is an expensive episode, because treatment usually requires costly medicine and the attention of medical experts. One copes with illness with very limited alternatives to choose from as the resources are meager. But among ethnic communities, coping with illness does not entail expensive medication and treatment. Rather, their response is more of an adaptive strategy in the face of survival.

This paper demonstrates how the Manobo of La Paz, Agusan del Sur, have utilized certain strategies in the event of an illness within the family. It is based upon anthropological fieldwork conducted by the author between January 1980 and March 1981 in Barangay Sagunto, La Paz, Agusan del Sur. The study focused on the traditional ethnomedical system of the Manobo, as well as upon the effects and influences of modern medical intervention on Manobo culture. This investigation employed both ethnographic analysis and the survey

method to obtain perceptions on choices of curative resorts.

The Manobo and their Curing System

The Manobo of La Paz, Agusan del Sur, are a riverine people who live along the Adgoan river, a tributary of the Agusan River. In pre-Hispanic times, they were highland dwellers who were resettled by Spanish Jesuit missionaries laboring in this area around 1880. Traditionally, their subsistence pattern was based on swidden cultivation, as supplemented by hunting, gathering, and fishing. Their religion was basically animistic and focused on the beliefs of the *diwatas* (supernatural beings of non-human origin). These were believed to control both the physical environment and the lives of the people living there.

The missionaries converted the Manobos to Christianity and taught them new agricultural technology, i.e., the use of draft animals and the plow. In the early 1900's, the Americans established schools and introduced health and sanitation programs in the Agusan Valley. The postwar era enticed logging concessionaires to these parts, the largest being the Sta. Ines Company which started operation in the early 1950's. One of the services extended to the employees of this company was the establishment of two medical facilities: a dispensary and a hospital. A few years later, a Rural Health Unit was put up by the government to extend health services to the community.

An important aspect of Manobo culture is their curing system. Their ideology is concretely expressed within this system. The Manobo

concept of health and illness is influenced not only by their belief system but also by their world view. Their world is a place where man and supernatural beings interact together. Health, on the one hand, is perceived by them as the maintenance of a harmonious relationship with their environment, their fellow men, and the supernatural. Illness, on the other hand, is perceived as that state wherein an individual can no longer function or perform his task due to pain and debility.

The Manobo have three theories of the etiology of illness. They believe that an illness can be caused by (1) supernatural entities, namely, the *diwatas* who exist everywhere (forest, trees, river, mountains, etc.) and the *umagads*, the souls of the departed relatives; (2) natural elements such as the wind, heat and cold, which enter through the pores of the body; and (3) sorcery or *barang*. This latter belief has been introduced only recently from the coastal areas and it is feared by most Manobos. To cure their afflictions, the Manobo call on the local practitioners: *baylan* and *Bisaya* curers. The *baylan* is a shaman who is both a healer and a religious specialist; while the *Bisaya* curer is an herbalist who uses herbs, roots, barks, and leaves of plants in curing. In general, the *baylan* treats only patients whose illness was caused by the *diwatas* and *umagads*, while the *Bisaya* curer deals with illnesses caused by natural elements.

The coming of modern medicine to La Paz has changed somewhat the attitudes and perceptions of the Manobo. The presence of the Rural Health Unit and the Company medical facilities have encouraged many of them to also employ the modern medical system when necessary. This can be seen in their response to the occurrence of illness.

The Curative Resorts

Upon the onset of an illness, the initial response is to search for a cure. Most wives and mothers have a broad knowledge about medicinal plants. They usually search the nearby forest for herbs and plants with medicinal properties, which they prepare into a concoction. However, a few who have access to modern drugs utilize these as a first remedy.

If the patient fails to recover within three days, the family decides to consult a practitioner, either a traditional or a modern medical specialist. Rommannucci-Ross (1977) terms this as the hierarchy of curative resorts. These are ordered sets of alternatives which may be resorted to as the illness passes from one phase to another, when a cure is not forthcoming (1977:485).

These possible options are shown in the various pathways which may be chosen in seeking curative means:

First Resort	Next Resort	Last Resort
Traditional	Modern	Traditional
Modern	Traditional	Modern
Traditional	Traditional	Traditional
Modern	Modern	Modern
Traditional	Modern	Modern
Traditional	Traditional	Modern
Modern	Modern	Traditional
Modern	Traditional	Traditional

The first choice of curative resort seems to be affected by two factors. In the first place, those who opt for traditional curers are influenced by their ethnicity, i.e., being a Manobo. A Manobo is one who adheres strongly to the *diwata* beliefs and thus to their traditional medicine. Some Manobo in spite of their education would seek out the *baylan* not merely for treatment but for the wisdom and advice extended to the family regarding the condition of the patient. It is from this counsel that the next decision is made. Secondly, the meager income of the Manobo prevents them from seeking medical assistance. The company clinic and the hospital charge fees to non-company patients. While the RHU is there to extend assistance, this is not possible for it does not have an affiliated physician and cannot give out free medicine. Thus, the only recourse for most Manobos is to seek the *baylan* or the *Bisaya* curer who does not charge fees. Also because of the distances involved and the lack of transportation, patients in serious condition cannot be brought to the hospital immediately.

On the other hand, those Manobo who choose modern medicine tend to be more educated and acculturated. Some of them are

employees of the company who can easily avail of medical assistance.

The next choice in most instances is usually a medical doctor at the company hospital. This is prompted first of all by the *baylan's* ultimate diagnosis of the etiology of illness. That is, if the illness is believed to have been caused neither by supernatural nor natural factors, the doctor is consulted. This choice is also influenced by the seriousness of the illness, that is, it is resorted to when the patient is seen as being beyond the help of the traditional healer. Thus, regardless of financial condition, the patient will be brought either to the company hospital or to the provincial hospital. However, the Manobo who seek the traditional curer for the next choice are usually constrained by financial problems and the difficulties of bringing the sick to the hospital.

In the final curative resort, most Manobos, after seeking treatment from modern doctors, will return to the indigenous curers. When the doctor gives up on a patient and can do no more, it is believed that the real cause was not properly diagnosed, or perhaps it is the will of God. Thus, another *baylan* is sought. Of course, there are a few cases who will keep on consult-

ing another doctor, perhaps in Davao or Butuan. These are the ones who can afford to extend the best to their sick relative.

The above considerations are reflected in the study's survey data (see Table 1). The sample in this case consists of 202 respondents, both Manobos and non-Manobos (i.e. lowland Christians, chiefly of Visayan origins) from Barangay Sagunto. As shown in this table, the choices of curative resort are related closely to the respondent's ethnicity. For the first resort, the Manobo group tended to consult a traditional curer, whereas the non-Manobo preferred modern practitioners. This difference is highly significant statistically (chi-square = 15.73, p = .001). For the next resort, though, both groups were about equally likely to seek the help of a modern practitioner. Finally, many Manobos would tend to return to their indigenous healers as a last resort while a strong majority of non-Manobos would still continue to consult a physician.

The foregoing discussion of choices shows that in situations where acculturation has set in, the first resort serves as an index of the acculturative stance of the individual or group. That is, the choice hinges on the degree of

Table 1. *Hierarchy of Curative Reports by Ethnicity*

Ethnicity	First Resort				Next Resort				Last Report			
	Trad.Pract.		Mod Pract.		Trad.Pract.		Mod.Pract.		Trad. Pract.		Mod. Pract.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Manobo	42	48	45	52	17	20	70	80	42	48	45	52
Non-Manobo	25	22	90	78	18	16	97	84	28	24	87	76
Total	67		135		35		167		70		132	

$x^2 = 15.7256$ $p < 0.001$ $x^2 = 0.5222$ $p < 0.05$ $x^2 = 12.5328$ $p < 0.001$

$Q_{xy} = +.54$ $Q_{xy} = +.13$ $Q_{xy} = +.49$

exposure of the culture to modernization. The last resort is attained as earlier alternatives are exploited.

However, the sequences are ordered, the choices are not equal since they represent varied meanings to the chooser. Their perceptions are mainly affected by their economic condition, adherence to their ideological system, and other priorities in life. Synchronically, each resort has a different socio-moral function.

Conclusion

Because of their contact with the lowland cultures and the introduction of medical intervention, the Manobo are found to be utilizing two curing systems: traditional and modern. They recognize that these two systems are equally important in the treatment of an illness. It is of course expected that those Manobo whose perceptions about the nature of illness are more traditional will tend to consult the traditional healers. However, they also will seek modern health care delivery in cases where the initial visit to the traditional healer does not result in a cure. Conversely, the Manobo who consults the doctor may end by consulting a *baylan* when the patient's state of health still does not improve. Co-existence of modern and

folk systems of medical practice is a persistent feature of peasant societies undergoing acculturation in the expansion of western medicine and culture (Logan 1978:494).

It appears also that regardless of one's theory of causation of illness, one will utilize both systems as long as the patient's condition is alleviated. Modern therapy is believed by many Manobo to perform certain functions only when the theory of causation of illness emanates from natural causes. Likewise, the traditional curing techniques can be utilized to treat ailments caused by the supernatural. This coping mechanism ensures their survival amidst the crisis of this decade.

References

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