

Healers: Speak of the 'tēvolo'¹

Ko e me'a mahu'inga taba i he'ete faito'o fakatonga ko 'ete tui ki ai. Ko e faito'o ko ia ko e ivi ia 'oku faka'otua. Ko e me'a mahu'inga taba 'o e faito'o kuo u fai, ko'ubi ko e ivi i hoku faito'o 'ikai ke fakapoto hange ko e tōketā nau ō ako o ma'u mata'atohi 'oku fakapoto. Ko e faito'o kuo u fai au ia, kukui, lotu pea moe 'otua mai e ivi moe ilo ke u fai'aki e faito'o. Ko e me'a mahu'inga taba pē i he faito'o fakatonga ke 'oku faka'otua ia, kei tui kakai Tonga pē. Ko au ko e me'a ngāue, me'a ngāue oe 'Otua 'a'au ('a'aku), omai 'ae ivi ke u fai'aki ene ngāue

The most important thing about Tongan healing is one's faith in it. The power of that treatment comes from God. The most important thing about the healing I do is that power of my treatment does not come from expertise like doctors who go and study and get a degree. The healing I do, I close my eyes, I pray, and God gives me the power and the knowledge to carry out the healing. The most important thing about Tongan healing is that it is divine. That is something Tongan people still have faith in. I am merely the instrument. God gives me the power to do his work.

Akosita is a well-known *fefine faito'o* (woman healer) in Vava'u. Her statement mirrors the heartfelt ethic of many healers that emphasises the importance of *tui* (belief, faith) and of being a vehicle for the power of God.² For Akosita the power and efficacy of *faito'o fakatonga* (Tongan medicine) lies not in expertise but in divine 'power'.³ Akosita

¹ My choice of this title springs from the literal meaning of the sentence as well as its humorous use in addressing a person who one has just been speaking about. With one exception, the healers who appear in this chapter can be characterised as expert speakers of *tēvolo*. *Tēvolo* on occasion is mis-translated as devil. I am aware this is not an original title. See Howard (1996) and LaFontaine (1998).

² In response to the question: *Ko e hā e me'a mahu'inga taba o ho'o faito'o?* What is the most important thing about your healing?

³ The original was *ivi*. Churchward (1959) translates *ivi* as power, ability; influence. One explanation for why so many plants are useful in *faito'o* is that God *fakaivi'i* (to give power or ability to, to enable) them. On one occasion when describing a healer a friend attributed them

was available to heal no matter what she was doing and would receive happily any requests for help. She spoke many times of her profound trust in and reliance on God and of her wish to do his will.

It was in variations of this church affiliated ethic that most healers introduced their practice to me. They spoke of the great inspiration they take from the bible and ministers' sermons. They also often quoted from the bible to explain their practice. The pure motivations of their practice, they explained, were a reflection of their personal qualities of *loto fietokoni* (of a helpful disposition) and *loto 'ofa* (kind hearted, of a kind or loving disposition). They are manifest in their claims that no matter how difficult and tiring the treatment was, they would not refuse and would always try to help. This was despite the fact that often they were so busy they had no time to attend to other economic or *famili* activities.

Healers narrated dramatic events of illness that the hospital could not treat and how they had stepped in and saved patients when they were *tali mate* (waiting or expecting death). Similar stories were told by people of their experiences of Tongan medicine, of healing confounding doctors and hospital. In their explanations, some healers also betrayed a pleasure in the *fatongia* (duty) that initially they had resisted, but then carried out in response to people's *faka'ofa* (moving to sympathy or pity) and their requests for help. In the company of friends and other familiars they enjoyed the praise, the attribution of *ivi* (power), and the social kudos and influence they had in questions of illness. They, no doubt, enjoy the social confidence and involvement in other people's lives that their generosity and helping engenders. Their verbalised ethic evokes and attenuates membership of their respective churches and is a profound celebration of the Tongan value of *fetokoni'aki* (mutual help and assistance). Both inspire a confidence that requests for treatment will be met.

However, while there is seeming commonality in purpose there is great diversity in the practice, conceptualisations, personality and personal histories of particular healers. The most analytically significant comment about healers' practice was made to me by Loloa, a well-

with the English word 'power' and then translated it as *ivi*. The use of *ivi* as strength and/or energy is suggested by people's use of the term when explaining the difficulty of holding down girls when they are affected by *tēvolo*.

known retired healer in Neiafu. She explained that every healer has their own *faito'o* (remedy, treatment) and *fakamatala* (explanation) and recommended that I talk to many healers to record all their different explanations. It was one of the only analytic comments from a healer made about healers as a category. Her comments contrasted dramatically with the confident explanations of other practising healers on their practice but who betrayed little interest in the practice of other healers.⁴ The few comments I heard were invariably humorously disparaging of the techniques, reputation or remedies of other healers. That her comment was atypical and made after retirement is profoundly suggestive of both her current sense of responsibility to other healers and to a lack of involvement among practising healers themselves. The individuality of healers' ways of treating and explaining their treatments suggests that they seek to distinguish themselves from each other. Their actions are directed, in contrast to those paid professionals such as ministers, teachers and doctors, not in relation to a profession shared by others and in a common training but in their own specific ancestral, religious and experiential trajectories. Even the most popular healers, though they may on occasion be given *me'a 'ofa* (gifts) in gratitude for their treatments, can not make a living out of their healing.⁵ It is a practice that often takes them away from those activities, such as weaving, which allow them to raise money and other responsibilities that they have as wives, sisters and mothers.

Their healing knowledges are not shared but are specific to their families. That is not to say that there are no similarities in the practice and conceptualisations of some healers, shared by many other people in Vava'u, but that in general such similarities are regarded locally inconsequential to their practice. It is in part their local idiosyncrasy that makes them notable and worth consulting. The only times they are generalised as a group is when their practice is compared either positively, as Akosita does, or derogatorily, by many doctors, to hospital medicine. In the pragmatics of seeking healing, healers are known primarily by their particular names and secondarily as being a

⁴ Perhaps the fact of her retirement and the fact that she now recommends people to go to Lealiki, whose treatment she has seen once, allows her to be less partisan.

⁵ Many healers now claim to refuse the *tukuto'o* (the gift that traditionally followed successful treatment), to demonstrate the pure motivations of their practice.

fefine or *tangata faito'o*. A definitive translation of *fefine* or *tangata faito'o*, is neither 'female (or male) healer' nor 'a woman (or man) who heals'. In use it is less a solid marker of a profession than for example a teacher, rather more a description of what they do and the ethic they hold.

Introduction

In examining this perceived diversity, I follow Last's (1981) exposition of the unsystemised nature of much 'traditional' healing and of 'the importance of knowing about not knowing': people's lack of interest in many aspects of healing. Last criticised the then current anthropological notions of traditional medicine as a classifiable system, with coherent principles that could be counterpoised with biomedical understandings. Neither the diversity of healing practice nor the degree to which healers use biomedical terms and concepts have been recognised in the literature on Tonga. Other researchers have preferred to characterise healing practice on the basis of conditions (Parsons 1985), neglecting the multiple uses, understandings and on occasion lack of knowledge of the same terms. Healers' explanations have been generalised to give a seeming representative picture of Tongan medicine (see Cowling (1990a), Parsons (1984, 1985)). Parsons (1985), for example, gives the impression that 'turning' (her term for the process of waiting three or four days for improvement and then changing healer) is a general characteristic of all healers' practice; in actual fact, some healers follow this rule and some do not. No anthropological work has examined comparatively the practice of individual healers and the possible reasons for this diversity.

Finau (1994) echoes Foster's (1976) personalistic/naturalistic distinction and posits a basic difference between TM (traditional medicine) and WSM (western scientific medicine) in 'the perception of disease causation' of Pacific peoples.⁶ TM's model of causation, which lies in 'the disturbance of relationships with gods or supernaturals, society, or the land' is contrasted with WSM's model in which causation of disease 'is an abnormality of organ function, which is a biostatically

⁶ Personalistic causality involves an intervening agent such as a spirit, deity or sorcerer. Naturalistic causality refers to sickness theorised in impersonal systemic terms.

defined variation from a standard, an ideal value of a species design' (Finau 1994:53). In these terms, Finau argues, TM treats illness and WSM, disease.

In applying Foster's (1976) notions of personalistic and naturalistic causality of illness to bush medicine in Trinidad, Littlewood (1988) argued that 'the two types of knowledge are not incompatible, nor mutually exclusive, nor distinct' (Littlewood 1988: 129). He emphasised Foster's notion as a heuristic model to uncover the general schema of illness in Trinidad and argued that in many instances bush medicine could be seen as naturalistic in aetiology.

Loloa characterised the diversity of healers in terms of their *faito'o* and *fakamatala*. This diversity has a quality closer to Littlewood's distinction than that of Finau's dichotomy. Even those healers, whose interpretations might be characterised as the most personalistic of all healers, used naturalistic explanations to explain susceptibility or how healing works. Within Foster's schema, the *fakamatala* of healers capable of treating *tēvolo* caused condition varies to the degree to which they emphasised personalistic explanation (those that involved *tēvolo* only) and explanations in which there were naturalistic features (typically some capacity of the body that made it more likely for the *tēvolo* to affect the person). Rather than uncover a general schema, as Littlewood has done, I use the personalistic/naturalistic distinction to draw out the degree to which healers *fakamatala* can be attributed to their wish to *tauhi vaha'a* with particular individuals and institutions. The two fundamental factors in understanding the diversity of *faito'o* and *fakamatala* are the autopoietic nature of personhood and healers creative elaboration of their knowledge for their own social motives.

Fundamentally, my concern with the relationship between *tauhi vaha'a* and their spoken explanations is born of a commonly attributed characteristic of healers. Of all the healers, the most widely known were those who were described in complimentary terms as *poto he lea* (skilful at speaking/speeches) or *poto he fakamatala* (skilful at explanation) or pejoratively as *ngutu labi* (big mouth).⁷ This was largely

⁷ The pejorative comment was made of a famous healer/midwife who had died some years back and whom I had been recommended to see before arriving in Vava'u. The speaker was a nurse with personal experience of her unsanitary deliveries. Many of the women had to be

born out in the explanations I received in the extensive interviews I carried out with healers. By and large they were erudite, eloquent and powerfully convincing about their practice.

Use of Tongan terms

One ethnographic aim of this chapter is to introduce the healers who appear in voice and action in the following chapters. In recognising the diversity of healers, it is also important to preserve the terms they use to describe the situations and conditions they treat. These may be understood in different ways by different healers. Translation is often highly problematic and may reify a concept or condition that might be very fluid in use in Tonga. The following chapter illustrates this in reference to one term *'āvanga*. For the benefit of Tongan readers and those who will use this research to initiate dialogue between the hospital and healers, I preserve as many terms as possible in the original, glossing in brackets. I give brief intermediary translations based on Churchward (1959) of some of the terms that appear most frequently. Below and in later chapters I examine the problem of translation in more detail.

<i>'Āvanga</i>	sickness caused by <i>tēvolo</i> .
<i>Te'ia</i>	to be stricken by a supernatural being or power, popularly regarded as very serious.
<i>Fakamahaki</i>	synonymous with <i>'āvanga</i> or <i>fakatupumahaki</i> -causing or producing sickness or disease. <i>Tēvolo</i> caused condition.
<i>Fakatēvolo</i>	As or like pertaining to <i>tēvolo</i> .
<i>Mahaki</i>	sickness, disease or ailment.
<i>'Au</i>	continued discharge of blood from uterus.
<i>Kahi</i>	name applied to various diseased swellings, such as goitre, scrofolous swelling and piles or hemorrhoids.
<i>Hangatamaki</i>	boil, abscess, carbuncle or other such swelling.

treated in the hospital afterwards for infection. The healer, she said, had a big mouth and was able to persuade the people that her treatment and explanation were correct.

Treatments or Procedures

<i>Vai</i>	liquid, water, liquid medicine (short for <i>vai faito'o</i>).
<i>Tulu'i</i>	to drip medicine.
<i>Kaukau</i>	healing bath or wash.

Ethnobotany

I have provided Latin names for the plants used throughout this ethnography, using Whistler's (1991) comprehensive ethnobotany of Tonga. I have omitted descriptions of plants for both reasons of space and my lack of botanical training. Whistler's works (1991 & 1992) are an invaluable resource for those interested in the botanical descriptions and other medical and non-medical uses of plants in Tonga. All plants mentioned are listed in the appendix.

Fefine and Tangata faito'o

What distinguishes the categories of *fefine faito'o* (female healer) and *tangata faito'o* (male healer) who treat people affected by *tēvolo* from the many people who possess herbal remedies or particular healing techniques? Within Tonga as a whole I take it to mean that they have a reputation and are resorted to for treatment by people beyond their *kāinga*. I distinguish them from other healers who are more specialised, and who typically treat conditions that are more exclusively naturalistic in origin.⁸ Bloomfield splits practitioners in Tonga into *kau faito'o faipele* (card playing curers), *kau faito'o fakalotu* (religious curers), *kau faito'o*

⁸ There are some individuals, usually men, known as *kau faito'o fasi*, who treat broken bones and muscular problems. Some women and men can treat one or several kinds of *kahi*, sometimes translated as hemorrhoids but often encompasses conditions relating to blockage or stiffness (Bloomfield 1986:115). There are many people who have remedies and techniques for treating *hangatamaki* (general category for swellings, boils and abscesses), with particular techniques and plants. There are also many people, who are very enthusiastic about a particular remedy, that may have been given to them by a relative or in a dream. Some women and men are well known for a particular *vai* (liquid medicine usually prepared by boiling leaves, bark and fruit of tree, shrubs and plants with water) which may or may not be regarded as a panacea. *Kau ma'uli* (traditional birth attendants), though very popular in the past and still consulted now, play a much lesser role in the delivery of babies. Most babies are delivered in the hospital.

fakatonga (Tongan traditional curers), *kau faito'o fanau iiki* (Paediatricians), *kau faito'o fasi* (bone setters), *kau fotofota* (masseurs) (Bloomfield 1986:219). I prefer to call them *fefine faito'o* or *tangata faito'o* who can treat *tēvolo* caused illness rather than assign them to a category of healer such as *kau faito'o fakatēvolo*, because rarely are *tēvolo* caused conditions their exclusive concern. Also, as I will go on to discuss, some healers find the label *fakatēvolo* inappropriate.

Jilek (1988) interviewed five male healers and two female healers. He suggested that since five of the seven healers were assisted by daughters and none by sons, in future Tongan healing would become a predominately female vocation. That certainly seems to be the case for Vava'u. Of the eighteen healers I interviewed only one was male.⁹ In answer why, the only male healer on Vava'u that I interviewed argued '*Fakapikopiko 'a e kakai tangata e fai e faito'o, tuku ki he kakai fefine*' (Men are lazy and can't be bothered to heal, they leave it to the women). The most important aspect of his practice was '*Kuo loto ke fai he faito'o he oua e fakapikopiko, kapau fakapikopiko 'ikai ke 'aonga he kakai*' (To desire and consent to heal and not to be lazy. If you are lazy it won't be useful to people').

Since in his terms men are lazy as regards *faito'o* suggests that there are other 'vocations' open to them. There is increasing pressure for men to provide financially for their families and church which means either wage labour or long periods of time in the bush, which makes them relatively inaccessible for healing. Also, questioning the sense of healing as vocation, there is the possibility that men are simply not being asked to heal. Many healers talk about initially not wanting to heal but then doing so because people pleaded with them to help.

Women in this sense are typically easier to ask. They are popularly regarded as being more *talangofua* (easy to ask, obedient) and more likely to be at home than men. Also, it is women who are typically in charge of the health of young children. Most women healers, who treat *tēvolo* conditions, first mention the fact of treating women's and children's sicknesses, which may on occasion be *tēvolo*

⁹ In Tongatapu, the situation is very different. In 1998 the then mental health worker compiled a list of 23 healers with whom she was familiar and who could treat conditions potentially diagnosable in psychiatric terms. Ten were male. Of the nine she categorised as exclusively *fakatēvolo* healers, four were male.

caused. Such cases, typically, form a larger part of their practice. The most popular healers can heal because of personal circumstances which means that they are, typically, not the main wage earner.

Healers' renown

The first aspect of the diversity of healers who can treat *tēvolo* caused conditions one faces as a researcher is how 'well known' they are within Vava'u.¹⁰ Some are known by their first names across most of the island group and on occasion in Tongatapu, others only within their *kāinga* and their and nearby villages. Their renown is not an objective measure, it is a reflection both of their supposed characteristics, capabilities and acts but also of the modes of communication (along *kāinga*, village, church lines) and social events that allow people to hear about some individuals more than others. A healer may be well known to many but not necessarily popular, nor the first resort in cases of illness. Church, village and household preferences and gossip often guide their popularity.

Early in my fieldwork the public health nurses introduced me to one of the most charismatic healers in Vava'u. Lilopau was also one of the most outspoken healers and keen that I had the opportunity to *fakamo'oni'i* (witness the truth of) her treatments and remedies. The treatments I participated in, under her guidance, form the largest part of the ethnographic data of this ethnography. To my knowledge, no researcher has had the privilege of such close involvement over a long period of time. Close involvement in Tonga implies a degree of exclusivity. It thus became both enlightening and restrictive. After six months, I stepped down my involvement with Lilopau and resumed interviewing other healers.

I became very familiar with another healer Akosita and her household on the other side of the island. The fact of my living apart from both healers in Neiafu prevented exclusive involvement with their kin that would have made it more difficult to appreciate both the

¹⁰ 'Well known' is my working translation for the local tem *'ilonga* that Churchward translates as: to show, show up, be seen, be recognizable; distinguished by a special mark or characteristic; conspicuous, outstanding, notable, memorable.

occasional buried contentiousness and diversity of healing practice. It also allowed me to spend a great deal of time at the hospital in Neiafu (which was key to following patients from hospital to healers and vice versa) and to get to grips with the process of seeking healing. With other healers I had to demonstrate knowledge of the relevant issues without emphasising the relationships from which those understandings were born.

The healers

In Vava'u, introductions are largely superfluous. People know each other by virtue of *kāinga* relationships, or their mutual involvement in church, village or school events. I follow this by introducing the five healers with whom I was most familiar in the rough order of how involved I was with them and their families.¹¹ I spent the most time with Lilopau and Akosita, the first two healers, and their families. We spent much time in each other's company. Both spoke of me as an adopted son and on many occasions I was castigated for not visiting more often. With these two families there was mutual help and assistance in action and word.¹²

Any personal introduction is an inevitably idiosyncratic reflection of a person's relatedness to that person and others. My introduction of the healers is a brief mix of how people described them, my experience of them, their most obvious local connections and, following Loloa's

¹¹ This is not an order of importance or fondness. There were many healers who I spoke to on relatively few occasions about their healing for whom I had the greatest respect and fondness, but their lack of patients made too much association with them redundant for the research, though not personally. Once I had established diversity in the practice of healers I felt the need to look in more detail at the process of healing. This required more time with one healer and detailed examination of particular case studies.

¹² I also had many good friends in Neiafu. There were several families in Neiafu with whom I also spent much time, in a manner similar to many young people who have relatives in many parts of the islands. Much of my time was involved in enjoyable '*eva*, which on occasion lead to discussion of issues that were related to my research.

suggestion, the most salient aspects of their treatment strategies and explanations of their practice. I use pseudonyms throughout.¹³

Lilopau

Lilopau stands out in Vava'u as a powerful, strong minded and eloquent exponent of her healing. Confident in her position as possibly the most well known healer for those affected by *tēvolo* in Vava'u, she heals widely across the island group and on occasion in Tongatapu. As the eldest daughter of a *matāpule* (talking chief) who still lives in her natal village she has considerable local knowledge and influence. Her involvement in the local Wesleyan Church is considerable. She wears the red scarf of a lay preacher in the Wesleyan church and often teaches in the Sunday school. Of her eight children, two are married in a nearby village and three go to school and live in their modest house of two rooms. She recognises the support and patience of her husband, Ifi, who will often help her with her *faito'o* and assist by preparing food for the children while she is away. His two plantations provide food for the household and a modest income that barely stretches to pay for the school fees and other expenses. Lilopau's weaving also provides a small income. Her mother died in 1975, and on the request of people seeking her services, Lilopau started about a year later, at the relatively young age of twenty-six.

¹³ Not naming the healer and their villages hinders analysis. There are characteristics of healers that are arguably influenced by the politics and degree of social cohesion in their villages. Some healers had no objection to being named and would have welcomed more attention and recognition of the work they do. Several, however, were intimidated or worried about the possible negative response from the hospital. This may appear to be an apparent contradiction to my focus on the particular and my mentioning other prominent individuals of Vava'u. My reason for the protection of healers' names is that I discuss concrete case studies in which there are contestations of accountability and diagnosis, situations which other researchers have typically not described, or when accountability was not an issue. In some previous research with which I am familiar, Jilek (1988) named one healer and the village he was from (he is now living in the US) and Weiner (1971) named all the healers he worked with. Katz (1993) in Fiji did not name healers 'out of respect and in accordance with people's wishes', I suspect in part because of new evangelical groups and their derogatory stereotyping of healers' work as that of the *tevoro*, a term he translates unproblematically as devil.

She describes herself as *loto lahi* (brave, bold or determined), a characteristic that is partly manifest in her lack of fear of *tēvolo*, who she claims are frightened of her and on occasion even recommend, through the medium of '*ui'ui tēvolo* (a local variation of a ouija board) or dreams, that people go to see her. Her refusal to deny anyone treatment including a famous case of a lady she treated successfully when the doctors had given up, and treating patients typically many more times than other healers bears out her *tui* (belief, faith) and determination. She says what is most important is that she can not be lazy, when people come for her in the middle of the night she goes, she cannot stop when she is fed up, she carries on even when she sometimes does not want to. Her brash confidence brings her into occasional conflict with doctors at the hospital who have chased her from the hospital.

Her confidence lies in the power of her main treatment, *tulu'i* and less in the terms she uses to designate conditions. She can treat '*mahaki kehekehe kae tantefito, pea lahi ange 'a e fakatēvolo*' (different illnesses but mostly *fakatēvolo*) in all ages from recently born babies to old people. The terms she uses refer to the degree of *tēvolo* involvement. '*Āvanga*, she says, is when the *tēvolo* does not hit or touch you, you just see its face. '*Fesi'ia* is body pain, in different parts of the body as a result of a *tēvolo* touching you. '*Te'ia*, is the most serious and is the result of a much harder hit of a *tēvolo*.¹⁴ Not treating it will lead quickly to the death of the person. She is also called to treat babies' and women's illnesses, for which *tulu'i* will always be used.

For Lilopau the *tulu'i* is diagnosis, treatment and sometimes prophylaxis. She occasionally treats herself and *famili* when feeling run down or she suspects that a member of the *famili* have seen a *tēvolo*. Different plants are used for the *tulu'i lahi* (strong *tulu'i*) and *tulu'i si'i* (weak *tulu'i*) which are given depending on the seriousness, but not consistently. Her conceptualisation of how the *tulu'i* works I discuss in a case study below. She also *lomi'i* (presses) on the eyeballs, and gives massage on the face and body. There is also a *vali* (poultice) which she uses for body pain and *vai* (liquid medicine) for conditions such as '*au*

¹⁴ The *tā* (slap, hit) of a *tevolo* can be both a sign of love and anger.

(vaginal bleeding or discharge).¹⁵ After the *tulu'i* she frequently carries out a *kaukau* (bath of fragrant plants and flowers) accompanied with further massage. She stresses the importance of using recently picked leaves and wiping the remedy once used under the feet or leaving it in a bush afterwards, so that the sickness does not go with you.

Akosita

Akosita is originally from Nuku'alofa but moved to Vava'u on marrying a *matāpule* (talking chief) from one of the villages some thirty years ago. As a lay preacher and as part of a well regarded *famili*, she takes the responsibilities to church and their reputation within the village very seriously. This is reflected in her industriousness in raising money for the *misinale* (annual church collection) helped in no small part by her grown up children. When not selling in the market, where she is popular for her quick wit and ready smile, she is helping to collect coconuts to sell, making brushes, collecting and stringing mandarins or making Tongan oil. Occasionally, she will gather shellfish to sell in the market.

Regardless of how busy she is at home, she will receive and answer happily the many requests for treatment and for her *vai*. People will on occasion give her a *me'a ofa* (gift) and buy from her at the market in gratitude for her help. Her reputation extends widely. She has treated a member of the royal family and requests for her *vai* come from as far away as Hawai'i. She is also well regarded by many of the nurses, with whom her treatments for babies and women's problems and *fakamatala* strike a chord.

It is fundamentally in terms of her various *vai* that Akosita characterises her *faito'o*, the components of which were passed down to her by her mother. She has most faith in her *vai fufulu toto* (remedy to clean the blood) which she occasionally drinks and gives to household members as a tonic. She is also known for her *vai* for '*ate pupula* (lit. swollen liver-may be used for Hepatitis), *langa keke* (stomach pain),

¹⁵ On my request, from the start of 1999, Lilopau kept a record of all the patients she treated. The most important details included Name, age, village, church, condition in her terms, number of treatments and start and finish treatment dates.

fakalele (diarrhoea), *kahi ulufi* (a kind of continuously discharging blockage) and *pala* (festering wound, sore or ulcer). She treats babies for *mea* (prickly heat), *fiho* (to be blocked with phlegm), *pala*, *nounou manava* (shortness of breath) with a *vai* to get rid of the *fiho* (phlegm). There are also separate *vai* she uses to treat women for *'au* (vaginal bleeding or discharge) and in tandem with a *tulu'i* for *tu'u mamahi* (difficulty and pain in urinating).

She states that *puke fakamahaki* (a *tēvolo* caused condition) rarely lasts more than a week. Usually one treatment of *tulu'i* to the eyes and nose, a *vai* to drink and *fotofota* (massage) to the head and whole body (using leaves) and then *faka'ahu* (steam bath) is sufficient. It is a *tui fakatonga* (Tongan belief/faith), she explains, that the leaves you use *tuli* (chase away) the *tēvolo*.

The leaves of two different plants are used for the *tulu'i* and *fakainu* of less serious short term *fakamahaki* and the more serious *fakamahaki kuo fuoloa* (long term *fakamahaki*). Dietary considerations are important to her. She advocates not eating chicken from overseas because of the *fo'i kemikale* (chemicals) or *faito'o* (treatment) they have received.

Lealiki

*Ko e me'a mahu'inga taba pē 'o
'eku faito ko 'eku fietokoni mo
'eku 'ofa kinantolu. Ko e 'otua
'oku omai 'a e faito'o, ko au kuo
fai e fekau*

The most important thing about my healing is my wish to help and my *'ofa* to the people I treat. It is God who brings the *faito'o* I simply carry out his command.

Originally from Tongatapu, Lealiki has lived in Vava'u for ten years and is married to a prominent teacher in one of the secondary schools in Vava'u. Her rapid and clear exposition has made her a very sought after healer, predominately among Wesleyans and Catholics in the area around Neiafu, though she has only been healing since 1994. She mentions occasions when she had ten people a day visiting, and visited three different villages in a day. In her words: *'Ma'u he fiefia tokoni ki he*

kakai' (She takes great pleasure in helping people). Her mother did not heal so when Lealiki's mother's mother died in 1993 she was asked by her *fa'etangata* (mother's brother) to start treating. Her mother's sister also does the same *faito'o* but in a village in Tongatapu.

She is, perhaps, most consulted for babies' problems. Many mothers are sent to her from the hospital when their babies have problems suckling, which she interprets as *'elelo nou* (lit. short tongue). She treats them twice a day (morning and afternoon) with two different *vai* for a maximum period of a week. She insists that people go to the hospital first. She also treats *mavae e ua* (unclosed fontanelle), *ava 'a e pito 'o e bebe* (hole in the navel of the baby) and *hangatamaki* (boils, abscesses). Her experience of seeing a *tēvolo* in the guise of a doctor in the hospital after the birth of her third child, at a time when the doctors said she was *toto'si'si'i* (low blood count) gives her great confidence in treating *tēvolo* caused conditions. When they gave her blood, and her husband brought her some *vai* to drink, she did not see a *tēvolo* again. She argues that a lack of blood, or *vai 'oe toto*, makes it easier to see the face of the *tēvolo* and easier for the *tēvolo* to *fili* (choose) the person. *Tēvolo* are most active at midday but continue till early in the morning. She treats *fakamahaki*, which she characterises as a condition of rapid onset and rapid recovery with *tulu'i* and a *vai* to drink. She *tulu'i* the eyes, mouth and ears. You can also tell the part of the body that is most affected by the fact of *mo'fi* (fever, heat) in that location. Those who refuse to take the *tulu'i* in the mouth she treats with *puhi'i*, a mode of treatment that involves putting the remedy in her mouth and blowing it at the person's face. She rarely treats someone with *fakamahaki* (*tēvolo* caused condition) more than four times and distinguishes *fakamahaki*, contrary to Churchward's translations, from *te'ia motu'a* and *'āvanga* which take a long time to treat.

She subscribes to what she terms a *lao faito'o fakatonga* (a rule of Tongan medicine), treating for three days and if there is no improvement recommending the patient sees another healer.¹⁵ She uses only one main plant to *tulu'i*. If it is unavailable *nonu* (*Morinda citrifolia*) or *uhi* (*Euodia hortensis*) serves as a replacement. For *te'ia* there is a corresponding *vai* and daily *kaukau*.

¹⁵ Lealiki was one of the few healers who claimed to follow this rule. Parsons (1985) argued that this process, which she termed 'turning', is a general characteristic of healing in Tonga.

Pisila

Ko e me'a mahu'inga taba 'oku talangofua 'a e mahaki, mo tokanga ki he faito'o ke sai.

The most important thing is that the patient is obedient and pays attention to the treatment and thus gets better.

Pisila returned three years ago to her natal village in Vava'u with her husband, a minister in the Church of Tonga, after living thirteen years in Samoa. She has a very strong gaze and powerfully attractive face. She is well regarded and attributed with the *ivi* (power) to heal by the women in the weaving shed in whose company she is often found. She tells people to come in the afternoon, so not to disturb her weaving. She emphasises her lack of fear and the fact of some women healers dying because of fear and their *ta'etui* (lack of belief/faith). In Samoa, she treated both Tongans and Samoans with the same remedies she uses here. There was also one *palangi* (European) she treated, who was told that he had brain cancer and was going to be operated on. She chewed some specific leaves and then massaged once and he did not have any more pain. It was not cancer she says, it was *fakamahaki*, '*Lahi pē 'ene alu tokotaha ngaahi leva 'a e fanga tēvolo*' (He often went around alone and the *tēvolo* affected him). She sees patients almost every day for a variety of conditions. She states she can treat most illnesses (*fa'ahinga mahaki pē*); localised pain of the stomach, back, head, and leg; *mata 'ikai lava sio* (blindness), '*āvanga kehekehe* (different kinds of '*āvanga*'), '*āvanga motu'a* (old '*āvanga*'), '*au* (vaginal bleeding or discharge), *pala ngutu* (mouth sores) and *hangatamaki* (boils, abscess) which she treats with *vai tonga*. She can tell immediately from the person's face if they are affected by a *tēvolo*. '*Tkai ke fie sio mai. Hange ko mole hono fakakaau.*' (They don't want to look at me; it is like they lose their ability to think). She treats such cases with *tulu'i* to the nose, eyes, ears and mouth, a *vai* to drink and massage and then *kaukau*. She massages the head and the body. Typically one or two treatments are sufficient. There are two types of '*āvanga*. In the first, easy to recognise type, the person sees the

tēvolo. In the second type, which is difficult to tell, the person does not see the *tēvolo*.¹⁶ Most of the people who come are of the second type. Most of the different body pains belong to this class. It is better to be the first type; it is more difficult to treat someone who has not seen the *tēvolo*. She also treats '*āvanga fale* which is the kind of '*āvanga* of someone who does not want to go out and mix with people. She characterises '*āvanga motu'a* as a longstanding condition which, despite being treated all over the place, typically does not get better.

Siosiofanga

*Sio lahi 'a e puke 'o e kakai pea u
fakakaukau leva ke faito'o ke 'aonga ke
he kakai*

I saw the large number of people
ill and decided to heal to be useful
to people.

Siosiofanga was brought up in Nuku'alofa. Her mother, who also treated, was originally from one of the villages in Vava'u. Siosiofanga married a man from one of the small villages in Vava'u and has been treating in Vava'u for the last seven years. Her renown stems from a treatment that involves bathing the ill person in a much more elaborate fashion than other healers. Her sister treats in Ha'apai. She is often to be found in the market, selling vegetables. She treats predominately *fakamahaki*, *kahi* of the stomach (*kahi* is a name applied to various diseased swellings, piles and hemorrhoids) and baby's conditions (especially when they cannot swallow food).

On the first day of treatment, she explains:

*Fakatākoto pē 'a e milamila hange ha
swimming pool, tuku i loto, pea tuki 'a e
faito'o, kaukau'aki, pebe'i. Mei mata*

*alu ki he va'e. Tokoto pē ai fute, malohi
kaukau pē, kaukau pē, mohe, hola,
alu, alu 'a e mahaki.*

¹⁶ *Kalasi taba-e tala ia, sio ki he tēvolo. Kalasi ua-ikāi ke tala ia, ikāi ke lava sio ki he tēvolo.*

You lie down the person in the plastic sheeting like within a swimming pool, you leave them in there. Then pound the treatment and bathe the person with it from

head to toe. The patient may struggle, the *kaukau* is very strong. Bathe, sleep, and then the illness goes.

She also *tulu'i* the eyes, nose, mouth and ears and massages the whole body. If she presses on the eyes then she does so very gently, so as not to damage them. If the eyes hurt she knows immediately the person is *puke* (sick). From the second day, she treats them with a *vai* and *vali* (poultice).

She distinguishes between different kinds of '*āvanga* and associated behaviour:

Tongan term	Behavioural description	Translation of term and description.
' <i>āvanga motu'a</i>	<i>Fuolaa.</i>	Old ' <i>āvanga</i> : long term.
' <i>āvanga fale</i>	<i>Nofo fale pē.</i>	House ' <i>āvanga</i> : the persons just wants to stay in the house.
' <i>āvanga fafanga</i>	<i>Mohe po'uli, sio mai me'akai, kai.</i>	Being fed ' <i>āvanga</i> : while sleeping the person sees food and eats it.
' <i>āvanga tahi</i>	<i>Fiema'u kai me'a tahi ataata pē</i>	Sea ' <i>āvanga</i> : the person wants to eat only seafood.
' <i>āvanga kai</i>	<i>Kai 'a e kalani fā, 'ikai ke fin, kai noa ia</i>	Eating ' <i>āvanga</i> : the person eats four gallons but is still not satisfied. Eats without thought.

Her treatment for the different kinds of '*āvanga* is the same as regards the *kaukau*, *tulu'i* and massage but each different '*āvanga* requires a different *vai*. All the different '*āvanga* as well as other conditions, such as *te'ia* and *puke fakatēvolo*, fall within the category of *fakamahaki* and are of equal seriousness. Her experience of *fakamahaki* is that it is periodic, and is most common in December and January.

The diversity of remedies and treatments

I now turn to the diversity of the *faito'o* and *fakamatala* of the five healers I have introduced and examine the degree to which they are tied to their acts of *tauhi vaba'a*. I take *faito'o* to signify both the verb (to treat, cure or try to cure by medical means) and the noun (medicine or medical treatment of any kind). The *faito'o* of a healer encompasses the techniques of healing and the plants used. The techniques are visible to all. The plants, however, are usually treated as ancestral secrets and are not spoken about in front of non-household members. Many healers can trace an ancestral healing lineage going back four generations and claim that their *faito'o* is identical to their ancestors. This is supported in some cases by *pepa faito'o*, books of remedies which are passed on and occasionally re-transcribed from generation to generation. Not all healers, however, write down remedies, and on occasion it is only when a healer dies that the realisation dawns that a particular remedy has not been recorded. The transmission of knowledge is most commonly through involvement and aptitude. Children of healers from an early age are sent to collect remedies from the bush by their parents and witness many treatments. Few start to heal seriously until their mother, father or other relative, from whom they learnt, can no longer treat or passes away. The procedure of *fanofano*, in which the healer holds the hands of his/her acolyte, and says a few words, confirms the transmission of healing power. Its shortness suggests that the essential transmission of ability has already taken place. Most people say that the ability to heal is *tuku fakaholo* (handed down from generation to generation/or from predecessor to successor).¹⁷

Many also claim that without the process of *fanofano* the *faito'o* would not work and that the healer has some kind of *ivi* ('power') which is necessary for successful resolution. But there are many healers who continue to heal, seemingly successfully, who were not *fanofano* by a healer, and there are some who are popular but acknowledge quietly no healing pedigree whatsoever.

¹⁷ The way people talk about *tukufakaholo* in instances of sickness, suggests that the mode of transmission for many is either through the blood or some kind of intrinsic link between relatives. I discuss this further in chapter six.

Of all the various techniques of treatment used by healers, the technique of *tulu'i* is the most explicitly directed at breaking the sensual engagement of a person with the *tēvolo*. I take the diversity of *tulu'i* and its importance with respect to other treatments, to be emblematic of other aspects of the *faito'o* of healers which I have not been able to examine in depth here.¹⁸ Preparation involves either *tuki* (crushing between two stones or other hard objects) or *mama* (chewing) before putting the resulting mush into a piece of fabric which may or may not be dipped in water before use. *Tulu'i*, with plants that are repugnant to *tēvolo*, is the procedure which elicits the most dramatic evidence of the power of *tēvolo*. Affected people are able to anticipate the arrival of the healer, because of the *tēvolo* sensing the smell of the plants that the healer is bringing. It is, thus, the threat of *tulu'i* that often leads to the dramatic behaviour of the affected person who will often try to escape by running to the bush. Lealiki mentioned that occasionally dogs are required to find the person.

From the five healers above we see a variety of different ways to *tulu'i* and its degree of importance with respect to associated treatments. For Lilopau, it is the treatment *par excellence*, used for almost all conditions. For Akosita it is an accompaniment for her *vai*. All of the five healers *tulu'i* the eyes, though some other healers do not, for fear of causing blindness.¹⁹ Some *tulu'i* the nose, most the mouth, but only Lealiki and Pisila the ears. The accompanying *lomi'i* of the eyeballs, is extremely painful in Lilopau's treatment and explains in part why her practice is notable in her terms for eliciting the *ngala* (to cry noisily or loudly) of many patients, absent in some others and resembles more of a light massage in others. Most of the plants used have been referred to

¹⁸ For example: (1) the degree to which *vali* (poultice) is important, which plants are used, (2) The degree to which healers use tests such as *tulu'i 'a'abi* (testing *tulu'i*). For *fesi'ia* some healers maintain that if the leaves stick to the skin this confirms the diagnosis, (3) Their adherence to the *lao faito'o fakatonga* that was only explicitly referred to by Lealiki, (4) The degree to which they adhere to a morning/afternoon twice daily schedule of treatments, (5) the degree of importance of the *kaukau* (which seems to be the key treatment in Vika's treatment), (6) The degree of difference in the components of the different *vai* that they use, and (7) How vital is it for patients to live with the healer?

¹⁹ Two (the only male healer and an elderly woman healer) of the eighteen healers said they did not *tulu'i* the eyes.

in the literature though they are regarded as family secrets.²⁰ For example Jilek lists (*lautolu 'uta* (*Vigna adenantha*), *lautolu tabi* (*Vigna marina*), *nonu* (*Morinda citrifolia*), *uhi* (*Euodia hortensis*), *ngatae* (*Erythrina variegata*), *sipi* (stem) (*Entada phaseoloides*), *tetefa* (*Badusa corymbifera*) (Jilek 1988:168) and Bloomfield (*Lautolu* (*tabi* and '*uta*) leaves, *uhi* leaves, *nonu* (*Morinda citrifolia*) leaves, *mo'ota* (*Dysoxylum forsteri*) leaves, *Siale Tonga* (*Gardenia taitensis*) bark and *Heilala* (*Garcinia sessilis*) leaves (Bloomfield 1986:124).

Some healers conceptualise varying strengths of plants. Akosita and Lealiki, both originally from Tongatapu, used the same two plants for both *tulu'i* and the *vai*; one for more serious conditions the other for less serious conditions. Interestingly, *siale Tonga* (*Gardenia taitensis*), widely used by many healers, was regarded as too strong and dangerous for use by Lilopau who preferred several more obscure plants that no-one else mentioned. Siosiofanga, however, used the same *tulu'i* (but different *vai*) for different conditions.

Fakamatala (explanation/interpretation)

The diversity of different treatments and remedies used by healers is evidence of their healing ancestry. Their *fakamatala*, which I take to mean both the verb to explain and the noun explanation and which includes their use of terms, reflects the degree to which they are implicitly or explicitly *tauhi vaha'a* in the process of explaining. In contrast to *faito'o*, *fakamatala* is spoken and is therefore more likely to change from generation to generation in response to a host of social circumstances and healers' wish to evoke and attenuate relatedness with regard to different people and institutions.

²⁰ In respect to those healers who regard their *faito'o* as family secrets, I do not detail the plants used by particular healers unless they were common knowledge. Some plants are popularly known to be effective against *tēvolo*. Most ethnobotanical knowledge is not regarded as secret knowledge, partly because of a religious ethic that explains that God *faka'ivi'i* (puts power) into plants, a great enthusiasm for a new remedies and a sense that the healer's 'power' is instrumental to successful healing (Bloomfield 1986). There are also some countervailing tendencies. Knowledge of some traditional medicine which used to be held as family secrets, as noted above, is now more widespread as a result of healers asking people to provide the ingredients of a particular medicine instead of them getting the plants themselves.

What do healers claim to treat?

Healers claim to be able to treat both *mahaki* and *fakamahaki*. Of the two terms, the translation of *mahaki* within the context of questions of health is less problematic but not entirely unambiguous. The translations of Churchward (sickness, disease, ailment, sick person, patient), Bloomfield (disease, patient), Mariner (mahagi- sickness, disease) broadly concur with Jilek's translation of 'illness in general, of natural causation.' (Jilek 1988:167). However *mahaki* can also mean: temperamental or characteristic fondness or liking, 'weakness', craze, addiction and also used to refer to the patient suggests that in use out of the hospital it is less disease in a biomedical sense than a description of a state in which the sufferer is implicated to varying degree. What healers claim to be *mahaki* seem more descriptions of symptoms in biomedical terms.

Nor does the term *puke* unambiguously or exclusively refer to 'disease'. *Puke* can mean (to take hold of, to seize, to hold, to arrest) and also (to be sick, ill, unwell, ailing). Thus *puke fakatēvolo* is both a description of a situation (being seized by a *tēvolo*) and also an assertion of sickness. The above healers are not oriented towards a positivistic notion of 'disease'. There seems little confidence in the essential ontology of all illnesses as exclusively naturalistic; people and to varying degrees *tēvolo* are always implicated in the states of sickness in which they find themselves.

Fakamahaki

For Churchward *fakamahaki* is synonymous with *'āvanga* or nearly synonymous with *fakatupumahaki* (causing or producing sickness or disease, injurious to health). Bloomfield's translation of *fakamamahaki* as any illness which is slow to heal and assumed to be caused by evil spirits (her translation for *tēvolo*) (Bloomfield 1986:186), is contradicted by several healers' assertions that *fakamahaki* was characterised by the fact that it was quick to heal. There are evidently many ways that the term *fakamahaki* is used. Jilek, for example, defines it as a general term

for illness caused by super-natural agents (Jilek 1988:167). He also refers to Helu's assertion that 'the dichotomy of all illnesses into *mahaki* and *fakamahaki* conditions goes back to pre-Christian times' (Ibid :167). Does this dichotomy reflect a naturalistic (*mahaki*) personalistic (*fakamahaki*) distinction?

Mariner's translation in 1827 of Fuccamahagi (*fakamahagi*) as to sicken, to disorder (Martin 1979), Churchward's previously mentioned translation and the use of the prefix '*faka*', which indicates likeness or causation (Churchward 1985:253), suggests the intention of agents. Mariner's translation of 'to sicken' best captures the way *fakamahaki* is used, it is less condition than provenance of condition, the provenance being *tēvolo*. A working translation for *fakamahaki* is thus the agency of sickness. I suspect, though, that healers would not distinguish between them, they are one and the same thing. This working translation and Bloomfield's and Jilek's translation suggest a dilemma best summed up in the question, is *fakamahaki* a *mahaki* or can the agency of sickness be considered as a condition itself? Pisila's assertion that the cancer, evidently a *mahaki*, of the man she treated was in fact *fakamahaki*, suggests that the heuristic distinction of *mahaki* as naturalistic, and *fakamahaki* as broadly personalistic, is a useful one.

Same 'state', different names

Lilopau, Lealiki, Pisila and Siosiofanga used different terms and distinguished between the different terms in terms of seriousness, symptoms and degree of relationship with *tēvolo*. Lilopau makes a strong distinction between *te'ia* and '*āvanga*' but rarely uses *fakamahaki*; she prefers the term *fakatēvolo* as a general term to describe most of what she treats. Lealiki, by contrast, used the term *fakamahaki* almost exclusively. Of the patients she recorded in her database, almost all were *fakamahaki*. Pisila suggests two types of '*āvanga*' of different seriousness, whereas Siosiofanga has a host of '*āvanga*', each with a designated behavioural symptom.²¹ So why are there many different terms for *tēvolo* caused sickness?

²¹ The degree to which they used the terms in practice and how important they are in practice are questions I examine in the following chapters.

Lilopau, Pisila and Siosiofanga's use of terms contrasted with Lealiki and several older healers I interviewed, who argued that all conditions were essentially *fakamahaki*. The reply of one healer, who lived close to me encapsulates their opinion that *fakamahaki* was the most appropriate term. When I expressed my confusion at the number of different terms she explained:

Ko e fakamahaki pē. Ka ko e kehekehe pē hingoā, te'ia, fakamahaki, 'āvanga, ko ia pē, fakakatoa ko ia pē. Tatau katoa pē. Ka ko e faikehekehe pē Maika ko e hingoā.

'Ikai ke mahino. Ko e hā e ubinga na'e lahi e hingoā ai?

Lahi e hingoā? I hono ui 'ikai pē foki 'ilo pē ko e hā, ko e kakai mei mu'a, fangakui eh, enau ui u kehekehe ae hingoā, ka koe taha pē ka ko e kehekehe pē hingoā,

'Oku sai ange lea fakatēvolo pe fakamahaki?

Fakamahaki

There is only *fakamahaki*, what is different are the names, *te'ia*, *fakamahaki*, *'āvanga*, that's all, overall that is all. They are all the same. What is different, Maika (my Tongan name), are the names.

I don't understand, why are there many names?

Lots of names, I don't especially know why, they were named that way. People in the past, our ancestors called them different names. They are the same but they have different names.

Is it better to say *fakatēvolo* or *fakamahaki*?

Fakamahaki.

If *fakatēvolo* and *fakamahaki* are synonymous why then do some of the healers prefer the term *fakamahaki*? One healer, Fangupu, was extremely explicit in explaining her preference for a variant of the term *fakamahaki* over *fakatēvolo*. I had come to visit her in the company of a nurse from the hospital. Fangupu is one of the older healers, originally from Ha'apai, but is now living as part of her daughter's household in one of the villages of Vava'u.

Sai ange, faito'o fakamahaki. 'Oua pebe fakatēvolo.

I ask: Ngali sai ange faito'o fakamahaki pe fakatoto kovi. Faito'o fakatoto kovi. Ko e me'a tatau?

Me'a tatau, tatau pē, fakamahaki, fakatēvolo, fakatotokovi, kae 'oku sai ange pe te ke ai fakamahaki, fakatotokovi, fakatēvolo hange 'oku 'ikai ke tau lotu, tau tui ki he tēvolo, mahino, 'ikai, hange ke tau tui ki he tēvolo, tatau pebe ko e mahaki, ko e fa'ahinga mahaki ia e taha, ko e fakamahaki fakatotokovi

It is better to say *faito'o fakamahaki*. Don't say *fakatēvolo*.

I ask: It is more suitable to say *faito'o fakamahaki* or *fakatoto kovi*. Is it the same thing?

Same thing, the same, *fakamahaki, fakatēvolo, fakatotokovi* but it is better to say *fakamahaki fakatotokovi*. To say *fakatēvolo* is to suggest that we don't pray, that we believe/have faith in *tēvolo*, understand, like we believe/have faith in *tēvolo*, the same to say *mahaki*. There is only one kind of illness and that is *fakamahaki fakatotokovi*.

Fangupu claims that *fakamahaki fakatotokovi* is the most suitable term. She later went on to explain how people are affected by *tēvolo*, so evidently she is not questioning the essential cause. The term's appropriateness seems more important than its meaning. *Fakatotokovi*, according to a nurse, is the Tongan translation of low haemoglobin. But in 1967, at least one healer in Lapaha, Tongatapu understood *fakatoto kovi* as a 'kind of spirit sickness' and treated it with *fakainu* and *tulu'i* with a mixture of *lantolu 'uta*, *lantolu tabi* and *nonu* (Parsons 1981: Appendix C 35).²² Lealiki and Akosita both argued that *fakamahaki* was in part due to *totosi'isi'i* (lit. little blood), introducing a naturalistic

²² Healer of Lapaha aged 43 13th March 1967 Cream for *fakatoto kovi* (kind of spirit sickness): 8 leaves of *lantolu 'uta*, 8 leaves of *lantolu tabi*, 6 small fruits of *nonu*. Pound these leaves and fruits together, then wrap them up with *kaka* (fibrous integument at the top of coconut palms (Churchward 1959)) and tie. Prepare this medicine as usual and then give to the person to take 2 or 3 sips. After that apply the remaining medicine (as a *tulu'i*) on his body and put a few drops in his eyes, nose and ears. If it is effective, the person will not be frightened and will not talk to himself any more, instead he comes to his senses. He feels comfortable and wants to go to sleep. *Tapu*: He is not allowed to stay home by himself at any time until he is fully recovered. (This remedy is one of many recorded in Parsons (1986) that were gleaned from accounts recorded under the direction of Tupou Posesi Fanua and held in the Palace Records Office).

explanation to explain increased susceptibility, but still seemingly preserving the *tēvolo* as the agent. What are healers then doing in social terms when using terms such as *fakamahaki* or *fakamahaki fakatotokovi*, or introducing naturalistic explanations that are understood differently by doctors and nurses in the hospital?

I take Fangupu's explanation as indicative of a general ability of healers to *tauhi vaha'a* through their *fakamatala*. In positing a naturalistic susceptibility or a composite naturalistic term, they evoke and attenuate relatedness to the nurses and doctors of the hospital and draw on terms which have higher appropriateness and status by virtue of being associated with the expertise of the hospital. *Fakamahaki* is more suitable because it is a composite of the term *mahaki* which is the hospital's most widely used term for disease. Fangupu's case is particularly illustrative. She joined the Mormon church as a result of living with her daughter and son in law because they are Mormon. She is also receiving hospital treatment for diabetes. Mormon teachings do not encourage an active interest in *tēvolo*, though they acknowledge their existence. By using the term *fakatotokovi* she evokes and attenuates relatedness to her new Church, her current household and the hospital from where she is receiving treatment. The term is naturalistic as understood by them, but personalistic in her terms. Fangupu does not know what the term really means in terms of haemoglobin, nor does she care to but she appreciates the ramifications of using it to *tauhi vaha'a*.

All healers, like all individuals in Vava'u, are in constant process of *tauhi vaha'a*. The ethic of healers evokes and attenuates their membership to their respective churches. Their insistence that the constituents of their remedies has remained unchanged in the transmission from generation to generation reflects the value they give to ancestral knowledge. However, it is in their particular explanations for events of sickness that they most demonstrate their ability to *tauhi vaha'a* within the particular social contexts of the sick individuals they are requested to treat.

In the following case study I examine the degree to which two healers, Lilopau and Akosita, *tauhi vaha'a* in their explanations of sickness. Lupe, the patient, was treated first by Lilopau and then Akosita. Both Lilopau and Akosita are well known healers, as well as

active members of the Wesleyan church, and yet their explanations are very different.

Case study (1): Lupe

On the 17th November 1998, Lilopau was called to treat a large lady named Lupe in a nearby village. Lupe's daughters were very concerned because on visiting some relatives in another village she did not eat, just drank water, sat and slept. She had almost died, they explained, using the term *mate*, which can mean both to die but also to lose consciousness. Though she had been like this for a year it had never been this serious. They had not taken her to the hospital, nor had they called Lilopau before. It was only when Lilopau came, that they realised it was *puke fakamahaki*. Lilopau diagnosed *te'ia* and explained that Lupe had been seeing male *tēvolo* who wanted to sleep with her. Another sign that she was affected by a *tēvolo* was that she had not wanted Lilopau to treat her. Within a couple of treatments she started eating again. I joined Lilopau on the third day of treatment by which time, as several members of the household explained, she had become considerably better.

Lilopau crushes the remedy with a hammer and rock. She puts the crushed leaves into a bit of muslin and then dips it into a cup of water so that they absorb water. Lupe lies back and Lilopau drips the bright green liquid first into her eyes. Lupe squints and blinks a little when it is put in. Lilopau drips the remainder into her nostrils and mouth. Lilopau vigorously massages Lupe's face and neck for about ten minutes. Lupe's eyes remain closed throughout.

After a short rest Lupe sits up and drains all the liquid and mucus from her nose, mouth and eyes. The amount of green coloured mucus that comes out from her nose is phenomenal. This is the test of *te'ia*, says Lilopau. She explains that the green liquid coming out is not *ihu pe'e* (mucus in the nose) but *vai kafo* (a kind of pus). The *tulu'i* goes into the head and travels around the head and comes out as *vai kafo*. Do you 'believe' it now, she asks? The large amount of *vai kafo* is the *fakamo'oni'i* (proof) of her *faito'o*. Lilopau points out how much more awake Lupe is. One of the women comments that before her eyes would barely open but now she is wide awake. Also before she was finding it very difficult to breathe, her throat was blocked, she felt *mākona* (to be satisfied with food all the time). Lupe does not participate in the conversation, though she does smile a lot more after

the session as her grandchild climbs all over her. Lilopau suggests bringing some ice cream which is easier to eat. One of the women comments that she has *toto mā'olunga* (high blood pressure).

Lupe then moves from the house to the garden where the leaves have already been boiled for the *kaukau*. The mixture is tipped into a baby bath from which Lilopau scoops up some of the mixture with a small bowl and propels it at Lupe's face. Then, while I take over this procedure, Lilopau vigorously massages Lupe from the top of her head to the bottom of her back. After a while, I take over the massage for about ten minutes. Lilopau instructs me to stop. Lupe picks up the baby bath and tips the remainder over her head. She then picks off all the leaves that have stuck to her body and goes off for a shower, returning back to the room looking considerably better. Everyone remarks on the fact of her eyes being wide open.

Lilopau arranges to return the following day and takes the opportunity to visit some friends in the village. When asked she confirms that Lupe is *te'ia*.

Lupe had actually been diagnosed with hypertension as an outpatient at the hospital three months before and returned to the hospital the day after Lilopau's treatment. She continued to return to the hospital to be checked and prescribed T nifedopin even after she was taken, several weeks after Lilopau's final treatment, to Akosita. By coincidence, Akosita recounted the story of her treatment on our first meeting in May 1999.

I he ta'u ni na'e 'i ai ha fefine, i Tisema, na'e omai he fefine ki heni na'e 'ikai ke toe lava, mohe pē, mohe pē. Fiu pē 'ene fanau mo 'ene fanga mokopuna, fakabolo ai o lulu. Mohe pē mohe fakailifia 'ene mohe. mohe fo hifo pehe. (teki pehe pē sino) / tangulu pē. 'ikai ke toe 'ilo ha me'a, alu pē ihu pe'e, alu pē fa vai, 'ikai ke toe ilo. Omai leva 'a e fefine ki heni. Na'e ave holo, pehe ko e fakatēvolo. Pe omai ki heni talange leva--'ikai--kuo 'osi fakafoki mei he falemahaki, 'ikai ke 'ilo 'a e falemahaki pe ko e hā, kuo talange leva 'ikai, ko e fefine 'oku 'i ai 'a e fō'i neave hono ulu 'oku tupu pehe 'ene mohe pehe, faito'o pehe i he efiafi ko ia, na'e omi he fefine o

tuku i apini. Omai pē faito'o pe hono ā pe e fefine 'osi 11. Toki mohe 'osi hafe taba 'ua. Toe ā apongipongi pē 'ai hono faito'o 'osi pe ko ia, ai leva ene ki'i pongipongi 'osi fekau ke lue ki tu'a, ke bekeheka ai, alu 'a e fefine o bekeheka i tu'a. Siosio, luelue takai, fakamalohisino, mohe pehe ko e fō'i neave faito'o ai pē heni aho e ...Tu'apulelulu, Falaite, Tokonaki, Sapate, sai aupito 'a e fefine, aho sapate, mau ō ki he lotu moe fefine, ke emau lotu, lotu he pongipongi lotu he efiafi, mau lotu moe fefine ai, aho Monite sai mau ō leva o fakafoki 'a e fefine ki hono 'api.

'Oku omai 'a e kakai ki heni, feinga pē ke u fu'u mahino'i ko e hā 'a e puke. Omi pē he fefine te'eki ke nau 'ave takai holo 'a e faito'o pea nau omi noa nau omi pē o feinga noa pē, Pehe pē nautolu e 'ikai ke u lava.

'Osi fakafoki mei he falemahaki, nau pehe pē ko e mate 'osi, omi pē ki heni nau talange pē ki ai, 'Ko e tui pē 'a'aku ko e fo'i neave'. 'Oku pehe ai. Sio, 'osi sai aupito. 'Ikai ke inu ha vai ko e faito'o pē ki he va'e, ko e fo'i neave.

Ko e fotofota'aki la'i akau, 'osi haka pē vai māfana, lili, omai leva, tuku pē hono va'e, pehe pē hono va'e ki he vai māfana, ke māfana, ai la'i va'e (la'e va'e). 'Ikai ke tulu'i 'ikai ke inu e vai, 'ikai ke ala ki he ulu.

This year, in December, there was a lady who was brought to me, who was completely incapable. She just slept. Her *famili* was fed up with trying to get her to do something. She just slept. It was frightening. She slept face up, snored, she was no longer aware. Mucus and saliva dripped off her face, she just wasn't aware. They brought the lady to me. They had already taken her all over the place, thinking it was *fakatēvolo*. But when they brought her to me, I told them straight away, no, she had already been sent home from the hospital, the hospital didn't know what it was, so I told them no, this lady, there's a nerve in her head and that is the cause of her sleeping. So I treated her that afternoon, they left her with us. I

brought the medicine and treated her at six. She slept till eleven and then went to bed at half past twelve. When she woke up the next day we treated her again and gave her some food to eat. I told her to walk outside and sit down. I watched her and noticed that she got up and walked around and exercised. Her sleeping was because of the nerve. We treated her Thursday, Friday, Saturday, and Sunday, by which time she was really well. On Sunday, we went to church with her, to our church, both the service in the morning and the afternoon. We prayed together with her. On Monday we took her back home.

When people are brought here, I try to understand completely what the illness is. They had already taken her all over the place for treatment. But their trying was futile and without result. They thought I wouldn't be able to treat her, she had already been sent home from the hospital, they thought she was going to die. But they brought her to me and I told them. 'It's my belief that it's a nerve'. And that's the way it was. You can see. Now she is completely better. She didn't drink any medicine, I treated her leg only, it was a nerve. The treatment was massage, using leaves. The water had already been heated, boiled, brought it straight over and put her leg and toes in. There was no *tulu'i*, she didn't drink any remedy and I did not touch her head.

Akosita's diagnosis focuses on her understanding of nerves in the body and argues that the treatment of the leg as well as exercise and going to church healed the damaged nerves in her head. She makes it clear, however, that she did not touch the head when treating. She is critical of other people's perception that it was *fakatēvolo*.

Lilopau described her condition as *te'ia*, in her terms the most serious of the *tēvolo* conditions she can treat. Several male *tēvolo* had wanted to sleep with her. On other occasions though she explained how the *tulu'i* to the eyes simply breaks the person's experience of the *tēvolo*. She suggests a quasi-naturalistic mechanism for the functioning of the *tulu'i*. It travels around the inside of the head and emerges later as a particular kind of *vai kafo* (pus). For her, the *vai kafo* is the proof of her treatment as well as confirmation of Lupe's *te'ia*.

Discussion

Of all the healers, I had most contact with Lilopau and Akosita and, therefore, by implication know most about their acts of *tauhi vaha'a*. Of the five healers, Lilopau is most personalistic in her explanation, Akosita most naturalistic. Lilopau has the least confidence in biomedical concepts. In later chapters I examine her questioning the use of terms such as *pakalava* (stroke) and *toto mā'olunga* (high blood pressure). What the hospital might regard as *mahaki* are potentially *fakamahaki* in her terms, hence her great confidence in treating all kinds of sicknesses. Though she went to the hospital for treatment of arthritis on her knee, she gained little relief. She is the only healer who officially categorises her area of expertise as *fakatēvolo*.

Akosita has the greatest confidence in biomedical concepts. During the period of our association, she spoke more of how she prefers not to treat *fakatēvolo*. Her son often asserted that she now treats the '*sino*' body. Her focus on *vai* most resembles in form some of the treatments which the hospital gives to patients. She emphasises the importance of nerves in understanding *fakamahaki* cases based on a solid understanding of nerves being like '*uo'ua*' (muscles) and capable of breaking. She seems more popular with the nurses I knew, who respect

her remedies for childhood conditions. She has also been treated in the hospital for a serious illness.

Akosita and Lilopau are sufficiently confident in their status as speakers within the community so that they are now creating relatedness through their *fakamatala*. They both have attained the status of lay preacher (*kau malanga*) in the Wesleyan church. Their actions, in response to peoples' requests of help, have led to them becoming prominent interpreters of illness, evoking to varying degrees their connection with the hospital. On this path they have had to *tauhi vaha'a* with different people. Akosita has had more contact with people who are familiar with more biomedical and scientific notions of illness and the body. She has more contact with relatives overseas, her son is a trained electrician, a daughter studies overseas. She moved from Nuku'alofa, where people are, no doubt, more biomedically aware, to Vava'u. Lilopau has spent most of her life in her village, she has great influence in her household and within the village and her perspective is rarely challenged. Her practice can be seen to be the most local as it is least accommodating of biomedical concepts. The strength of her influence, her *ivi* ('power') in local terms, is manifest in taking those ideas, she was exposed to, and applying them to a much greater degree than other healers. She has countered the intrusion of biomedical ideas by putting her perspective even more forcefully.

I am less qualified to speak about other healers in this vein. I am not so familiar with their personal histories. In all likelihood, as social members of Vava'u life, they too are creating relatedness in a similar process, though falling between the two extremes which Akosita and Lilopau seem to represent. For example, Lealiki's marriage to a schoolteacher and experience of the hospital goes some way to explain her conciliatory explanation which stresses ascertaining the personalistic involvement of an agent and naturalistic measures to conceptualise susceptibility.

The case of Lupe's treatment illustrates, however, the extent to which, though extremely different in content both Akosita and Lilopau *tauhi vaha'a* to Lupe's household in their interpretations. In neither explanation was there any sense of blame on the household. Explaining the sickness in terms of a broken nerve or a *tēvolo* serves to attribute the cause of sickness outside the control of the household and Lupe. In the following chapters I will examine the extent to which, in more

contentious cases, the explanations of healers are acts of *tauhi vaha'a* to the household by absolving them of blame. This is particularly salient in more dramatic cases of *tēvolo* involvement which form the subject of the next chapter.