

Help, healers and the hospital

There was a girl who turned twenty-one. Her brother and household members were trying to kill pigs for her birthday feast. One boy threw a spear through a pig. When the pig tried to run away the protruding spear caught the brother. He died. He is buried in the cemetery on the way to the airport. A lot of girls at Vava'u high school, often the most attractive, get *puke fakatēvolo* because of him. In the 1980's my mother's best friend's daughter got *puke fakatēvolo*. Her *famili* went to his grave, dug a hole and then poured a remedy and boiled leaves into it. This is supposed to be very painful to the *tēvolo* and persuade him to stay where he is. When this did not work, they took the skeleton out of the grave and dried it in the sun. The *famili* of the *tēvolo* took the people who exhumed the body to court. They apparently did not have permission. The *famili* argued that they had treated him like an animal.

The story of this dramatic and tragic death of the young man was told to me by a close friend. Her friend had been affected by the *tēvolo* in question. The widely known circumstances of his death no doubt made him a likely candidate for the many girls who get *puke fakatēvolo* (*tēvolo* caused sickness) at Vava'u High School. The story also demonstrates the powerful need to attribute and deal with illness in the way in which one household risked condemnation by the extended family of the *tēvolo* in order to deal with sickness within their own family. That the drastic intervention in the above case is rare is evident in its attraction as an oft-repeated story; I heard many exaggerated variants. Most treatment at the grave is less political and less implicitly critical; either because it is carried out by members of the same household or *kāinga* in the case of wandering *tēvolo* or because, in some cases of sickness it follows from a powerful, though variably evoked, sense of continuing intrinsic connection between living and dead relatives that is suggested by a Vava'uan notion of personhood.

In the early stages of many cases of illnesses, members of the household may go the grave of a particular suspected *tēvolo* and ask them quietly to stop bothering the ill person. They may also sense that the discomfort of a relative in the grave may be causing illness in a living relative. The failure of biomedical and Tongan treatment for vague pains and other intractable conditions will, on occasion, lead to the exhumation and inspection of a relative's skeleton. Most people are buried on sand in open vaults into which roots from surrounding trees and plants can grow. Roots that wrap around bones of a skeleton can cause pain in the same anatomical place in living relatives. One of the most powerful treatments is known as *ta'aki akafia* (lit. pulling roots) which is the process of removing such roots.¹ Other disturbances, such as an accumulation of water or dampness in one part of the grave or a bit of wood leaning on bone, may all be the cause of illness in living relatives. Such is the general confidence in exhumation that it is regarded as one of the most powerful treatments and may be resorted to by people of all social standing and degrees of education. Even some nurses, typically critical of the practice of traditional healers, will embrace this treatment. This assumption of relationship manifest in an enduring psychophysical connection between relatives is powerfully convincing and much less controversial than treatment for *'āvanga* or *puke fakatēvolo*, where there is the ever present possibility of faking. It also follows from a sense that illness can be passed down ancestral lines or parts of the body can maintain a link to living relatives or their descendants. In many cases of death by *'ate popula* (hepatitis), doctors were and are asked to remove and destroy the liver before burial. Similarly, the placenta of new born babies is often buried in a special place and when the baby is ill someone is sent to stamp on the ground to keep it firm.²

Many narratives of *ta'aki akafia* mention long, unsuccessful biomedical treatment. Bloomfield (1986:37) recounts the story of a middle aged woman who was suffering from bad headaches in New

¹ See Collocott 1923:137 for a general account.

² Afterbirth is buried in a hole which was specially dug and warmed with fire. This is usually done where people frequently walk so the earth is kept firm, thus preventing the baby having hiccoughs or general discomfort. When this condition occurs, someone is sent to stamp where the placenta is buried to keep the earth over it firm (Bloomfield 1986:101).

Zealand. Medical specialists and a large number of healers she visited, on returning to Tonga, could not help her. Finally, she went to a card playing healer³ who suggested they exhume the skeleton of her dead father. They opened the grave, cleaned the skull and whole skeleton of tree roots and then oiled and rewrapped it in *ngatu* (bark fibre cloth). She said she could almost feel the pain removed bit by bit from her head at the time that the roots were being cleared from her father's skull. She has been free of headaches ever since.

Confidence in exhumation will not be dented, even if the person eventually dies. In one case of an older man, the fact that he had experienced some alleviation of symptoms of pleurisy was enough evidence to confirm the efficacy of treatment, even though he died a year later. Exhumation had revealed an accumulation of water under the ribcage of his father's skeleton which was then drained.

On occasion, exhumation may be unsuccessful for one person but be unintentionally successful for someone else in the extended family. In one case of a woman with bad headaches, roots were found near the skull and femur of the skeleton. A cousin of the woman had pains in her leg. The headaches of the woman remained but the cousin's leg pain disappeared. Lilopau once exhumed the skeleton of her father for pains in her knees which the doctors had diagnosed to be the result of arthritis and which had prevented her from walking comfortably. Her claims of miraculous recovery, as a result of removing a piece of wood from the bone of her dead father's knee, was much commented upon. But within two weeks she was evidently experiencing the same pains as before.

The person, whose skeleton is examined, may be regarded as an unwilling agent of illness. It is the only way by which their discomfort can be made known; a manifestation more of *'ofa* than any sense of anger. Exhumation is typically carried out last for a host of conditions that already have been defined and often treated biomedically because people try and exhaust all other, easier avenues of help before they turn to the time consuming and labour intensive act of exhumation. Typically, it should be carried out at night or early morning and it requires male assistance to lift the cap stone of the grave.

³ A healer who uses playing cards to diagnose illness (cartomancy).

Introduction

On the basis of surveys and interviews, Bloomfield (1986) contrasted the preference for modern medicine in terms of its quickness, the superiority of doctors' knowledge and the cleanliness of hospital facilities with the greater approachability and speed of assistance of traditional healers. She also commented on the perception that there are Tongan and *palangi* (Euro-American) illnesses which could only be cured by their respective practitioners. Among illnesses that modern medicine is supposedly unable to treat she includes 'paralysis of the right side of the face, diarrhoea, Tongan fever, teething, boils, breast abscesses and aching limbs without inflammation' (Bloomfield 1986:159). This chapter examines the degree to which these, seeming objective, preferences and a perceived split between Tongan and *palangi* (Euro-American) illnesses (Parsons 1985) can explain peoples' actual practice of seeking healing.

This chapter focuses on three case studies of sickness that are manifest, in contrast to episodes of *'āvanga*, in concrete bodily symptoms. The three individuals were diagnosed in biomedical terms and in terms of *tēvolo* involvement. The longest case led to treatment at the grave. They demonstrate how the practice of seeking healing confuses the above distinctions and questions the value of using such distinctions to predict people's resort to treatment. The powerful assumption of relationship among living relatives and an enduring one between living and dead relatives is reflected in both the ability of deceased relatives to cause illness in living members and also in the ease and confidence with which living relatives can ask for help from each other. One of the greatest markers of the value of *tauhi vaha'a* is the way relatives and friends are able to *kole* each other. *Kole* means to make a request, to ask or beg for. As an act it manifests and constitutes relationships of precedence and equality (see chapter two). From an early age, children realise that they are able to *kole* from their *tu'a* (lower) relatives and that their *'eiki* (higher) relatives will *kole* from them. There is rarely a sense of imposition, unless the *kole* is particularly large or people feel that an individual is abusing a particular privilege. The process of *kole* both draws on the idea of privileged

relationships but also constitutes them. I recall one incidence that, for me, was particularly memorable.

A friend and I had just finished drinking *kava* in the famous *kalapu* in Leimatu'a. It was three o'clock in the morning and we had no way of getting back to Neiafu. The whole village was quiet except for the odd man stumbling back home. My friend had a good friend who had a car, so despite my protestations we went around to his house and tried to wake him up. After several insistent calls of his name outside his house we learned that he was sleeping elsewhere. At this other house, my friend finally managed to rouse him. He seemed not in the slightest way put out, was happy to see his friend and chatted contentedly on the way to Neiafu. They dropped me home. Later I learned they had taken the opportunity to go and drink *kava* elsewhere.

Healers often take people's *kole tokoni* (requests for help) to extraordinary lengths, whether or not they can identify a family link to the person they are treating. The process of requesting help and healers' answering these requests are vital to understanding why people go to either the hospital or healers for treatment. I take this process to be more fundamental than what might be regarded as a cultural need to attribute illness to an agent. It is also vital to contextualising notions and attributions of efficacy. My style of presentation focuses on process, changing interpretations and attributions of efficacy. These are aspects of Tongan medical ethnography sorely lacking in the literature and that will be drawn on in the following chapter. The structure of this chapter is influenced by the salience of *fanongo talanoa* (hearing talk) that is often mentioned by patients to explain their choice of healers or doctors. It would frustrate the only private western doctor on the island that patients, who had been with him for years, would come to him for the reason of *fanongo talanoa* (hearing talk) and not some intrinsic confidence or faith in his ability. By presenting the case studies in a processual way, I wish to communicate that people hear news at various points and from various people during the treatment. Though this often informs their decisions to seek assistance from a particular healer or doctor, it also illustrates the degree to which attributions of efficacy, as acts of speaking also reflect people's wish to *tauhi vaha'a*. This issue I examine in the following chapter.

Case study (9)

January is often a busy month for healers. Other than the *tēvolo* who are supposedly more active this time of year, there are many people coming back for the holidays and visiting relatives who take the opportunity to see healers in the places they are visiting. January 1999 was particularly busy for Lilopau. Within three days Lilopau started treating three patients that took up much of her time for the following four weeks.⁴ All received treatment at hospital, either before or after Lilopau's treatment. Lilopau ascertained *tēvolo* involvement in all three illnesses. The initial biomedical diagnosis, Lilopau's diagnosis and my tentative prognosis were confounded by a totally unexpected and unfortunate outcome in one case.⁵

Toutouofa (a young married woman with a swollen face)

While on other business Lilopau came across Toutouofa. They had met before, Lilopau has a brother who lives in Toutouofa's natal village on the main island of Tongatapu. Lilopau noticed that Toutouofa was not as communicative as usual. She tried to conceal the swollen and crooked right side of her face that was causing her much embarrassment, and which Lilopau described as *hipa 'a e mata* (lit. face was crooked). Lilopau felt that it was her *fatongia* (duty) to treat her and asked her to come to her house for treatment. Many people comment on Toutouofa's *anga lelei* (good character, well behaved, kind) which is perhaps most manifest in her *'ofa* ('love') for her two young children and husband.

Toutouofa lies on the floor with Lilopau sitting cross legged at her head. Lilopau holds her head in her left hand; her other hand holding the piece of

⁴ Toutouofa (10/1/1999-26/01/1999), Lalao (11/01/1999-16/01/1999), Pouanga (12/01/1999-08/02/1999).

⁵ There is, however, artifice in their amalgamation. They have been separated from the flux of patients that Lilopau saw at this time, as well at the flux of social life they participated in. I had privileged access, but only through my association with Lilopau. For the most part I only saw them when Lilopau did.

fabric that contains the crushed leaves already dipped into water. Lilopau squeezes the bundle and *tulu'i* Toutouofa's eyes, nose and mouth. The bright green liquid seeps out of her blocked nose. The swollen right side of her face is made all the more visible when Lilopau cups it with her strong hands to start the twenty minute massage. For the rest of the treatment Toutouofa's repeated moans of 'one and 'oiauē accompany Lilopau's light and strong massage of her face.⁶ When she presses on the side of the nose, Toutouofa is more visibly in pain, the frequency and volume of her moans rise and she stretches out her arms and legs. Then Lilopau cups her hand behind the ears and pulls up. Toutouofa lifts her arms up in pain and stretches her fingers out. Her hands move towards her neck as if to nurse her neck. She starts to cry and shouts 'ouauē.' When Lilopau starts to massage elsewhere she breathes out a sigh of 'one' in relief. The massage finished, Toutouofa goes out into the garden and sits on a plastic sheet while Lilopau goes to fetch some cold water which she adds to the *mo'ota* leaves which have been stewing in hot water. She laughs when Lilopau first showers her with the mixture and then tries to keep her face facing Lilopau as she continues to be showered. When a large number of the leaves have stuck to her skin, and the water has almost run out Lilopau starts to massage her face with the leaves for several minutes. She then pours the remainder of the mixture over her head and then leaves Toutouofa to change into new clothes.

Pouanga (an elderly man who had recently suffered a stroke).

By coincidence Lilopau was asked to treat an elderly man in a nearby village on the same day. Pouanga and Toutouofa were often treated after each other. Occasionally Toutouofa was treated at Pouanga's house, or Lilopau was ferried down the road to treat her in the comfort of her own house.

Pouanga is well known in his village. His industriousness and tireless work, providing for his household, is perhaps most manifest in the large well kept house where he lives with his daughter. Even in his seventies he worked in the bush. He was a sprightly fit seventy-six until he suffered what the doctors diagnosed was a *pakalava* (stroke) in September or October 1998 which left him blind and confused. The nurses remembered his four weeks in the hospital. They commented

⁶ 'One, 'oiauē-interjective expressing surprise, astonishment, pity, regret, disappointment, or annoyance (in this case pain). (Churchward 1959:564).

that despite his slurred speech and mental confusion he rarely got irate. He was sent home after the doctors realised that they could do nothing more for him. His ever patient, good humoured and unmarried daughter, Panuve, looked after him, dealing with his confusion and bedwetting with humour and love. Pouanga's eldest sister is a wily old lady who had been treated by Lilopau many times. She has real confidence in her power and little in the hospital. As Panuve's *mehekitanga* (father's sister), and the person of highest status for Pouanga and Panuve, she suggested that Lilopau treat Pouanga. Lilopau is also very friendly with her daughter Lotulelei. They are neighbours, used to belong to the same church and occasionally weave together.

On the first day of treatment, Panuve describes Pouanga's inability to recognise people and how, if she is not constantly close at hand he will shout out her name at regular intervals. Sometimes, she responds to him, sometimes not. He spends most his time lying on the bed in the corner of the house. His wife died about ten years ago. In 1990 he had his first *puke fakamahaki* (*tēvolo* caused sickness) and then the second in 1997. He was treated by another healer about two months ago.

Lilopau stands closer to him to study his behaviour. They talk about his good physical shape and how strong he is. She questions the biomedical diagnosis of *pakalava* (stroke), 'Why isn't he paralysed down one side of his body like other people with strokes?' Panuve says that occasionally he gets up and talks as if he is going to the bush to work.

Panuve and a friend creep up on Pouanga and hold him down while Lilopau does the *tulu'i* for the first time. His violent protests, insults of '*tenga mimi*' (swearword. Lit. bladder) and accusation of how *fakamā* (shameful) their treatment of him are, meet with laughter. Lilopau strongly massages his eyes. When he tries to sit up Lilopau massages the top and sides of his head. They comment on his great energy. Once the treatment is over, he cries and continues to swear. He sits on the edge of the bed, blowing his nose and spitting all over the place, sometimes hitting people, sometimes not. Smiling, Vina and some of Pouanga's granddaughters clear it up. Vina tells him to be quiet otherwise the police will come and take him away for causing a disturbance. When Pouanga talks more about the treatment being *faka'ofa* (sad, pitiable), she tells him that he is *faka'ofa* and that they want him to get better.

Lilopau describes the mucus that comes out of his nose, as *vai kafo* (lit. liquid from a wound). She explains how the *tulu'i* goes around the inside of the head and can change mental illness (*lava o liliu 'atamai vaivai*). Lotulelei, Pouanga's sister's daughter, suggests that we come tomorrow

morning and afternoon and agrees that he is suffering mentally, using a less loaded term ('*Uesia hono 'atamai*). Lilopau says she will treat it for a week or two and see if the illness improves. They also talk about how Toutouofa's face is already getting better and discuss some of the other cases that Lilopau has recently successfully treated.

Lalao (a middle aged man experiencing pain in the lower abdomen)

Lalao is a fifty four year old man from the same church as Lilopau. Their teenage sons are good friends. In the second week of December, Lalao started experiencing pain in his lower abdomen near to his groin. The health officer he went to see at the hospital sent him home with a prescription and told him to come back after a week or so.⁷ Despite taking the pills, he has not been able to walk properly for about four weeks. His mother requested Lilopau's help.

Lilopau and her husband suspect Lalao's deceased wife is responsible. She passed away some three years ago of '*ate popula* (lit swollen liver-hepatitis) and is occasionally seen by people in the village. She and another woman are claimed to be responsible for the hitchhiking *tēvolo* episodes, often recounted by taxi drivers. Some nurses in the hospital, however, suspect that he has hepatitis like his deceased wife.

Lalao lies on a mat with Lilopau sitting at his head. His mother and three related children sit watching. Lalao grimaces and seems to choke when Lilopau *tulu'i* him. Lilopau calmly retorts, '*folo*' (swallow) in the curt way that parents address their children when they want them to do something. Then, when Lilopau starts to press on his eyeballs,

'*Oiauē, mamahi, Lilopau, te u fulutamaki'ia*' (Oh, what pain, Lilopau, I'm going to suffocate) he moans.

'*Sai pē ia*' (It's ok), Lilopau replies.

'*Oue, Lilopau, te u mate*' (Oh, Lilopau, I'm going to die) he moans as his face starts to contort before he starts crying. His crying is unusual, Lilopau comments later, men are usually good at controlling themselves. Again, Lilopau comforts him and stops pressing and starts to stroke his closed eyes. He seems to want to vomit.

⁷ Valium (5mg) and Naprosyn (250mg).

'*Oue, te u mahaki'ia* (Oh, I'm going to die), he groans again.

'*Ai ke ke sai eni*' (you have to get better), Lilopau replies, not changing her massage, with the implication that it is for his own good. Her gentle massaging of his eyeballs continues for about a minute until his quiet sobbing subsides. A massage of his stomach follows. Lilopau uses baby oil to massage both sides of his stomach, using regular downwards pushing movements. Then Lalao sits up as Lilopau massages his right upper leg from the knee to the groin in strong squeezing movements. His head hangs to one side dejectedly. She looks away from him as her hand progressively gets closer to his groin.⁸ Just sitting seems painful to Lalao, and as soon as the massage is finished he pulls himself to the doorway and retches out into the garden. The leaves of *masikoka* (*Glochidion ramiflorum*) for the poultice have already been prepared and, after adding oil to the crushed leaves, Lilopau gets me to *vali'aki* (smear) his legs and stomach on the left side. I am told to press hard where it hurts the most. I press deep and imitate Lilopau's squeezing and pressing movements. But it is tiring and I am obviously not pressing hard enough. So when he turns over, Lilopau takes over and massages really deeply. He moans in pain but does not directly stop the massage.

Tulu'i as diagnosis

During Lilopau's initial treatment for the three patients there was little talk of the specific condition. When pressed, however, she uses a combination of three terms to designate the degree of seriousness of their conditions: '*āvanga*, '*fesi'ia* and '*te'ia*. '*Āvanga*, she explains in Tongan, is when the *tēvolo* doesn't 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*.⁹ Not treating it will lead quickly to the death of the person. She diagnoses Toutouofa as '*te'ia*, Lalao as a combination of '*te'ia* and '*fesi'ia* and Pouanga as '*āvanga* and '*te'ia* combined.

Lilopau routinely *tulu'i* most of her patients whether or not they claimed to have seen a *tēvolo*. *Tēvolo* can be very devious and make the ill person lie. She chooses between a *tulu'i labi* (big *tulu'i*) or a *tulu'i si'i*

⁸ She comments later that she often gets her husband to do the massage when it involves getting too close to a man's private parts.

⁹ As I stated in chapter two the *tā* (slap, hit) of the *tēvolo* can both be a sign of love and anger.

(small *tulu'i*).¹⁰ Different plants are used, depending on the seriousness of the condition. For *te'ia* she will routinely use a stronger plant. The first *tulu'i* is also regarded as a *tulu'i 'a'ahi* (testing *tulu'i*) which confirms whether or not the person is affected. Typically, she will use the plant that makes up the *tulu'i si'i*. Whatever *tulu'i* she uses, the first treatment will, invariably, be painful and cathartic for the patient. Both Lalao and Toutouofa cried and seemed to unburden themselves when Lilopau treated them.

Toutouofa

Toutouofa's face seems less swollen on her third treatment in Lilopau's house. Lilopau points out that her eye is in a better position than yesterday. Toutouofa comments on how the *tulu'i* makes her body feel *mokosia* (cold), *vaivai'ia* (weak) and *ma'ama'a* (light). Also her eyebrows feel numb (*mate ngaahi kemo*) and how her body from the waist up feels *mofisifisi* (tingly, like the feeling of prickly heat). After the treatment she lies prostrate for a long time, mumbling to herself. If I did not treat her she would die, says Lilopau again, her condition is *fakatu'utamaki* (dangerous). After the treatment, Toutouofa tries to avoid having another treatment. She is busy, she has to be home tomorrow for her husband. Lilopau says she will come over to her house as she has to treat Pouanga tomorrow morning.

The next day Toutouofa does not manage to hide her low mood, despite her seeming enthusiasm. Though her face has got visibly worse since yesterday, Lilopau says it is better and points out a black spot (which I cannot see) on her eye that has got better. She receives another *tulu'i labi* but Lilopau does not press hard this time, just light pressure with the thumbs. Toutouofa does not cry or scream. Lilopau is vague when I ask about the *tēvolo* responsible. A soldier, she says. While receiving the wash with the leaf bath, Toutouofa complains about not feeling her teeth, so Lilopau massages them. Then follows the healing wash, which Toutouofa says makes her *ongoongo lelei* (feel good).

¹⁰ Another reason for calling the treatment *tulu'i si'i* or *labi*, is that it keeps the remedy itself secret. Her children all know what plants make up the *tulu'i si'i* and *labi* so she can easily tell them to fetch the requisite plants without patients or other familiars finding out the remedy.

The treatment on Wednesday follows treatments on both the Monday and Tuesday. Lilopau dozes, while she waits for the hot water and leaves to be prepared and to rest after treating another patient earlier in the day. Toutouofa sits pensively, her two children either hanging on to her or hiding in the folds of her dress, while she explains to me some other symptoms.¹¹ Though she did not see him, people have told her that the *tēvolo* responsible is a man who slapped her while she was walking through a nearby village. Because of Lilopau's treatment, she says, the feeling on her face is better, though the face itself, she acknowledges, is still swollen and occasionally itchy. She offers a chronology of her illness. After a posting in Tonga, her husband was sent to Ha'apai for six months, which Toutouofa really liked because they lived in town where she had more contact with people. Here she is more *ta'elata* (homesick, ill at ease), she has few relatives in Vava'u and does not really like being so far from town. Her problems started some four months ago. After having a tooth extracted at the hospital, she experienced pain and could not feel one side of her face. When she returned to the hospital she was disappointed that the doctor only took her blood pressure, didn't touch her face and told her it was the result of her high blood pressure. The pills she was given brought her blood pressure back to normal and she now no longer takes the pills.

We talk casually about how life is changing in Tonga and about people we are both familiar with until the water and *mo'ota* leaves have been prepared. Lilopau wakes up. She bathes the swollen part of Toutouofa's face, dabbing the now limp leaves on her face. Toutouofa then continues the treatment herself. Lilopau's *tulu'i*, followed by light massage of the eyes, elicits no visible distress.¹² Only when Lilopau presses under the ears does she wince a little.

A week later, Lilopau mentions that she has finished treating Toutouofa and that she will also soon finish treating Pouanga. I hear no more about Toutouofa for several months.

¹¹ My suspicion of her having Bell's Palsy are not born out. She has no loss of taste around the front two thirds of the tongue, no problems closing the eye on the affected side nor does she hear unusual noises.

¹² When I asked why she didn't *lomi'i* Toutouofa's eyes, she says, because it was a new treatment, and her eyes were already better.

Lalao

I return to the day after Lalao's first treatment. He reveals more about how he went to the hospital, how the health officer told him that his pain was not the result of a *hangatamaki* (abscess, boil). For three weeks his body has been wasting away. He has no appetite or sense of smell and neither eating or smoking gives him any pleasure. Lilopau compares Lalao to another patient, Tomasi, who is ill in the same way but is now better.¹³ When Lalao expresses his fear of the *tulu'i*. She persuades him that the treatment is for his own good and that Tomasi also said, '*te u mate*' (I'm going to die) but then he got better. Lalao protests calmly that the *tulu'i* is *kona* (bitter, poisonous) and *mamahi* (painful). Lilopau responds that the *tulu'i* she did yesterday must have *fo'i* (failed). She continues that she gave him a *tulu'i lahi* straightaway because she didn't need to check because he has a *puke lahi* because of the length of time he has been ill. She comments '*tutui a Lalao*' (Lalao is opposed to the treatment) and that *fo'i e tulu'i* (the *tulu'i* fails) when they say '*te u mate*', and if they are frightened.¹⁴

Lilopau continues with the treatment and then gets me to massage him at the spot where it most hurts near his groin. I am instructed to press as hard as possible, even when Lalao writhes with pain, both he and Lilopau tell me to continue. We return after lunch to treat him again. Again he talks about being frightened of the *tulu'i*.

'*Ilifā 'a e tulu'i na'a sai*' (He is frightened of the *tulu'i* lest he get better) his mother retorts with the implication that Lalao does not really want to get better. Conversation during the treatment then continues between the women. Lilopau talks about how *faka'ofa* (sad,

¹³ Tomasi had recently returned from the US, where he worked long hours as a welder to send back money to his family. He had developed curious muscular pains down one side of his back. Lilopau had been treating him with *tulu'i* and massage for the affected area. Pills from the hospital have had no affect. He had not sought medical treatment in the US because of the cost.

¹⁴ One interpretation I received was that the *tulu'i* failed because he could not resist the pain. He has to resist the pain for it to work. The implication of his not resisting, is his preferring the pain of his condition to the pain of the treatment that will make him better.

pitiable) the household was over Christmas because of Lalao being ill and not being able to get any decent food for them.

The next day Lilopau returns and treats him again. She gets him to stand up and walk bent double to show us how he walked before and then walk normally to show us how much better he is. He accedes to Lilopau's request but grimaces slightly when he has to walk normally. The treatment continues for several more days, for a total of five days, until he is taken back to the hospital by his immediate family.

Pouanga

Pouanga's treatment was unique. It lasted more than a month and involved in the region of thirty treatments. Among the nearly eighty patients Lilopau treated over the year, there was nobody whom she treated more frequently or for a longer period of time.¹⁵ The frequent attendance of Pouanga's sisters and their daughters, who took a close interest in his progress, turned many treatments into minor social events. As they were *'eiki* to Panuve's household, they could *fa'iteliha* (please themselves) and feel very relaxed in Pouanga's home. Their status also demanded that they be treated appropriately and so often large quantities of food were served on a table cloth after treatments, giving the impression that this was an important social occasion. Male relatives played a low-key role in the house. They frequently ferried Lilopau for the half hour drive from her village to Pouanga's house and lent assistance with treatment at Pouanga's deceased wife's grave. They rarely appeared in the house. Their *faka'apa'apa* (respect) to their sister and father's sisters was constituted in their respectful avoidance.

I have condensed the story of Pouanga's illness by focusing on the seeming progression of the illness, discussions of causality, Lilopau's interpretations and the treatment at the grave. Both Panuve and Toluhama took the opportunity of Lilopau's presence to ask for treatment for longstanding stomach problems. Rather confusingly to me, she diagnosed them as *'āvanga* and treated them with stomach

¹⁵ The two cases coming closest were two cases of *tēvolo* caused pregnancy that I discuss in chapter five.

massages with Tongan oil and a remedy to drink. For the sake of clarity I have omitted references to the occasions when they, as well as Pouanga, were treated. I introduce the main protagonists in Pouanga's treatment, but omit the many children and relatives who did not take an active role.

Nai	Pouanga's deceased wife and Panuve's mother.
Panuve	Pouanga's daughter
Tolonga	Pouanga's eldest sister, Panuve's <i>mehekitanga</i>
Lotulelei	Tolonga's daughter and Lilopau's neighbour
Kata	Lotulelei's daughter, Pouanga's niece.
Toluhama	Panuve's female friend and companion. Living in the house and helping in Pouanga's care
Paula	Pouanga's eldest son
Falefa	Pouanga's son,
Sitaleki	Pouanga's son
Semisi	Falefa's son, Pouanga's grandson.

During the first couple of weeks Lilopau treats Pouanga, on average, every day. The atmosphere is convivial with every treatment, an excuse for discussion not only of Pouanga's illness but other matters of the day. Though Lilopau continues to use the *tulu'i labi*, her treatment becomes progressively less painful as she presses less hard on his eyes. On his fourth treatment, after a rest day to allow the household to see his progress, Panuve comments on how much better he is; he sleeps more and shouts less. His eyes also seem to be more open and active. His sentences, though still confused, are longer and he makes reference to people he had not spoken about since before his stroke. His elder sister is so happy that she goes and holds Pouanga's head and says a few words to him and reminds everybody that he is her brother. His improvement continues. He seems more energetic and even after an extra strong *tulu'i* on the seventh treatment to carry him over to a day when Lilopau will not treat him, he recovers much quicker from the treatment.¹⁶ A week later, after regular daily treatments, Lilopau

¹⁶ His improvement is not only judged behaviourally but also in his response to the treatment. Part of his improvement in the latter sense, I feel, can be attributed to Lilopau's altering the treatment. Her pressing on the eyeballs changes to light massage, which is far less painful and

comments that his rapid improvement, how he does not shout at all in response to the *tulu'i* and is easily led to the bathroom, means that she will finish the treatment soon.

At the end of January, most of the children have returned to school and the house is noticeably less busy. Though Lilopau had planned to finish the treatment within a few days, a new problem has arisen and is discussed. Despite a great improvement in his eating, drinking and speech he has started to resist the *tulu'i* again. Panuve and Toluhama talk about Pouanga being *fakapikopiko i he tokoto*, referring to his dislike of lying down, and that in the early morning he does not want to get up and go to the toilet. They suspect his deceased wife is responsible; he has been calling out her name and talking and reaching out to her during the day and night. Toluhama has also seen her a couple of times, on one occasion she stepped on her hand.

On a busy Sunday, two days later, the house is full with relatives and there is much discussion. While treating Panuve and Toluhama for their stomach problems, Lilopau gives a short speech to confirm her intention to treat Nai's grave and then Pouanga; so that in future he wakes up when he has to go to the toilet. If he then does not get better then she will admit that it is a *pakalava* (stroke) and stop the treatment and the *fakamamahi'i* (to give pain to, to hurt) of the *famili*. She is confident, though, that it will work and Pouanga will stop talking to his wife and other deceased relatives.

Treatment at the Grave

On Tuesday night, everyone is asleep and the house is dark and quiet when Falefa delivers Lilopau, Lotulelei and her two daughters. The van lights illuminate the sleeping figures of Tolonga, Falefa's wife and Pouanga who is sleeping deeply, with one arm outstretched. An explanation of how they got there, the reason for their lateness and a little joking precedes discussion revolving around Pouanga's improvement over the last few days. Panuve seems to think he really does know what is going on around him and gently accuses him of being *fievaleloi* (pretending to be inept) and *kākeā* (devious, deceiving). Toluhama, who sleeps on the floor near to Pouanga, awakes last, goes to the toilet but cannot be urged to return.

less likely to elicit the dramatic responses of before. However, another interpretation would be that now he is better, he warrants less severe treatment.

Lilopau says a long prayer, asking God for help for the difficult task ahead; how our intention is simply to stop Nai visiting Pouanga; we do not want to hurt her. She emphasises the *famili* connections, that Nai is Panuve's mother and that she, Lilopau, is just the vessel for God's work. Her only aim is to help the *famili* so that they can live *fiemalie* (contented).

Most of our heads are bowed, except for Lotulelei's youngest daughter and her friend whose eyes are wide open and looking straight ahead. Lilopau's seriousness of purpose is balanced by Kata's humour. Her cheeky jibes about me getting eaten by a *tēvolo*, prompts Panuve to ask me if I am afraid. I joke, 'no, only of the *palangi tēvolo*, besides, 'Tongan *tēvolo* don't want to touch me. I ate lots of garlic before I came. I smell disgusting'.

Falefa and his son, Semisi, load the metal hoe and a big red bucket containing the powerfully sweet smelling remedy into the pick-up truck. It is a short drive to the road below the cemetery. Nai is buried in one of the best kept and fenced graves in the cemetery. We enter after opening the gate. Lilopau does not want Falefa to break the concrete and instructs him to dig a hole with the hoe on the left corner of the grave facing us. He digs into sand, it is easy. Their shapes, silhouetted by the light of the full moon, make an eerie sight.

'*Fakamolemole*' says Lilopau quietly, asking for Nai's forgiveness before emptying the first bowl into the first hole. Three holes are dug each side, in each some of the very powerful smelling mixture is poured. Once the six holes have been filled and then refilled, Lilopau wants to do the same to another relative whom Pouanga has also been calling.

We sit down while Semisi goes back to find out which grave it is. Falefa and I hear strange noises from the direction of the road and suggest they are caused by dogs or pigs. Lilopau says they are neither, but does not expand. The many other strange animal noises are a good sign, she says. We sit in silence next to the grave and wait. Semisi returns with Sitaleki, who shows us which grave it is, but stands on the periphery while Lilopau repeats the same treatment.

We return to Nai's grave. Falefa hears a faint noise and tells us to crouch down. He has good hearing. A minute later, a couple of men, returning home from the kava club, appear on the road. Lilopau digs a couple more holes near the feet and the head with her hands and then pours some liquid in. As we sit, she listens and points out noises. After checking that no-one is about, we return quietly to the house.

Panuve and Kata turn on the lights when we return. They also heard animal noises and talk about them as signs of the *tēvolo*. Of particular

interest were the *sikotā* (kingfisher) type noises.¹⁷ The girls do not participate in the conversation. After a veritable feast of bread, *milo*, *kumala* (sweet potatoes), *keke* (deep fried dough balls) and fried eggs with much discussion and joking, Falefa drives Lilopau, laden with food for the children, back home. It is two in the morning and in two hours she will preach at the early morning Wesleyan service.

The night treatment

Lilopau returns at two o'clock the following morning for Pouanga's night treatment. Her impromptu explanation of her motivations for treating people are met with Panuve's and Lotulelei's nods of agreement. She talks about how she does not ask for gifts, like other healers, that she is happy with food which she can give to her children; sometimes she is so busy that she has no time to feed them. Some healers want lots of *koloa* (valuables), she does not. Her work is for God. There was one healer, she says, who healed for *koloa* then she developed a big growth on her nose. She concludes with an affirmation of her trust in God and answering the *finangalo* (will) of God. She reaffirms the importance of the *fanofano* (wiping hands) at the end of the treatment so that the illness does not go with her.¹⁸

Lilopau puts the flowers and leaves, which have been laid out on a piece of fabric, into a big tin bowl. Falefa adds hot water and stirs the mixture. After adding *lolo Tonga* (Tongan oil) she stares intensely at the pattern that has been made.¹⁹ Panuve wakes Pouanga up, walks him outside and sits him down. When Lilopau showers him with the mixture, he comments *mokomoko* (cold). She then massages his head. Panuve comments on his obedience, he does not resist or complain. His leg is also massaged though he refuses to put his leg out straight. Panuve dries him off and dresses him in new clothes. It is half past three in the morning when we finally leave. Lilopau returns to treat Pouanga on four more occasions at the same time in the morning.

¹⁷ Kingfishers are popularly regarded as harbingers of death.

¹⁸ This refers to rubbing any remainder of the remedy onto the soles of one's feet so that any association with the illness is stamped into the ground. Also, what is left of the leaves of the *tulu'i* has to be disposed of in a suitable place, preferably in the bush so that the illness now associated with the remedy does not affect anybody else. The term *fanofano* is also used to describe the short process of transmission of healing power when the healer takes the acolyte's hands in theirs and gives them the power to heal.

¹⁹ Later she explains that the fact of the oil mixing well with the mixture was an indication the treatment would be successful.

The final treatment

On the journey to Pouanga's house, Lilopau talks about how she instructed Kata to do the *kaukau* (healing wash) every morning during the last few days, while she was away at a funeral. Lilopau explains she will decide whether to *kaukau tuku* (give the final healing wash) when she sees him; if not she will try another treatment. Everyone is surprised and pleased to see Pouanga walking around when we arrive. Kata puts her arms around him, but he thinks she is Tolonga.

'*Tkai ke ifo 'a e nofo*,' (Life is no longer pleasurable) he says a few times, before bursting into tears in a rare moment of seeming lucidity. As he sits and talks and as a result is attributed with a sharper mind and *kākā* (acting deceitfully) the women prepare the flowers for the final treatment. I see him laugh for the first time when they joke about his *kāinga* from another village. All the flowers are put into a big tin, then water is added and *lolo Tonga* (Tongan oil) and then finally hot water. Although he cannot see her, when Kata (Lotulelei's daughter) is standing next to Pouanga, he somehow feels that she is there and holds her, she crouches down and then sits next to him. Pouanga cries because, as Ifi explains, he is lower in status to the children. He feels '*ofa* for his *kāinga* and cries when he realises his eldest sister and his niece are there because they are '*eiki* (higher status) to him. There is much merriment and joking. Panuve, Pouanga, Falefa, Lilopau's two daughters, Paula, Ifi, Lotulelei, Lilopau, Toluhama and myself are all seated in a circle as Lilopau gives a long prayer followed by a short one from her husband Ifi. Several times during the prayer, Panuve has to tell Pouanga to close his eyes and be quiet although occasionally he gives the appropriate responses. Paula, then stands up to give a formal *fakamālō* (vote of thanks). He starts and is choked with tears and needs to gather himself together before finishing quickly.

Panuve leads Pouanga outside for the final treatment. He does not want to take off his *tupenu* (male skirt) and gets angry when Panuve tries to put shorts on him for the *kaukau tutuku* (final healing wash). Ifi explains, this is because of his *faka'apa'apa* for his sisters, whom he thinks are there; another sign that he is a lot better. Pouanga becomes a little troublesome when he is supposed to sit down but he does not swear. The smell is overpoweringly fragrant. After the healing wash Pouanga walks, supported only slightly, back into the house. Several days later, though Lilopau insisted she didn't want any gifts, Panuve's brother arrives at her house with a mat and a small live pig.

Lilopau's investment in time, even allowing for some exaggeration on her part, was considerable. On the 30th of January Lilopau worked out that she had treated him 30 times. That worked out as an average of twice a day over 15 days.²⁰ During the times she was treating Pouanga she was not able to weave, one of her few sources of income. Treating at night meant that very often she went without sleep. Rarely though, did she complain of the treatment being *fakahela* (tiring), which she did, occasionally, with other patients.

First Impressions

Of these three patients, only Pouanga was treated all the way through to the final healing wash. Lalao was persuaded by his household to go back to the hospital. Lilopau had managed to get him to walk but his nausea and pain had not got better. What was the general impression left after this period of association with Lilopau, people in her village and her household? Toutouofa's treatment had been efficacious, she had simply stopped receiving treatment. Lalao had been helped but he had returned to the hospital. Pouanga's behaviour and interaction in his household had improved considerably, embodied in part in the gifts presented to Lilopau. If I had only associated with Lilopau and her friends and household I would have been left with one impression. However, my association with the hospital allowed me to follow up patients' treatment in the hospital. But it was mainly through friends and popping in on social visits some months later that I learned more about what happened to Toutouofa, Lalao and Pouanga.

Toutouofa

Toutouofa returned to the hospital in Vava'u on four occasions after her initial tooth extraction in October, 1998. On the second occasion, she was referred to a doctor for re-assessment. She returned at the end

²⁰ I estimate less. Lilopau typically exaggerated the number of times she had seen patients. But even allowing for this, her investment in time had been considerable.

of November when her double vision and numbness were seemingly improving. Lilopau's treatment lasted from the 10th to the 26th of January 1999. On the 25th January she returned to the hospital again. Her general symptomatology was noted but seemingly little more was done.

News of Toutouofa came via a friend who lived close to her. At the end of May 1999, I heard that she had been sent to New Zealand to be treated for cancer of her jaw. As soon as a doctor examined her in Vaiola hospital in Nuku'alofa and diagnosed an invasive tumour he immediately requested treatment for her in New Zealand.

Two weeks later, to my great surprise and sadness, I heard the news that she had passed away in the hospital in Nuku'alofa and the funeral had taken place the previous week. The doctors in New Zealand had decided that the cancer was too far advanced and sent her back to Tonga. A friend had gone to visit her on the Wednesday and talked about her joking and good humour. She commented that, other than looking a little thinner, she did not seem ill. At one point she lost consciousness, and her husband had to shake her to bring her back. On the Thursday, surrounded by her family, she died. Her husband has moved to where she came from in Tongatapu, so that the children can be looked after. My friend says that may be if the Tongan treatment had been continued, she might now be alive, that it was the strike of the *tēvolo* that was to blame.²¹

Perhaps because she had little *kāinga* in Vava'u, few people seemed to know of her death. On hearing the news, some suggested that the cancer had been caused by a *tēvolo*. One healer, Pisila, said her only problem was going to the hospital, what she needed was more Tongan medicine. She stated with real conviction, 'They should have brought her to me, hers was a definite case of *fakamahaki*'; she would still be alive if she had been brought to me.'²²

²¹ I suggest may be it was a bad tooth extraction, thus revealing my state of mind at the time as to the cause of her cancer and my inability to foreground a *tēvolo* explanation. It is unlikely that a tooth extraction would precipitate a cancer, though it might have speeded up the growth of an already existent cancer. Nurses at the hospital were well aware that some cancers are best left alone and if touched their growth can speed up.

²² Translated from the Tongan.

The dental assistant who had extracted her tooth was very surprised and saddened to hear of her death. Typically, if a tooth comes out too easily they suspect another problem and do an X ray. With Toutouofa, however, they did not take an X-ray. Though he remembered Toutouofa, in view of the large number of patients they see, he could not remember her exact details. Both the dentist and one of the health officers concurred that no-one is likely to be blamed. Very few people saw the pulling of her tooth as the cause of her problems. Blame is rarely ascribed to living people in Vava'u. The preservation of good relations and the importance of *faka'apa'apa* takes precedence over any seemingly 'objective' notion of the true cause of her illness. If anyone was to be blamed it was the *tēvolo* from the neighbouring village.²³

Pouanga

The intimate connection between speaking and *tauhi vaha'a* meant that association with Lilopau and her *famili* and friends left a certain impression. Lilopau's treatment had been undoubtedly very useful, but it was Pouanga's sisters who suggested that Lilopau treat him. In a conversation with Panuve some months after treatment had finished, she revealed that she had been perfectly happy and comfortable with another healer, Lealiki (see chapter three). Pouanga's sister's intervention meant that Lealiki's treatment stopped the day Lilopau's started.

Panuve explained that Lealiki treated Pouanga from September until the morning before Lilopau started in the afternoon. A friend had recommended her. Panuve discovered that she was distantly related to Lealiki's husband. Lealiki had become a good friend of the family and had visited several times during the time that Lilopau had treated. Panuve really liked Lealiki's treatment particularly as it was responsible for Pouanga starting to eat. After Lilopau's treatment, however, they didn't approach any other healers. She thought that Pouanga had had

²³ I was really surprised and saddened by her death. Of all the patients, I expected her to get better quickest.

enough of suffering treatment and drinking *vai kona* ('poisonous' or strong remedies). 'He won't get any better,' Panuve says, 'after a while you have to stop the treatment and let Pouanga have his peace and quiet and *nofo fiemalie* (live contentedly free of pain or discomfort)'.

In a conversation some six months after Pouanga's treatment, Lealiki explained how she had treated him from when he left the hospital until the day before Lilopau came. At several stages she said she would do the *kaukau tuku* (final healing wash) but then they asked her to continue. She was happy when Lilopau took over when she did. The important thing is if she can help. Ultimately, she explains, God is responsible for healing; they are just doing the will of God (*Fai e finangalo 'oe 'Otua*). She had felt, however, that Pouanga's smoking had a lot to do with his blindness and she had recommended that Panuve and Toluhamā stop his smoking. She had also told one of the brothers to go to Nai's grave to tell her to stop talking to him.

Lalao

It was common knowledge in Lalao's village that he went to the hospital in mid February and was operated on, though few people knew the diagnosis. The doctor drew out a cup of pus from a large abscess in his lower abdomen and put him on a course of antibiotics. Some three months later, he pressed a small boil that had developed on the back of his head. Several boils grew in its place over a period of two weeks until one of them burst on reaching the size of half a small orange.²⁴

Despite being successfully treated for the abscess some three months previously and the obvious frustration of the local health officer he did not return to the hospital. He and Lilopau interpreted my entreaties for him to go and take antibiotics for his boils as a result of my *fietokoni* (my wish to help). He listened patiently to my explanations and how he can continue to accept both traditional and hospital medicine but in the end continued with the treatment from a very quiet

²⁴ I discuss the degree to which *hangatamaki* (boil, abscess) can be regarded as a quintessentially Tongan condition in the next chapter.

and unassuming woman who has long treated *hangatamaki* (boil, abscess) in his village.

I enquired frequently about his health. Slightly more than a week later, his boils were considerably smaller, less inflamed and exuding less pus. He elaborated more on his reason for staying with the healer who was treating him. He explained that he *ongo'i lelei* (felt comfortable) going to her, if he had not he would have gone to the hospital. She had told him about all the cases she had successfully treated and how her treatment and hospital treatment *fepaaki* (clash). Within a month his abscess had healed completely.

Though he was now better, he was still concerned about his wife causing sickness and talked emotionally about the time she died. I do not know the degree to which he believes that she is responsible for his illness, on no occasion did Lilopau explicitly mention her involvement in his illness; nor necessarily, as the next chapter will demonstrate, does his successful treatment in the hospital free her of some degree of responsibility. As a widely known *tēvolo* in the village, it is likely that some peoples' sicknesses will be attributed to her. In fact, Lilopau told him that she is currently treating a husband and wife in the hospital who were affected by her when visiting the village.

Conclusion

Why did Toutouofa, Pouanga and Lalao go to either the hospital or healer? To what degree did a sense of the skills of doctors and healers, or a categorical split between *palangi* (Euro-American) and Tongan illnesses play a role? Toutouofa went to the hospital first because she linked the paralysis of her face with having her tooth pulled. Pouanga's stroke landed him in the hospital first, and Lalao went because of the very vague nature of his complaint.

How did Lilopau end up healing them all? I gained the impression that Toutouofa had little choice; both the power of Lilopau's conviction and wish to help left her little room to refuse treatment. Also the hospital had done little to remedy her situation. Lalao was in a similar ambivalent situation, hospital treatment had had little affect and also his mother insisted on Lilopau's help. Pouanga, as I discovered later, had been treated for some three months before

Pouanga's sister's household decided that Lilopau should treat him. Panuve had little option but to acquiesce to this request from her *mebekitanga* (father's sister).

Why did they return to the hospital? Lalao's return to the hospital was prompted by his close family, possibly initiated by a nurse living in the village. Toutouofa returned to the main island, where, no doubt, her connections helped in her cancer being recognised in the main hospital. Despite the fact that the operation to remove the abscess almost certainly prevented him from getting seriously ill, Lalao did not return to the hospital when he developed another abscess, this time on the outside of his body. Pouanga, as far as I know, did not have any need to return to the hospital or to another healer. Panuve called a halt to more treatment.

Neither general perceptions of the skills of healers or doctors or a seeming cognitive split between Tongan and Euro-American illnesses can explain the development of these three case studies. The Tongan/Euro-American illness dichotomy does not serve as an explanation. Firstly, it is a variable distinction held by some people, but not by others. Bloomfield (1986) posited paralysis of the right side of the face as a Tongan condition and yet Toutouofa, suffering from this condition, first went to the hospital. Definition of sickness in biomedical terms at no stage precludes interpretation in terms of *tēvolo*. The biomedical category may not encompass what people regard as the requisite symptoms. Lilopau questioned the reality of the biomedical diagnosis on its own terms when she asked 'how can he have a *pakalava* (stroke) when he is not paralysed?' On occasion, even the biomedical category may be questioned, as Lilopau did for Pouanga's stroke, or the causality of the condition posited as personalistic. Pisila claimed Lealiki's cancer was a clear case of *fakamahaki* (*tēvolo* caused sickness). The three case studies suggest that in many instances people are not confident in either interpretation. Both Lilopau's and the initial biomedical diagnoses for Lalao and Toutouofa can be characterised by vagueness. I had to encourage Lilopau to tell me what condition they had, she seemed unconcerned with a precise definition, treatment was her main concern. If diagnosis is confirmed through action towards resolution then the fact that healers and doctors concurrently treat sickness, questions the designation that everyone agrees that it is a Tongan or a Euro-American condition.

One might focus on some attributed intrinsic quality or special skill of a healer or doctor which leads people to choose them and this might explain why, on occasion, some people are told in dreams to go to a particular healer. Certainly, in Lilopau's case, the amount of time she dedicated, her potent presentation and gravitas, her degree of involvement and local knowledge, would suggest why many people had 'heard talk' about her. At the same time, however, such statements cannot be separated from people's *tauhi vaha'a*. Such intrinsic qualities certainly feature in people's justifications for choosing a particular healer or doctor while being treated by them, but do not explain why they go to them in the first place. The characteristics of doctors or healers or diagnosis in biomedical or *tēvolo* terms in this sense are secondary to the process of *kole tokoni* (asking for help).

The associations of household members plays a strong role, both instrumentally and as a way of *fanongo talanoa* (hearing talk); one hears stories about healers from people with whom one *tauhi vaha'a*. In Pouanga's case, his sister's household intervened. Their friendship with Lilopau was manifest in their wish that she treated Pouanga. People tend to prefer to go to someone they know or are related to for many reasons, or at the very least will have someone who knows the person to introduce them. This springs, perhaps, from the confidence that you will be treated well, feeling comfortable about asking for help in the first place and the likelihood that the interaction with the healer will be enjoyable.

In many cases, the very proximity of a healer leads to requests for help from other household members. Both Panuve and Toluhama sought help of Lilopau while she was treating Pouanga. In the last chapter, on one occasion, while Lilopau was treating Paongo for *feitama fakatēvolo* (*tēvolo* caused pregnancy) another household member requested treatment for a waxy-like growth on her breast. Maiepuho's illness in chapter five was only spotted when Lilopau was treating someone else in the family. Similarly, people may go to see a doctor or health officer in the hospital simply because they are visiting a relative there or a friend lives nearby. One particularly dramatic instance of this was of a young man, with a one centimetre splinter buried in his foot, who explained to the Health Officer that he waited for three days to come to the hospital and only then because a friend happened to be driving past.

There seems to be an underlying confidence in the process of seeking healing, but less in the names given to diagnose and interpret a sickness. Each diagnosis is provisional and dependent on the person who is currently giving help. At each stage, the condition may be given another name, depending on the expertise of that particular healer. That people, typically, do not discuss details of a previous diagnosis, healers and treatments voluntarily in front of the current healer or doctor is reflective of a general sense it is both not important and that it is inappropriate. To acknowledge the help of the person who is not currently helping is by implication to not to show consideration and *tauhi vaha'a* to the current healer. Panuve, for example, did not reveal the full extent of Lealiki's involvement. Lilopau rarely enquired about previous healers or doctors, it was I who typically asked such inappropriate questions. In most cases, if there seems to be no change in the sickness, the person is taken to another healer or hospital until some resolution occurs. This may take a long time or on occasion may never be resolved. To go to a particular healer, health officer or doctor, despite their personal characteristics, is one step of many along a chain of finding healing (McGrath 1999). Bloomfield suggests as much when in reference to the perceived failure of medicine to treat some illnesses she states 'In most of the cases, there seemed to be an underlying assumption that it was not the modern medicine that was at fault, but its practitioner' (Bloomfield 1986:159).

That *kole tokoni* (asking for help) is fundamental explains the absence of any attributed blame to the healers or doctors involved. Even in 'Toutouofa's case, people acknowledged that blame is unlikely to be attributed, or diverted by those still maintaining that it was *tēvolo* caused. Questions in Lalao's case, as to whether it was a failure of the hospital to recognise his condition or his failure to return, are unlikely to be asked. The fact they cannot help means that the condition is not curable by them. How could blame be attributed to those patently acting out of pure motives of 'ofa ('love') and doing God's work? Thus, the assumption of relationship that makes *kole tokoni* (asking for help) possible is also reflected in the seeming implicit conspiracy against blame. *Tauhi vaha'a* is more important than an 'objective sense' of what caused the illness or who is at fault. However, while blame is rarely attributed, other than to *tēvolo*, efficacy is always claimed or attributed. This forms the subject of the next chapter.

CHAPTER 8

Notions and attribution of efficacy

The trouble with the Tongan practitioners is that they have little or no idea of diagnosing a complaint. They just try one thing after another, and the massage, excellent as it is, is frequently employed where it is not only useless, but even dangerous. Diagnosis is replaced by a series of trials and failures; as the Tongans say, 'We'll have a try.' If one thing does not show quick results, try another. A man went to the missionary and asked for medicine for a little girl. 'She is very ill indeed', he said, 'yesterday we gave her seventeen sorts of medicine and she is not better yet'. One medicine man, or woman, after another, tries his cure, till one is found which gives promise of success, which shows a 'sign', or until death cuts short the experiment, and gives a verdict which is accepted with pious resignation as the will of the Lord (Collocott 1923a: 137).

This rather condescending view of Tongan healing practice at the beginning of this century is echoed in the opinions of many doctors in modern Tonga. One Tongan doctor recounted his experience of Tongan medicine in Vava'u:

It is worse here, there are so many women healers in Vava'u. People go to the healer first and then to the hospital. Sometimes it is too late especially with diabetes sepsis. I don't want to get rid of them all, but they should stop interfering with diabetes and stop treating the skin conditions and strokes. People smuggle remedies into the hospital. There is nothing you can really do about it as they hide it and give it to the patient when no one is looking. For people with gastro-enteritis, such remedies will often worsen their diarrhoea. The best treatment is to give rehydration liquid. People still believe that the fontanelle should be massaged to close it. They don't realise that it is natural. People expect improvement very quickly. They also do not tell you if they went to one of the other Health Officers the day before. So, for example, they go to the Health Officer on Monday. If there is no immediate improvement they come and see me the next day or Wednesday.

His comments are representative of many doctors' opinions of Tongan medicine. Many recount cases in which healer caused delay led to death or more serious pathology. The three case studies in the previous chapter, however, suggest that people do in fact go to the hospital first, and for the many reasons discussed previously, then are taken to a healer. The sharply polarised statements of doctors are reflected in the opinions of many nurses and health officers but not necessarily in their practice. Some doctors and most nurses and health officers have taken Tongan medicine themselves as children. While there is an official, institutional position against healers in Vava'u treating within the hospital, this is often mitigated by the fact that many nurses and hospital workers *tauhi vaha'a* with particular healers. Patients and their families often request healers' assistance in the hospital and the few doctors can do little to prevent it, if they are not there at the time. Some nurses recommend that patients go see particular healers, if they feel the hospital cannot help them. Not believing in 'Tongan medicine is like not believing in *tēvolo*. It may be less a statement of principle than of a particular act of *tauhi vaha'a* to the person one is speaking to. Some nurses supposedly do not 'believe' in 'Tongan medicine, but, nevertheless, use it and have been cured by it. For example, one hospital sister recounted an event that happened many years before:

I do not really believe in 'Tongan medicine. But once I had a really bad pain on my arm. For about three nights I could not sleep properly. I took Panadol. My daughter eventually persuaded me to go see two old ladies who lived next door. They laughed when I came in. 'A nurse', they said, 'and we thought what we do is *ke'i'i loi* (a little lie)'. They sent someone to get some leaves from the nuns at the Catholic Church. They crunched them up and then with 'Tongan oil gently massaged my arm. It was like gripping it, then releasing it, from one hand to the other. Then I lay on my back and the other woman carried on from the front. I fell asleep. I woke up and was embarrassed. The women told me to go home and sleep, the next morning I felt great. I had a total of three treatments. They told me it was a kind of *hangatamaki* (abscess) called *mōlefua*. I gave them some food and something else as a *tukuto'o*, a gift to ensure that the illness would not come back.

Blame is rarely ascribed but efficacy is almost always claimed. The hospital claims efficacy and ascribes blame to healers, whereas healers typically only claim efficacy and rarely ascribe blame to anyone other than *tēvolo*. In Vava'u, apart from the occasional frustration with the

limited number of medications prescribed-many people joke they are prescribed Panadol for every complaint- there is little obvious criticism of the hospital.

The dentist at the hospital, Nifolua, had a nuanced understanding of traditional medicine, based partly on the experience he gained while working nine years at the hospital in Vava'u. On a health visit to one of the islands, he talked about the psychological factors that were important in healer's practice and acknowledged the naiveté of a mutual friend who focussed exclusively on the pharmacological properties of Tongan remedies. He mentioned the way healers welcome you when you arrive and the general way they look after you, also the fact that they provide a name for your condition. He argued that a lot of the pains people come to the hospital for are psychological so he feels justified in prescribing Panadol for different conditions for their placebo effect. He encourages patients to use both hospital and traditional medicine, but not to rely on just one method. Sometimes, he stated, illnesses are polysystemic; a traditional healer will try to treat a patient with an abscess and not realise that he or she has diabetes and needs to be treated at the hospital. He sees the traditional healing to be effective in the area of pain relief. He acknowledged people's need for treatment but also to understand the cause of the illness in local terms. He recounted how his wife developed a pain in the elbow after sweeping the garden. He gave her a painkiller, but she still wanted to see the healer. So she went to see a local healer who told her that she had *fesi'ia* (body pain as a result of the slap of a *tēvolo*) massaged her and told her to come back the following day to be told who slapped her. The next day his wife returned and was told it was a man who committed suicide or died several years back and who used to visit the household quite a lot. It was just a friendly slap, the healer said. Despite his appreciation of the psychological effects of traditional medicine, he still argued that biomedicine is often responsible for the perceived success of much of Tongan medicine.

He claimed that the efficacy attributed to healers is frequently the result of hospital treatment of the underlying pathology. He gave an example of a boy with an abscess going to the hospital and receiving antibiotics. After three or four days, his household might not see a huge improvement and then would take him to a healer. Thanks to the antibiotics, the abscess is just ready to burst and does so initiated by the

treatment of the healer. The antibiotics are responsible but the healer will get all the credit. Similarly someone will come with painful teeth, he will be given Panadol, then the person receives a massage; within about half an hour, as the healer is massaging, the medicine kicks in and again the healer gets the credit.

Introduction

This chapter is a response to Nifoloa's implicit assumption that there is only one sense of efficacy grounded in a biomedical paradigm and that attributions of efficacy can be separated from the social contingencies that follow from the inextricability of *tauhi vaha'a* and speaking. This assumption is often present in much writing on the efficacy of traditional healing (Anderson 1991). The response of many anthropologists to the claim that biomedical efficacy is a universal benchmark has been to postulate different loci of efficacy.¹ Csordas and Kleinman's categorisations of the different theoretical approaches to healing (persuasive, structural, clinical and social support) reveal a variety of loci from the diffuse communitas of Turner's (1964) work on the Ndembu to the highly clinical approach of Prince (1964) on 'Yoruba psychiatry'. Often, however, the ethnographic particularity of healing is buried in the attempt to show how healing 'works' in some fundamental sense. Such an attempt in Tonga is extremely difficult, both because of the subjugation of the disclosure of experience to a concern over relationship and the implicit denigration of the local locus of efficacy that it would imply. Healers already possess an elaborate

¹ Also, most of the conditions in which *tēvolo* are involved are symptomatically vague and treated by a variety of means. Is the process of *tulu'i* or the properties of *tulu'i* more important? That so many healers use a wide variety of plants for *tulu'i*, seemingly effectively, suggests that the process is more important than the pharmacological properties of its constituents. I do not doubt that they have pharmacological properties, very few plants in Tonga are inert, but doubt that knowing them will shine any more light on *tēvolo* involvement in incidences of sickness. We do not need to be confident of either the materiality of *tēvolo* nor of the pharmacological properties of plants to appreciate how they are used. I do not examine here the staple of much ethnobotanical and ethnopharmacological research that local remedies have pharmacological properties that effect physiological processes because that would be to claim efficacy using the very epistemology that I argue denies healers' explanations of *tēvolo*, though it might strengthen the claim for efficacy of Tongan medicine in biomedical terms.

locus of efficacy, that of *tēvolo*, their motivations and actions. Not only are notions of efficacy everywhere 'guided by cultural, political and moral values' (Desjarlais 1992:224) but attributions of efficacy cannot be held apart from social values and the need and wish to maintain good social relations. Rather than ask the question how healing works this chapter looks at how and why successful healing is attributed.

This chapter examines three main factors that are suggested by case studies in the previous chapters:

1. Healers and doctors have different notions of efficacy born of different ideas of what sickness is and how it is caused.
2. The politics of the attribution of efficacy is the result of the inextricability of speaking and *tauhi vaha'a*.
3. There is a process of seeking help for sickness and knowing about illness which gives the impression of efficacious treatment, even when it is not.

The key case study poses the question: how can someone be successfully treated by the hospital and still attribute efficacy to a healer? I suggest that in Vava'u the attribution of efficacy as an act of speaking that evokes and attenuates relatedness is also intimately tied to a powerful sense of the divine in Tongan medicine.

That healers' ideas of efficacy have more currency is a reflection of the sense of the divine in Tongan medicine, the fact of there being so many more healers compared to doctors and a style of speaking that contrasts dramatically with the status-loaded style of many doctors' interaction with patients. Doctors seem more comfortable with instructions than explanation and thus constitute a particular kind of relatedness with their patients. There is a sense that talking medicine is a privileged discourse, like another register of Tongan language, which distinguishes you in status. For some doctors, to explain is to compromise that privilege. Though being slowly broken down, as a result of public health initiatives, this is certainly a barrier to effective communication and understanding from the patient's point of view.

Sickness and efficacy

With the possible exception of Akosita, who distinguishes herself now by treating the *sino* (body), the healers in chapter two locate the cause

of sickness outside the body, in the actions and motivations of *tēvolo*. Efficacy for them is less the biomedical idea of resolving pathology but influencing the agent of the sickness. Their locus of efficacy is immaterial and ultimately unknowable in an empirical sense, known only by their secondary manifestations in the behaviour of the sick. Pisila's assertion that 'Toutouofa's condition was a definite case of *fakamahaki* (*tēvolo* caused sickness) is reflective of the fact that, potentially, any condition, even if defined at the hospital can be defined as *fakamahaki*. Illnesses that puzzle the doctors and are poorly explained by the hospital or that result in death without adequate explanation are frequently defined as *fakamahaki*. One healer in Tongatapu saw many male patients with physical complaints, such as paralysis of part of their body, difficulty urinating, blood in stool and hemorrhoids, which they all regarded as *fakamahaki*.

People will seek attention at the hospital with symptoms of concern for which the hospital can find no cause or which it regards as inconsequential. For example, Lilopau once treated a ten-month-old baby brought to her by the mother who had already been to many healers and doctors in Tongatapu. She had also been to the hospital in Vava'u where both a doctor and health officer did tests and said the baby was not ill. She had thought he might have pneumonia.

She starts crying as she talks about how she attended a funeral where a lady recommended she came here to see Lilopau. She will stay until the baby is better. The baby has been crying endlessly since he was four months old. His leg shakes and his head rolls too much. Lilopau diagnoses *te'ia*, in her terms the most serious of the sickness she can treat, and the result of the slap of a *tēvolo*. When Lilopau *tulu'i* the baby's mouth, nose and eyes he cries, but not strongly. She then puts her finger into his mouth and presses down on the tongue. The baby gags. She explains she does this to make the baby *fefēka* (hard, tough). After several minutes of this, a lot of mucus appears and she takes her finger out. As soon as she stops, the baby stops crying. She then puts the baby, stomach down, on her lap and strongly massages his back. She then turns the baby over and presses hard around the lower groin and the testicles and a lot on the inside of the legs. I ask her why she massages him, 'Is it because the *tēvolo* gets inside the body and you

need to massage it out'. 'No', she replies, 'the *tēvolo* usually touch from a distance through the air. The massage is so that the person feels good.'²

Healers recognise sickness in a break in expected social functioning that follows from a notion of personhood as constituted in acts of *tauhi vaha'a*. To the extent that many biomedically defined conditions can cause or reflect such a break they can also be defined as *fakamahaki* (*tēvolo* caused sickness).

Healers claim to recognise *fakamahaki*, predominately, on the basis of the person's interaction with them and others. Siosiofanga, for example, knows that people are ill straight away from their face and the way they talk. She holds a widely held opinion, oft repeated by the healers I spoke to, that those who are ill find it difficult to meet the gaze of the healer, either looking away or staring into space. Siosiofanga also maintains that patients shiver when they talk to her. Many healers also commented on bizarre behaviour in a general sense. Pisila added '*Hange kuo mole hono fakakaukau*', (It is almost as if they have lost their capacity to think).

I sensed though that their explanations of recognition were for the more dramatic cases. In practice, however, the case studies in previous chapters suggest that in many instances recognition might be a lot more ambiguous. Maiepuho's illness was recognised on the basis of her response to a remedy being used for someone else, but it is also likely that someone had mentioned her changed behaviour to Lilopau. The patient's failure to meet the gaze of the healer, might well, on occasion, be the result of not wishing to be treated. Often it is household members, unconcerned by the wishes of the patient, who decide that treatment is necessary.

Successful treatment is indicated by an improvement in the person relating and interacting. Eye contact improves and there is usually a decrease in the amount of bizarre behaviour. As one healer from Neiafu explained, when the person is better '*Malimali mai, fa'a lea, longomui, 'ikai ke toe tokoto, matafiefia*' (The person smiles, speaks a lot, is

² This exchange made me laugh and reminded me of the scene in the film *Crocodile Dundee* when an aboriginal friend of Dundee says to the lead actress as she points his camera at him 'You can't photograph'. She replies 'Why, because you believe that the camera will take away your spirit?' To which the aboriginal guide retorts 'No because you have the lens cap on.'

vigorous, does not lie down anymore and has a happy expression on their face). Siosiofanga concurs but also mentions the importance of food.

*Te ne fakamatala, talanoa, lelei mo
kita. Fetu'utaki lelei aupito. Kai, ifo.
'Osi pē puke, kai ifo.*

They explain to you, they talk
comfortably with you, they relate
really well. When the illness is
over, they really enjoy eating.

The importance of enjoying food and eating was also salient in the improvement of Lalao and Maiepuho. Panuve's gratitude to Lealiki is pertinent in this respect, it was during the period of time that Lealiki treated Pouanga that he started eating. If not wishing to eat is a sign of illness and on occasion the result of a *tēvolo* feeding you, then wanting to and enjoying eating again is a resolution of illness.

***Fakamahaki* and death**

The association between *fakamahaki* and death brings into sharp relief the difference between ideas of illness and ideas of efficacy, as treatment can still be *'aonga* (useful) even if the person eventually dies. I recount several brief stories of people that others maintained died as a result of *tēvolo* involvement.

Many people told me about a schoolgirl who had died of *te'ia*, *puke fakatēvolo*, or *fakamahaki* around 1990. While people generally concurred on where she was from and the *tēvolo* that had caused the illness, few were sure of the exact details surrounding her death. One person, who knew her, offered a very brief chronology of her illness. She began having problems with one of her ears, several years before she saw a soldier *tēvolo* shoot her in the ear. She then started seeing her deceased father. On one occasion, while waiting in line in Form 5 for an exam, her father talked to her. She was ill on and off. They finally took her overseas to be treated where she was diagnosed as having hepatitis. They could not treat her and brought her home where she died.

In October, 1998, I heard of the dramatic symptoms of a woman from one of the outer villages. Some friends in Neiafu told me she had died recently

after being taken for treatment to Nuku'alofa for massive bleeding from all over her body. She had attributed her illness to the anger of a *tēvolo* whom she had seen after eating a mango taken from a cemetery nearby. The dentist confirmed that she was thought to have had *te'ia*, but when she was brought to the hospital she was diagnosed as suffering from Thrombocytopenia, on the basis of a blood test that revealed very low haemoglobin and spontaneous bleeding from the gums. Thrombocytopenia refers to abnormally low number of blood platelets in the circulation. Most of the household thought it was *puke fakatēvolo* but one of the sons was not quite sure and came to the hospital to talk to one of the doctors. The doctor persuaded him to bring her to the hospital. They gave her four units of blood at the hospital and then sent her to the hospital in Nuku'alofa. A healer had treated her up to that point.

In December 1998, a woman recounted to me how her twenty-five-year-old sister had died the previous year and had been buried on her birthday. She had a condition that the doctors in Nuku'alofa did not know how to treat. She had swelling and pain in the stomach area and on occasion was very weak and would vomit up anything that was given to her. She was sick for a year before she died. Three different healers treated her, but they could not help very much because they claimed she had been ill for too long. They thought it was *puke fakatēvolo*, even though her sister had not seen any *tēvolo*.

Though all three people had died from biomedically recognised conditions they were remembered as having died as a result of *tēvolo* involvement. *Fakamahaki* or *puke fakatēvolo* (used as a general category) thus can be attributed to any illness that is difficult to heal or impossible to treat, not only because the hospital has failed to heal it, but because any condition that is recognisable and has been brought to the hospital must be affecting their social functioning. In the absence of better explanations it is inevitable that the interpretations of local healers will take precedence and be remembered.

'Aonga-a local notion of efficacy

A term that encapsulates a more local sense of efficacy is *'aonga*. Even when people die, as in the above three cases, it is likely that treatment by healers would have been regarded as *'aonga*. *'Aonga* can be translated

as useful, of practical value, helpful, beneficial or effective. One of the healers in Bloomfield's survey characterised her practice in modest terms as '*Fanga ki'i loi fakatonga pe 'oku fa'a 'aonga*' (a kind of Tongan deception that is often useful) (Bloomfield 1986:68). This suggests that healers are sensitive to the perception of Tongan medicine by the medical establishment, particularly as Bloomfield was a nurse. Because of the attention of the healer, there will, inevitably, be behavioural changes in the patient in the short term, that will be mentioned to demonstrate some kind of improvement. Toutouofa, for example, experienced less pain as a result of Lilopau's treatment. Pouanga stopped talking to his deceased wife and stopped wetting the bed so frequently. On one occasion, Lilopau was called to treat an individual on his deathbed. Her attention was much appreciated, even though the man died within the week.

With a notion of efficacy such as '*aonga*' it is not a contradiction to attribute efficacy to every healer and doctor who participates in some way. Nor is it contradictory to have treatment from several different sources. The more help you get, the better. The ethics of healers cannot but lead to people saying that treatment was '*aonga*', out of gratitude and politeness, even if they then go to another healer. That illness has little materiality and is not located in the body leads to efficacy being understood in this weaker, less definitive form. The involvement of the healer in the household can be seen to encourage an attribution of '*aonga*' in two main ways. Firstly, the healers affect the social dynamics within the household, leading to a sense of intrinsic efficacy that would fall within the anthropological explanations I mentioned above. Secondly the great attention that is paid to the household and patient by the healer evokes and attenuates relatedness between them. On occasion, patients live with the healers and are looked after by them. To attribute efficacy to the healer in this context is thus to reflect and evoke this relatedness. It is not surprising that healers, whose involvement with the household is often considerable, go away feeling they have been responsible for the successful treatment of the condition. This is not to say that, on occasion, they are not responsible in some more intrinsic way, but it would be unusual, in fact a reflection of impoliteness, for them not to think this way. The importance of *tauhi vaha'a* also partially explains why people do not tell current healers or doctors of previous healer or doctors, nor of healer

or doctors they went to afterwards. They themselves might also find it inconsequential. It is also interesting to see, that with the passing of time, and as the relatedness established between the healer and household is no longer evoked and attenuated, there may be some re-evaluation of the efficacy formerly attributed.

The process of seeking help

Healers can be left with the impression that their healing was efficacious not only because, in most cases, families want to acknowledge their help and assistance, but also because of the process of seeking help. That patients do not return is mentioned by some healers and doctors as evidence for them getting better, whereas, in actual fact, they are with another healer. From the healer's perspective, it is in one sense not important. Having answered the request for help and fulfilled her duty she has no more responsibility for the case. What healers know about a patient after they have left them will no doubt vary, depending how the patient was recommended, whether they are *kāinga* or from the same village. For the healers I introduced and who treat people from all over the island group, it is unlikely that they are party to much news after the treatment. As few healers know each other well, and patients typically do not talk about their previous healing in very specific terms, and as healers invariably claim efficacy, once a patient no longer comes for treatment, those people familiar with the healer and her household are also left under the impression that the healing was successful. Healers invariably claim efficacy in stronger terms than are credited to them by the respective household. A healer's claim for '*aonga*' is more 'effective' in English terms, whereas for the household of the patient the attribution of efficacy might be a more 'useful' or 'helpful'. On many occasions, my association with healers and their families left me under the impression that their treatment had been successful in the first sense of '*aonga*', but in reality it was only the second.

Hangatamaki

The treatment of *hangatamaki* (a general category than includes a variety of boil, abscesses and other swellings) can illustrate this process. There are many people who have their own particular remedy for such conditions, and there are many terms for different boils and swelling in different parts of the body. *Hila kei lalo*, for example refers to a boil or swelling in the groin area. *Hulupa* and *mata'i ika* are *hangatamaki* on the hands, sometimes on the ends of the fingers.

While I am watching a video at Mameatu's (the health officer who lives closest to the hospital) house a young man comes and stands patiently at the door, his hand covered by a T-shirt and held up in the air. Mameatu lifts the T-shirt to expose a pus-filled swollen finger that is at least twice its normal size. The Tongan term is *mata'i ika* or *bulupā*. Though it is weeping, it has not burst. From the young man biting his lip we can see it is really painful. He says that he has had it since Monday this week, but Mameatu tells me later that he has had it for at least two weeks. In the operating room the patient explains how he went to about three or four different male healers for treatment, each one called his condition something different. I ask Mameatu why he finally came to the hospital? Mameatu explains that it is always pain that brings them in. The man mentioned that it was not so bad when he slept or when he did this or that, as if it did not matter that his finger appeared to be gangrenous. He cried quietly to himself when his finger was examined. Mameatu talks about saving his finger, with the implication that he might lose it. The nurse gives him a shot in the buttock and then takes him to the treatment room where he is given a local anaesthetic. With gloves on and using a scalpel, Mameatu opens up the finger on both sides. The man winces. Pus and blood oozes out. The nurse puts him on an IV drip and admits him. He will probably be operated on Monday. Having released the pus he feels a lot better. A week after the operation, I talk to him again. He talks about the healers he went to see. He was first treated for *fesi'ia* with oil and massage. After three days there was no improvement so he went to someone else who treated him for *mata'ika*, for two days with oil and light massage. The following healer called his condition *baki*, and treated him with six *tuitui* (*Aleurites moluccana*, candlenut). The final healer called it a *tama po'uli* and treated it with leaves covered with larger *nonu* (*Morinda citrifolia*) leaves. His mother and father finally persuaded him to come to the hospital.

Nifoloa, the dentist, argued above that it was treatment of boils that led to biomedicine reinforcing belief in Tongan medicine. Is the reason for

people going for treatment of *hangatamaki* to healers rather than the hospital due to the fact that it is regarded as an archetypal Tongan condition and believed to be unresponsive to biomedical treatment? This is ironic, considering it is one of the easiest conditions to treat with antibiotics. A focus on the process of seeking healing, makes us look at this situation in a different way. If we foreground the process of seeking healing, *kole tokoni* (asking for help), over diagnostic considerations, we see that it is inevitable that most cases of *hangatamaki* are treated by healers and not the hospital because there are so many more people who can treat *hangatamaki* from whom one can ask for assistance.

Case study (10) Katea: *tali mate* (to await or expect 'death')

The counterpoint to the dramatic stories of delay, that doctors use to characterise the interaction between hospital and healers, are the dramatic stories of patients being rescued from death's door, under the powerless and inept medical gaze. Many healers recount incidences of particular patients whom they saved from a state of *tali mate*. *Tali mate* literally means awaiting or expecting death and is often applied to the state in which patients find themselves when the hospital can do no more for them.

Churchward's translation of *mate* as to die, to be stunned or quite unconscious suggests that *mate* refers less to a well defined biological death than varying degrees of social death. Stories of patients rescued from *tali mate* are the most dramatic justification of Tongan medicine drawing on divine power. One man told me of the story his daughter who was seriously ill, sixteen years ago, when she was seven years old. He often talks about it:

She had a boil on her head that spread under her skin to other parts of her forehead. I took her to the hospital but the medicine the doctors gave her didn't really help. She became weaker and weaker, turned all white and could not move one side of her body very well. I went in search of a healer. I crossed the sea in my canoe to Vaimalo, before the bridge was built, and brought the healer back. The healer was really frightened of the doctors, so I told him this is my daughter and I want you there. The younger doctor called him a little bit stupid for believing in *tēvolo*. As soon as the healer put

his hand on her head the colour came back to her cheeks and she moved her body for the first time. I was so happy that I cried buckets. The doctors could not believe it. The younger one had only just qualified. The doctor later apologised to me in New Zealand, saying that he now realised that I was right. The treatment continued and involved taking different infusions; the boils eventually all cleared up. My daughter is alive but the healer is dead.

The following dramatic case study in which a patient was rescued from *tali mate* is particularly interesting in the disjuncture it presents between the attribution of efficacy and what 'actually' happened in biomedical terms. A biomedically trained practitioner might be perplexed that someone successfully treated at the hospital would still maintain that it was a healer that cured him? How can healers claim that a patient was *tali mate* when they had been successfully treated by the hospital? This narrative is important, not only because of the disjuncture it demonstrates, but also because such narratives are persuasive in encouraging other people to seek similar healing. Like '*āvanga*' narratives, they gain definitiveness through the passage of time.

Akosita and her household recommended I interview Katea, a patient whom she had treated in 1984 in a very dramatic fashion. The doctors had released him from hospital with three or four days to live; he had a condition that she had named as '*āvanga pupunu*'. Within a week, he was better and eventually went home completely cured. He now lives in Nuku'alofa.

'*Āvanga pupunu*' refers to a kind of '*āvanga*' manifest in a blockage. This diagnosis implies that at the time Akosita's conceptualisation of illness, in contrast to now, was more personalistic. *Pupunu* (to fill up, plug up, block up, stop up) can also be attached to *kahi* (name applied to various diseased swellings, such as goitre, scrofulous swelling and piles or hemorrhoids) as in *kahi pupunu* which Bloomfield translates as 'difficult and painful defecation' (Bloomfield 1986: 115). Such illnesses and conditions of a similar nature are the subject of much humour in Tonga, perhaps best epitomised in 'Epeli Hau'ofa's (1995) novel 'Kisses in the Nederends'. This details the fictional search for healing of an intractable stomach and digestive condition. Allusions to male hydrocele of the testicles form a staple of much teasing in *kava* clubs. It would indeed be an unusual *kava* club if mention were not made of my

companion's suffering or for having been treated for such a condition, once I mentioned the fact of my researching Tongan medicine.

Despite the fact that it had occurred some 16 years before, Katea had a convincing memory of the whole event, which he told in his house in the presence of his wife and Akosita's son. The main part of his narrative lasted half an hour. I summarise some of the most salient points and then focus on the final part, in which he expresses his gratitude to Akosita.

He recognised the start of his illness in a loss of appetite and a lack of energy, which then led to vomiting, when he ate certain foods. It got to the stage that he could only eat tomatoes. When his stomach starting swelling, he was taken to the hospital, where the doctors did many tests and gave him pills to swallow. He names all the three doctors who examined him and remembers the one who said that he had a liquid in his stomach and that they would need to operate to remove it. At one stage he was diagnosed with tuberculosis (TB) of the stomach. This was the start of his disenchantment with the hospital. It made him think as he could not understand how he could have TB in the stomach and not in the rest of his body. The injections he received, just in case it was TB, made him so tired that he could hardly move or talk. He had been there almost a month and he still had no appetite whatsoever. He did not want to be operated on and so requested some *vai Tonga* (liquid Tongan remedy) that gave him some relief. He had already been released home when he remembered how Akosita had once treated his son. He asked his wife to go to the market and request her help. Akosita came straight away.

'Oku sai, talamai a Akosita, ilo'i, te ke mo'ui pē koe, sai pē ia, ko e mahaki 'a koe, na'a faito'o pē e au, sai pe ia, tau ō ki 'api ke tokoto ai. Mau fakabeka leva, taba ua he tokonaki, mau alu leva ki ai, mau tau atu pe, fakabifo pulia 'a Akosita, 'ohovale pe kuo asi mai, taba ia, asi mai mo fo'i bowlu, fonu mai he vai, la'i akau ataata, lanu mata, la'i akau hange ko oku koa meimei vavalea mei ai, ma

inu, inu hange 'oku sio ki ai, ko 'ene a'u pe kia au pongipongi Sapate kuo mahino e faito'o. Fiu hono feinga'i ke u inu, ilifia hono inu fu'u labi 'a e vai ke u inu, feinga'i feinga'i pē, inu malolo, ma'a taimi ko ia. 'Ikai ke toe kai au, sio ke alu uike e tolu, 'ikai pē ke toe kai, ko ene' a'u pē ke Sapate, ha'u pē he efiafi he fa, toe asi mai a sina moe vai, vai tatau pē, omai ken inu, talange sai, ha'u pē pongipongi Sapate, te ke

talamai leva faka'ilonga, sio lava mahina e taba 'ikai keu toe kai, 'ikai ke u toe alu mama'o. 'U'u ae moa he pongipongi sapate, ofi pē ko e ta pē he lotu, o fafangu o mali, alu ki peito sio pē 'oku i ai ha fu'u to'onga haka 'oku mafu pē. Mate he fiekaia fanongo mai 'a Akosita mo Tui mei fale hoko mai leva ki tu'a eke mai leva pea ko e hā leva talange kuo mate he fiekaia, nau hopo mai o taa'i he moa kuo 'osi nono'o ai e moa ai mo e fu'u ufi i kulo hono lahi, alu pē o fonu, ilo'o o kai, 'ikai ke 'osi'osingámalie haka ko ia, kai ifo taba ia, talu me ai 'ikai ke toe ma'u e ifo o u kai ko ia, mate he fiekaia.

'Don't worry', said Akosita, 'you'll get better. The illness you have, I have already treated, don't worry. Let's go back home and you can rest there'. We got in the car straightaway at twelve o'clock on Saturday. We went straight there. Akosita got off straight away and disappeared. I was really surprised when she reappeared with a bowl, full of water and green leaves. It was frothy and almost slimy. I drank it continuously till the next day. By Sunday the treatment was clearly

working. They encouraged me to drink so often. It was frightening how much of the remedy I drank. I tried, and tried again, rested and eventually the bowl was empty. By that time I hadn't eaten for three weeks; when it got to four in the afternoon on Sunday, Akosita appeared with some more remedy to drink. On that Sunday morning, Akosita had told me there would be a sign. I hadn't eaten or defecated for about a month. I nibbled bits of chicken at the time when the bell rang for church and I woke up my wife. I went to the kitchen to see if there were any leftovers, but they were off. I was absolutely starving. Akosita and Tui heard me and came and asked me. I told them and they went off and killed a chicken that had already been tied up. They filled up a pot with large yams. There was so much it couldn't be finished. That was the tastiest food. I have never enjoyed food so much as I did then. I was so hungry.

Akosita told him he had a kind of *hangatamaki* in his stomach and that it would soon burst. She explained that he had *'āvanga pupunu*, and that a relative had been operated on for some kind of *kahi* similar to his condition and had died as a result of the operation. Within a week of being at Akosita's place, the *hangatamaki* burst, and a foul liquid came out of his anus. Akosita's household looked after him and gave him remedies for a total of three weeks. When he returned home he had lost so much weight that people did not recognise him. He eventually

moved down to Nuku'alofa where he now teaches. When he was ill a second time, he refused to see a doctor and asked for Akosita's help again. On recalling the second time she came to treat him, he pauses frequently to hold back tears.

'Oku ou sio kia Akosita 'oku, si'ene 'ofa, fakamole hono taimi faingata'ia pea 'ikai ke ngalo ia kia au. 'Oku 'ikai keu ave me'a ofa kia Akosita, te'eki ai ke anga. Ka kuo lotu pē ke lahi, ke monu'ia hoku foha kae a'u ke fakakaukau he ko e taba ia 'o e ilo'anga 'o e faito'o ko Akosita ko au. Pea ilo'i fakai'ivi 'a Akosita 'a e 'Otua ko ene 'ofa fefine 'ofa, 'ikai ke fakalau ke ha'u pē ha taba 'oku tu'uamalie pea tokanga ia ki ai pea li'aki mau'olu ko masiva, lahi ange tokanga 'a Akosita kiamau'olu oe tu'utamaki ia enau kai, pea kau au i he monu'ia 'oku ou kau i he monu'ia ko'uhi ko Akosita, pea 'ilo pē emau 'api ae me'a kotokotoa pē i he faito'o teu li heni o Vava'u ke omai. 'Oku ou tumutumu 'a e faito'o a Akosita.

Fakatumutumu lahi aupito aupito, ko'uhi 'oku i ai e faito'o a Akosita ke te inu pē omai ea ke hoto kete ke 'osi tu'u, mahalo pē na'a ke sio ki ai, omai ko ia puipui pē hoto kete pea ke lua, fakalua a Akosita e fo'i vai e si'isi'i 'osi'osingāmalie moe fiho katoa, manava, ka koe ko monu'ia he ko taba ia 'a e kakai 'a Akosita.

Mahalo koe fuofua tangata au na'a hanga o fakamafola lahi faito'o ko a Akosita i Vava'u. (ko'uhi ko enau a'u ke faito'o 'a e mata na'e Seilosi 'oku faka'ivi'i 'a Otua 'a Akosita) pea 'oku sai he 'oku i ai e kau tōketā ke nau sai'ia 'a e faito'o 'oku hifo ki ai a

Akosita ke nau hifo, kau mo nautolu ai , pea 'oku ou tui ki he faito'o fakatonga, kuo tui aupito aupito ki he faito'o fakatonga, ko'uhi ko ene hā pe fa'anga ki'i tamaiki iiki.

'Oku i ai mo e kau tōketā 'oku nau faka'ikai'i he faito'o fakatonga kae 'osi, na'e pubi'aki nautolu e kili'i fekika vau mai mo e kili'i tava faka'inu aki ki ene kei si'isi'i o mo'ui 'ikai ke toe hono omai he vai o inu fakaimu pea 'osi nau mo'ui pea nau faka'ikai'i e kili'i akau mo la'i akau. Ko e me'a pē na'a omai pē e Sehova e natula ke tauhi'aki he kakai.

When I saw Akosita, [Katea starts to cry], her profound kindness, spending so much time, dealing with my troubles. I won't forget her. I did not give Akosita a gift, I haven't managed it yet, but I was really determined to do so. My son is so lucky. I have realised that I am one of the ways by which Akosita has become widely known, that God has given her a power manifest in her 'ofa [his voice breaks with emotion]. She is woman of 'ofa. She does not pick and choose whom she treats, only choosing the wealthy and ignoring the poor. She looked after us a lot, paying attention to the problems in our diet. I am fortunate and blessed because of Akosita. Everyone in our house knows how

much I would contribute to bring her here. I am astonished by Akosita's medicine.

It is really astonishing because there is a kind of remedy that Akosita makes that when you drink it takes air into your stomach, maybe you've already seen it, it brings the *puiipui* (curtain, blind) to one's stomach to vomit, there's another that makes you vomit and gets rid of all the mucus so that you can breathe. Akosita's people are very lucky.

Maybe I was the first man to spread the news of Akosita's treatment in Vava'u. (*I was not able to translate the sentence in brackets*) There are doctors who like her medicine and come to see her. I

believe/have faith in Tongan treatment, I really believe very strongly in Tongan treatment, especially because its efficacy is evident from its use to treat small children.

There are also doctors who deny Tongan medicine, even though they were treated with grated *fekika* (*Syzygium malaccense*) bark or *tava* (*Pometia pinnata*) bark to drink when they were small. They are healthy as a result but they still deny it. That's why Jehovah made nature so that it could be used to look after people.

Comparing the narrative to hospital treatment

Katea was admitted to the hospital in mid September 1984 after being seen as an outpatient at a health centre for epigastric pain, followed by vomiting that he had suffered on and off for the previous three months. He had already received treatment for a peptic ulcer when the doctor made a diagnosis of 'ascites for full investigation and peptic ulcer' and detailed his symptoms of 'nausea, vomiting of saliva and gastric fluid, coughing, generalised enlargement of the abdomen with fluid'. His liver and spleen were not palpable. Nine days later, the doctor notes that his stomach appears normal and that, since his father suffered from TB, they should reconsider the therapeutic level of TB treatment. The following day a Mantoux test is negative; thirteen days later the doctor notes that the ascites appear to be reducing. On the 31/10/84, after six weeks in hospital, he is discharged home; the doctor notes 'G/C: good, chest: clear, abdomen: bumpy mass over epigastriis, PD TB Peritonitis or Ascites, Ascites completely absorbed now' and asks that he returns in two weeks.

The medical record confirms that in the doctors' eyes he was sufficiently better to be released home. The assertion by Akosita's son that he was *tali mate* seems a bit of an exaggeration, even by Katea's own account. From his narrative, it was unclear whether or not he thought he was going to die. There are many questions that this narrative raises. I focus, however, on Katea's attribution of efficacy to Akosita. I examine in chronological order the many interlinked factors that might explain Katea's attribution of efficacy to Akosita. At the outset Katea demonstrated a lack of biomedical knowledge as regards his condition and improvement once he was released from hospital. He talks about liquid or water in his stomach and TB. He seems unconvinced by the biomedical diagnosis, despite having been examined by several notable doctors. His fear of the operation is justified when he later learns that someone, who was operated on for a similar condition, had died. Any appreciation of his biomedical diagnosis, that he might have had, is buried under the clarity of Akosita's explanation and the prediction of a sign of his getting better. During her treatment he experiences the most dramatic change in symptoms, his initial re-discovery of his appetite, and his delicious first meal and the dramatic bursting of the *hangatamaki* in his stomach evidenced by the foul fluid that came out of his backside. He is overwhelmed by Akosita's attention and is genuinely astonished at her remedies. He is 'living proof' of Akosita's God given power manifest in her all-embracing love and consideration. When he recalls how she answered his second request for help, he is moved to tears and chokes when he says, *si'ene 'ofa*. In this context, *si'i* as a prefix to *'ene* (her) expresses great affection and appreciation for Akosita's *'ofa*.

His narrative is powerfully convincing and he is, no doubt, right when he claims that many people know of Akosita because of him. He expresses a mild exasperation with the doctors whose current good health, he claims, is the result of Tongan medicine when they were young, yet they deny it now in their later years. Katea's narrative suggests that, in some instances, the attribution of efficacy goes beyond the process of its attribution, discussed above, but also draws on powerfully emotive, religious notions of God's intervention and involvement. In some instances, the attribution of efficacy to Tongan medicine and the celebration of God's involvement in providing for Tongan people are one and the same thing.

The speaking and *tauhi vaha'a* of doctors

I have already characterised healers by their powerful eloquence and ethics of assistance. Compared to healers, doctors and, to a lesser extent health officers and nurses, differ greatly in the way they speak to patients. This is an important factor in the attribution of efficacy. Doctors, health officers and nurses are part of an institutional structure and have certain, rarely questioned modes of relating to patients-not unique to Tonga-that draw on ideas of status and associated modes of presentation. To many, they fulfil the stereotype of being 'clever, clean, confident, busy and arrogant' (Bloomfield 1986:190). They are contrasted with the 'kind, amusing, confident, but slow and not very clean' healers (Ibid: 190).

As much as doctors may differ from each other, their membership of an institution and local ideology of biomedicine makes them much easier to categorise than a number of different healers. Most people experience them in their role as doctors first and only then as individuals. With healers, there is some kind of prior knowledge or connection; one typically requests help through a friend or relative.

Doctors have a high status. All have studied overseas, and this is often celebrated in the local newspapers. Many are from high status families. A few have noble connections or are they themselves *matāpule* (talking chief). That the term, *tōketā*, used to describe them, denotes high status is suggested by the fact that most health officers and inspectors are referred to by this term, even though the majority of people have a clear sense of the difference between health officers and doctors. Health officers train in Tonga for three years; a long period of this time in the hospital. Their training is oriented towards the most common conditions they are likely to encounter.

Many doctors cultivate an air of distinction, that some would describe as arrogance, which reflects their status but which also constitutes a relationship of precedence in which the patient is *tu'a* (lower) in status. As one of higher status one typically gives instructions, not explanations. In the case of nobles, explanations are either not required or are expressed through their *matāpule* (talking chief). No doubt, patients reinforce this modality. Many feel shame and

are inhibited in the presence of doctors. As not to speak is to show respect, many people keep their explanations to a minimum. Doctors' experiences of patients reflect in part the respect they are accorded. One doctor, who had practised for many years overseas, explained to me:

Tongans are very poor at explaining pain. They do not give elaborate explanations of their illness. They just say the bare minimum. You have to ask lots of questions to get the information out of them. Some of the older people have more words. They don't give the whole story when presenting. You ask: 'What's the problem? Cough, Anything else?' 'No.' 'Do you have headache?'-'Yes.' You have to squeeze out the information. Their understanding of what they should tell you is low. Talking about sexual parts is also embarrassing. When talking about the scrotum they say *fakatangata*. I wish people would come straight out with what their symptoms are. If only they could give you accurate descriptions.

Could the reason for older people having more words be linked with the fact that they feel less shame in doctors' presence because of their age? My experience of patients, when they are with healers, is that they are very good at explaining symptoms, unless they are much younger and feel inhibited in the presence of the healer. Many Tongans talk about stoicism in the Tongan character that is a result of an upbringing which teaches you to deny pain, ignore problems or deal with them through laughter. One non-Tongan General Practitioner in Tongatapu regards Tongans as expert somatisers. She argues that they manifest their personal problems through pains in their bodies which they are taught not to talk about or draw attention to. Among men, particularly, I saw or heard of many instances of people being able to deny pain or paying it no attention. The story of the man with the boil is just one example; there was very little complaint, despite the great pain he was undoubtedly in. Pain, however, affects the enthusiasm with which people relate to each other. Despite little verbal confirmation of pain or physical problems, many people are able to tell, through the body language of the person, that there is a problem. Perhaps patients take it for granted that doctors will pick up the same clues of their pain as relatives?

A contrast can be made between the style and content of healers' speaking-which betrays an active *taubi vaha'a* to the household and a Tonga constituted in Christianity-and the speaking of doctors which

reveals a stylistic affirmation of stereotypical noble commoner distinctions. Healers' evoking their relatedness to the church endears them to many. Doctors' minimalist instructions and lack of concern with presentation, does not reduce people's confidence in their expertise, in as much as they still show respect and regard for nobles, but it does mean that they do not often understand or appreciate what the doctors or health officers are trying to do.

Certain words in privileged registries of Tongan language become common place as they are utilised for their seeming power and greater appropriateness in communicating respect and ability by people who previously did not have use of them. In a similar way, as I discussed in chapter two, privileged biomedical terms also enter into more common use, initially through their use by people to *tauhi vaha'a*. The use of terms, such as *fakatotokovi* that I discussed above, is an example of this.

Knowledge of the biomedical background of these terms varies but in general seems to be limited in Vava'u. The idea that biomedical knowledge is privileged, with people seemingly only having access to the terms, is only now undergoing a change due to rising rates of diabetes, hypertension and heart disease which clearly cannot be dealt with unless the public is well informed as to the processes and causes of such illnesses. That lack of understanding also explains why biomedical terms and techniques are so easily appropriated. For example, the great popularity of *vai* (liquid remedies containing a variety of plants) seems to be a Tongan appropriation of an earlier biomedical mode of treatment with the efficacy of the vital contents explained in religious terms (God *fakaivi'i* (putting power) into plants). On occasion, the specific plants may be given to the owner of the remedy in a dream. The fact that many such *vai* are named *vai Tonga*, suggests that the original inspiration was not Tongan.

People typically try to seek help in the hospital through or from relatives and friends. Once a doctor or health officer is a relative, from whom one feels confident in *kole tokoni*, their mode of presentation can change. Doctors and health officers feel a greater sense of obligation and also are themselves less comfortable in maintaining a high status position with respect to a relative, particularly if that person is *'eiki* (higher status) to them. However, as there are few doctors and health officer and not all are from Vava'u there are proportionally few people who can benefit from this change of attitude. Perhaps, one of the

reasons why Toutouofa's condition was not recognised earlier was due to her not having many relatives in Vava'u who could intercede on her behalf. I am not arguing that non-relatives get worse treatment, but that they are likely to receive fewer explanations and less communication.

In defence of doctors in Vava'u, they are limited by the restrictions of the Ministry of Health that employ them and often frustrated by institutional politics. During the time I was in Vava'u, two doctors and five health officers serviced a population of 15,000 and as a result were often overworked. Many doctors do not see their mode of presentation as a problem. They are probably comfortable in it; it reflects both what they were taught and how they regard themselves. They see dealing with pathology, rather than giving explanations, as their job. Many medical concepts are very difficult to communicate in Tongan, particularly as most doctors were trained in English and may have lived overseas for a long time. One of the characterisations of doctors is that they are *fakapoto* (of a kind, or in a manner, characteristic of experts). To not use the technical terms and academic language, associated with this characterisation, and to use instead the terms which are favoured by healers and many people in Vava'u may be seen as too much of compromise. Putting scientific concepts into Tonga is also problematic, as they are likely to be appropriated and understood in people's own terms. I discuss the attempt by the psychiatrist to translated psychiatric concepts into Tongan in chapter nine. Doctors' perception of healers as uneducated also hinders closer co-ordination between them.

Conclusion

Through examining efficacy as conceptualised by healers and the hospital, I have tried to do the following: (1) to negotiate a position between them, (2) to contextualise the narratives that reinforce the efficacy of their own healing practice and (3) to attribute a degree of the blame for delay to healers' practice, made by doctors, to doctors themselves. I suggest that doctors, health officers and nurses are implicated in the blame they ascribe to healers for delaying treatment, fundamentally, because of their failure to convince patients that they

understand their illnesses. Healers are not as opposed to biomedical practice, as doctors are to traditional practice. Many of them *tauhi vaha'a* to the representatives of biomedical practice through their use of terms, explanations given and remedies used; in some cases they are inspired by medical practice and this is evident in their voiced insistence that patients go to the hospital first.

There is a rarely appreciated symbiosis, in which healers and doctors inadvertently strengthen and support various aspects of each other's practice. Ironically, healers protect the hospital from blame for iatrogenic illnesses or poor treatment by explaining them in terms of *tēvolo* involvement. People who die in the hospital are often remembered as having been affected by a *tēvolo* not failed by the hospital. It is, therefore, healers' ascertaining the involvement of *tēvolo* in sickness, and lack of knowledge of more biomedical conceptions of illness, that on occasion effectively protect doctors, nurses and health officers from blame when biomedical treatments have not been adequate.