SICKNESS EXPERIENCE AND LANGUAGE :

ASPECTS OF TONGAN AND WESTERN ACCOUNTING

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ABSTRACT

In this study of Tongan healing practices, the author has chosen not simply to record participants' roles or medicinal preparations but rather, the concern of this study is to understand the 'doing' of sickness as a social practice.

Two main sociological techniques have been applied. Firstly, a hermeneutic - phenomenological approach was used to attain recordings of, and to analyze, the sickness theorizing of members of Tongan society. The 'sickness talk' of these members provides a record of some aspects of contemporary Tongan healing practices. The 'sickness talk' is also analyzed using Wittgenstein's concept of 'rule-usage' in the 'language game' of sickness. This form of analysis indicated certain individual and public relevances which are grounded upon the Tongan way of life. Thus speakers' accounts are analyzed in terms of what sickness talk 'shows' as well as what it 'says', disclosing cultural process instead of simply cultural product.

Discussion on 'diagnosis' shows that in order to define the problematic situation of sickness, the phenomena are organized into a classification, that is, members have to 'capture', 'fix', 'concretize' the confronting transient phenomena and apply a sickness label as a 'working definition'. Tongan sickness 'types' are shown to be not only different from Western 'types', but aspects of the process of constructing that difference are also shown to be implicit in the sickness talk. Diagnosis as a social process is not seen as the labelling of an 'objective fact', 'a sickness'; nor is therapy understood as being some 'thing' that gets a person 'better'. Tongan explanatory models, developed to explain sickness causation, differ essentially from Western explanatory models of sickness in that Tongans have developed a social model of prevention and cure while in the West, a

biological model has been developed. Explanation is understood here not as the causal accounting of sickness but as the explanation of enigmatic consequences.

The latter sections of the study on doing sickness as 'kinship' and as 'healer' not only add to the record on contemporary healing practices but also emphasize the Tongan social model of sickness. This study therefore, is not only a record, albeit a partial one, of contemporary Tongan healing practices, it also shows how these particular Tongans define certain sickness situations and devise a strategy to resolve that problematic situation. That is, it shows how committing certain experiences to language 'is' the ordering process. Rather than any magico-religious or scientific-biological model providing the basis of sickness practice in Tongan society, kinship is proposed as the underlying organizing principle.

The comparative mode of analysis, in relation to Tongan and Western sickness theorizing, avoids presenting Western explanation as a model by which Tongan theorizing can be evaluated. Instead, in analyzing Tongan healing practices showing knowledge and relevance(s), substantive dimensions of Western theorizing and practice are disclosed.

In selecting a limited number of members' sickness accounts over a period of six and a half months in Tonga, I have not attempted to randomly sample the Tongan population in order to generalize my 'findings' to the whole of Tongan society. Instead my interest has been to give an interpretation of some aspects of Tongan sickness theorizing which may or may not be altered by similar and more extensive studies in the future.

Contrary to what may be seen as being medical and anthropological expectations, Tongan traditional healing practices have not declined since Western contact, rather, they have developed from reportedly limited skills at that time, to an extensive network of healing practice today.

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VOLUME II

INTRODUCTION

Many studies on the sociology of sickness have been funded by Western Medical institutions oriented toward the perceived 'problem' of why people do or do not utilize orthodox medical services. From this perspective the public are generally seen to be the 'problem' rather than any inadequacies in the theories or practices of health managers.[1] The greatest 'problem' in New Zealand is seen to lie with the Polynesian people[2] yet little is known about what such migrant people do when they become ill, nor why they take a particular course of action, that is, the 'knowledge' and 'relevances' which influence the action taken.[3]

Western health managers seem to agree that health education programmes are the answer to the 'problem' and that these will work best when clearly articulated with the intended recipients' present state of knowledge and concerns (relevances). Yet it is the 'present knowledge' and 'relevances' which still need to be understood.

The Tongan people constitute one of the largest Polynesian groups in New Zealand and their healing practices have, hitherto, remained an enigma to Western health professionals who seek to provide a preventive and curative service. It is the concern of this study to provide an interpretive understanding of theories and practices which Tongans apply in everyday life as they experience varying degrees of 'wellbeing' and take action when the 'trouble' of sickness arises as an interruption in their lives.

To do this it was necessary to go to Tonga to understand Tongan views of the introduced Western healing practice in relation to their own indigenous healing practice and also something of the views of the Western-trained health personnel in Tonga. The introduction of Western medical ideas has been a gradual one. The missionary movement was perhaps the first western influence on the healing

activities of the people and the second was the inauguration of the Department of Health after the world influenza epidemic of 1918-19 which killed 1,800 Tongans, that is, 8% of the population. This was in the first year of the eighteen year old Queen Sālote's reign. A wireless station was establised in Nuku'alofa in 1920 and in Vava'u, in the north, in 1925 and has since become a major avenue for promoting western health values. Telephones were first introduced in 1919 and initially allowed the more affluent in Nuku'alofa immediate access to western health personnel. In 1929 the Fiji School of Medicine began to train selected members of Tongan society as assistant medical practitioners. By 1979 there were 28 western-trained medical officers and 13 medical assistants active throughout the Kingdom.[5]

In 1979 a World Health Organization (W.H.O.)-financed training programme for medical officers was introduced in Tonga with the objective of providing western-trained health personnel for the more remote regions of Tonga (the Kingdom consisting of more than 150 small islands, though not all are inhabited). These Tongan health personnel will be expected, when trained in 1982, to liaise between the people, the traditional medical practitioners (faito'o) and the western orthodox medical practitioners who are located in the four hospitals in Vava'u (Ngu), Ha'apai (Niu'ui), Tongatapu (Vaiola) and 'Eua (Niu'eiki).[6]

In general, the Tongan public and Health Department officials seem to be at variance over evaluations of the effectiveness of indigenous healing practices. Both lay and professional members of Tongan Society reported to me that for more than a decade, traditional healing practices have been proscribed by western-trained doctors. Several members reported that it was unlawful to practice traditional healing techniques and that such practitioners could face prosecution.[7] Possibly such statements reflect members' evaluations of publicized Department of Health policy rather than actual legislative or court practice While such impressions may have had some inhibitory effect,

they did not result in subterfuge or clandestine performance of traditional medical practice. Over the last decade radio broadcasts have presented western health practices as being the 'correct' therapeutic procedure and have challenged overtly and by implication, the 'validity' of traditional healing methods. It is perhaps not surprising that some members stated that they would not always report having tried traditional medicines before seeking treatment for a particular sickness from a hospital doctor. However, over the last two years, radio broadcasts have presented formal debates and discussions between exponents of both modes of healing technique.[8]

Discussions with a number of Tongan Medical Officers (western-trained) raised a variety of opinions about the effectiveness of traditional Tongan healing methods.[9] The disparate accounts seemed to me to be largely influenced by the extent to which the medical officers assumed my support for western practices, as well as other factors such as awareness of Health Department policy, the influence of their own specialized training, their practice being situated in the hospital (not the village) and so forth. There has, however, been recent acknowledgement by the Department's members that traditional methods do have some contribution to make to sickness management.[10] This has coincided with and is perhaps not unrelated to, similar evaluations presented over the last five years by such international organizations as the World Health Organization. Such global institutions with their concern for international standards of health care, as well as their membership expression of multicultural perspectives, have begun to give recognition to the effectiveness of traditional healing practices throughout the world. In 1978 a conference was held with the theme 'The Promotion and Development of Tradition Medicine.[11] Traditional medicine was defined as,

> the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical

> experience and observation handed down from generation to generation, whether formally or in writing[12]

... to wit, traditional healing practices in general, were brought out of disrepute and acknowledged as credible and effective by the W.H.O. members. It was decided at the conference that due to research thus far being 'heavily oriented toward medicinal plants' a misleading impression had been given that medicinal plants were the only contribution traditional healers could offer health care.[13] The report issuing from the conference contained such statements as,

> The traditional system of medicine in Sri Lanka meets the basic health needs (physical, emotional, mental, spiritual) of about 70% of the population

and,

> Traditional medicine presents several valuable solutions to the management of culturally-linked diseases and other health problems, and the reason for this spectacular success is that it is an integral part of the people's culture and they have a deep confidence in it[14]

again,

> W.H.O. recognizes traditional medicine's effectiveness in control of alcoholism, rheumatoid arthritis, cardiovascular disease, diabetes mellitis, various infectious diseases, burns, acute abdominal ailments, bone fractures, kidney stones and gall stones[15]

... which incorporates a most extensive range of illnesses (afflicting all people) as recognized by western medical practice. Traditional practices are also deemed to be an effective contribution in the management of psychological disturbances.[16]

Each of these conditions has previously been considered the sole domain of the physicalist-oriented western medical service. Having now recognized the effectiveness of such alternative practices, processes aimed at integrating these 'systems' of knowledge and practice are being sought by western health professionals. The main difficulty for these personnel, trained in a particular

professional mode, would seem to be deciding what is to count as 'valid' practice when evaluating the plethora of multicultural and multiprofessional[17] perspectives. That is, what grounds (epistemological) will be applied in order to assess 'validity'. The W.H.O. report cited above does not explicitly recognize this difficulty in the section on 'obstacles to integration' although it articulates other difficulties such as,

> Fear of litigation, since the legal apparatus tends to protect only the entrenched system to encourage monopoly, and even to proscribe other systems.[18]

As Dr. Robert Werner has said,[19] of the 5,000 million population in the world, 85% of the rural population still depends on the 'native healer'. Due to political and economic interests it is unlikely that this will change over the next century or more.

Current (western) interest in traditional healing systems reflects concern that researchers adopt a variety of methods or approaches in order to understand more than just the descriptive documenting of medicinal cures. Perhaps because therapies present the most conspicuous aspect of the healing process, previous research has tended to emphasize medicinal plants, tools and remedies as being the only contribution traditional healers had to make to the sickness experience.

The approach taken in this study emphasizes the significance of everyday theorizing about the phenomenon of sickness (here referred to as 'sickness talk') which is an intrinsic part of members' activities engendered by the problematic nature of sickness (the activities as a whole are here referred to as 'doing sickness').

My initial approach to fieldwork took the form of a literature search. This was restricted by the paucity of systematic accounts of traditional Tongan healing processes.[20] Much of the basic information, the collection

of 'facts' in the Positivist tradition, as products of a society's collective activities (the tools, plants, medicinal preparations, names of sickness, roles of participants, etc...) I began to record as a preliminary task.[21] This provided only limited understanding of Tongan healing practices. What at first appeared to be a Tongan medical 'system'[22] proved to be a false objectivation. There is no such systematic structure and no organized apprenticeship for healers, although their ascribed roles and shared cultural grounds (form-of-life) ensure that certain regularities occur throughout diagnostic and therapeutic procedures.

Following this initial fieldwork it was necessary to adopt a hermeneutic approach (refer following section) to locate the process of contemporary sickness activities. Fieldwork in the Kingdom of Tonga was conducted in the three island groups of Vava'u, Ha'apai and Tongatapu. Some preliminary information was also gathered from Tafahi Island and Niuatoputapu in the far north of the archipelago to ascertain if those practices differed from elsewhere in the Kingdom. This information was gained with the assistance of a Danish expatriate who has, for almost thirty years, lived in Tonga and adopted the Tongan way of life. This was the only member of that particular community I had contact with in the initial stages of fieldwork while I was still unable to communicate in the Tongan language. Through the information he provided it appeared that those communities practiced healing techniques consistent, generally, with other communities in Tonga.

As, to date, no extensive studies have been conducted on Tongan healing practices, this study concentrated on the larger island communities. The smaller, more remote, islands I did not investigate. It was reported[23] that because of the relative isolation of the outlying islands with limited means of transportation (and as there are healers who are readily accessible with a variety of skills) many villagers are unfamiliar with western medical knowledge and practice.

In Vava'u, my research was conducted in Neiafu and at Falevai and Kapa on the island of Kapa. In Ha'apai, research was conducted in Pangai on the island of Lifuka. On Tongatapu recordings were made in several villages near Nuku'alofa and at 'Ahau and Kolovai. On 'Eua, recordings were made with the assistance of members from all the villages as they gathered for festivities and work groups. Individual interviews were also conducted in 'Ohonua and at Houma. A total of six months and three weeks was spent recording discussion about sickness experiences. During the two months spent on the island of 'Eua, members discussions as 'sickness talk' were recorded with the assistance of a local Tongan resident who enhanced and clarified my enquiries. Her involvement was to encourage discussion about aspects of sickness to gain elaboration (rather than to pose directive questions) where it was felt that I would be unable to, due to unfamiliarity with aspects of Tongan cultural grounds of speech and action. The assistant worked with me to translate discussions but was not involved in the analyses presented in this study.

'Sickness talk' was recorded from four main groups of people so as not to limit the possibility of accounts. These groups were i) women's groups, such as weaving and tapa (ngatu) making groups, ii) families with adult participants of both sexes, iii) faito'o - traditional healers, iv) sick members, from whom it was thought a different account might be given of the situation from those of secondary accounts of the sick members' experience of sickness. The latter would provide a 'here and now' account of sickness and variation in accounting may have occurred as the sick individual is often not the decision maker who 'manages' the sickness situation.

All dialogue presented in this study is member's speech unless otherwise indicated. My part in dialogue has been om itted, where possible, to avoid tedious reading. My speaking as the researcher becomes therefore the theorizing presented throughout this study.

This study is a departure from other studies on sickness and health in that it is an experiment in a particular form of analysis, that is, of analyzing the sickness talk of members, the accounts of 'doing sickness', in order to locate some of their methods or rules of constructing the meaningfulness of the reality of sickness. This study is a 'beginning' and is not presented as a definitive statement on the rules of the Tongan language game[24] of sickness. While analyzing 'sickness talk' it became evident that such cultural practices are not a homogeneous activity but consist of individual variation and idiosyncracy, as I found throughout each community in Tonga.[25]

Such complexities of human activity confront any approach (theory and method) used by the scientist (natural or social) when attempting to understand people.[26] Even in the participant - observational situation which permits a latitude of communication and intersubjective understanding unavailable to the researcher using survey methods, the actors still tend to portray themselves as reasonable, sensible, 'good' subjects and may suppress information which shows them as being non-conformist, inconsistent, un-reasonable, complacent...and omit what they perceive as trivial or liable to diminish them in the interviewers 'eyes'. Thus all events accounted are re-constructed to 'suit' the situation as interpreted by the speaker.

While most researchers perceive such distortions as these, as difficulties to be overcome by concentrating on making their research methods more sophisticated, I have accepted this phenomenon as the natural intersubjective experience of human beings involved in 'impression management'.[27] Such public (linguistic) devices as members apply to people and situations, that is, their accounting practices, have become in this study the subject of analysis. The accounting practices recorded for this study are accepted as a norm-al, everyday, common-sensical, way of giving accounts of situations as interpreted by particular speakers. In everyday life, all social members communicate

with each other in such a way as to render their actions rational, reason-able, non-deviant...thus showing membership in their speech. It is this membership in a particular community which is so important in the inter-subjective experience of creating a socially constructed reality.[28]

The analysis of these rationalized accounts which actors give of sickness experiences (the sickness talk) reflects the reasoning and membership of the actors of a particular community. It also reflects my own membership to my ethnic community as well as to the social scientific community. Therefore I must acknowledge the difference in rational accounting made to me as an outsider, which differs at times from the accounts given to another member. Yet even within group membership, accounts vary according to 'who is to hear, or hear of, the account'. This is perhaps the first rule which can be located and is a universal rule of the speaking situation. That is, in sociological terms, defining a situation is a reflexive process,[29] reflexive upon the interpretational schemes of the speaker, upon language, time, place, people, etc.

In this study I have chosen to take everyday talk about 'sickness' as my topic. I have sought some of the methods Tongans use to account for the phenomenon of sickness and the intersubjective experiences and activities that occur, are mobilized, when sickness arises.

I have avoided lengthy discussion on traditional versus western medical practice, or medical systems as a whole. I have necessarily confined my discussion and analysis to address two issues or themes,

1) what does Tongan sickness talk 'say' about contemporary Tongan healing practice? That is, I shall treat sickness talk as surface, factual, concrete accounts of sickness and healing practice.
2) what does Tongan sickness talk 'show'? That is, I shall analyze the sickness talk, treating it as grammatical, processual references of sickness experience.

In addressing these two themes I shall attempt to disclose some of the methods or rules Tongan actors apply in order to account for the phenomenon of sickness, the 'language game' of sickness which is grounded upon 'forms-of-life'.[30]

FOOTNOTES

1. That is, those professional personnel who have the authority to formulate policy, direct financial and human resources, thereby controlling the organization and availability of Western 'health services'.

2. As noted in morbidity studies among the New Zealand population where Polynesian people usually rank low on any health index. Refer the 'New Zealand Medical Journal' or 'Trends', for examples.

3. The term 'relevance(s)' has become a technical term in the Social Sciences. In this study the term will be applied in the general sense of what is relevant to the individual, as well as what is publicly or culturally relevant, acknowledging that individual relevances are culturally derived.

4. In New Zealand a number of factors inhibited the possibility of conducting a study amongst immigrant Tongans, not least of which was an understandable underlying wariness (by Tongans) of European investigations.

5. Report of the Minister of Health in Tonga (1979: 24). The total population of Tonga at the 31st December, 1979, was estimated at 96,491 (ibid.: 2).

6. In 1979 the first two medical assistants went into general practice in Tonga (in Nuku'alofa).

7. Investigations into Tongan legislation and Court prosecution records disclosed no evidence to support these accounts.

8. Refer to the section of this study on 'Doing Sickness as Healer' for an historical perspective on the development of both healing modes in Tonga.

9. One senior medical officer provided a document of his own estimation of the limited utilization and value of current traditional practice and advocated its demise (see Appendix B). Another privately acknowledged and supported the frequent use of such indigenous

practices although he officially supported Department policy which promotes the western perspective while acknowledging limited physical and mostly psychological benefits of traditional practices. Others acknowledged the frequent use of such therapies while disclaiming any positive value. A recently deceased medical officer, Dr. Alo Eva, practiced both healing modes, as is widely known, and was most popular with the people in the northern islands where he practiced.

10. This opinion has been expressed over public broadcast (public forum) on at least one occasion. The particular occasion I refer to was one where I was listening to a discussion (on health practices) while in Tonga.

11. W.H.O. Geneva 1978; Technical Report Series 622.

12. Ibid: 8.

13. Ibid: 10.

14. Ibid: 11.

15. See also W.H.O. Chronicle on 'Traditional Medicine', No. II, Vol. 31, W.H.O. Geneva, Nov., 1977.

16. W.H.O. report op. cit.; Landy, 1977, pp 468-81; Murphy, 1979.

17. Here a distinction is made between lay members and professional healers in any culture.

18. Ibid: 19.

19. Lecture September, 1979, Atenisi College, Tonga.

20. Cf. Mariner, 1827; Collocott, 1923; Gifford, 1929; Weiner, M., 1971. Refer section of this thesis on 'Doing Sickness as Healer' for historical details.

21. There existed three records on Tongan plants and their composition and healing properties. Yuncker, 1959; Whitcombe, 1930; Weiner, 1971. I was later directed to two further sources, Tupou Posesi's collection and Croft and Tu'ipulotu, 1979.

22. As Collocott (1923) refers to it.

23. This view was supported by the W.H.O. organizers and Tongan trainees of the medical officer training programme established in 1979.

24. Wittgenstein applied the concept 'language game' to what I could otherwise express as thematic aspects of everyday life, such as 'dancing', 'fishing', 'retirement', 'government', 'sickness'...which have their language usage grounded in cultural forms-of-life. However, for the original implications of this concept refer to Wittgenstein's 'Philosophical Investigations'.

25. The practices did show resemblances to each other however, and could be understood in light of Wittgenstein's concept of 'family resemblances' as they are grounded upon the same (shared) form-of-life. See Wittgenstein, 1963: par. 67.

26. This is accentuated where two cultural forms are to be understood. However the problem is a matter of degree rather than difference in understanding (refer following section, p. 22).

27. A term applied in psychology referring to the manner in which individuals attempt to control other members' impression of themselves.

28. That is, collectively constructed and utilized interpretations of what is to be regarded as being 'real', 'true', 'actual'...by members of the collective.

29. Reflexivity differs from reflection in that it is not a consciously activated process of individual cognition. Like a reflex the moments of cognition spontaneously occur. See Berger P. and Luckmann T., 1966, on the reflexive moments of cognition.

30. Refer to the following section for a discussion on Wittgenstein's concepts of 'language game' and 'forms-of-life'.

THEORETICAL AND METHODOLOLOGICAL CONSIDERATIONS

I. A Hermeneutic Approach to Order and the Speaking Context

When theorizing method,[1] the writer rethinks the understood, interpreted, version of the speaking of former members in the sociological enterprize, to demonstrate identity and indebtedness to that tradition. It is considered 'good' theoretical and methodological practice that an author display the ideas which are 'used' in a study and which do not 'belong' to him or her, but to others who have gone before. This search for author-ship of the ideas now manipulated by the current theorist is a problematic task, for the exercise requires that I label 'this' idea (or part of an idea) as belonging to 'that' Other. Yet it seems the formulation developed in this study must be attributed neither to him nor to myself. The formulation becomes an admixture, an amalgamation, my interpretation of the ideas of former members and thereby is no longer the identity of the original, authentic ideas. It is instead my reconstruction, modification, addition, to a minute aspect of the whole of the ideas carried by this tradition. The aggregation of ideas is, at this point of time in writing, presented in a formulation which is at once not my own, yet is my own. Here and there I point to this member or that and remember that 'there' the hermeneutic tradition[2] of theorizing seemed to turn away from one perspective[3] toward another, such as where it turned from its philosophical base[4] toward Heidegger's emphasis on a phenomenological stance of grounding, ontologically, the phenomenon of understanding (per se) in the 'Life World'. In doing so, understanding was to be seen as being not a philosophical task, but rather the very essence, 'nature', of the condition of homo sapiens.

Heidegger's writing, 'Being and Time', also displayed the recognition that there is no 'truth' or 'objective

reality' apart from being-in-the-world. 'Truth' as 'reality' remained in hermeneutic theory, contingent on the preconceptions of the individual psyche and while such preconceptions influenced the individual's subsequent thought, they were also deemed necessary for any thinking or interpretive understanding to take place at all. Heidegger's phenomenological writings rejected Husserl's proposition that one could and should, begin with the 'bracketing-out' of assumptions, pre-conceptions, previous cognitions. While there was no objection to the thinker having to disclose his own pre-conceptions (so that the ensuing awareness could enhance 'understanding'), the disclosure of past biases, assumptions, could never be total and therefore any 'new' understanding which might be gained would be a tarnished enlightenment to some extent.[5] Nevertheless, the attempt to clarify ones understanding is central to any thinker (philosopher, social scientist...). Any modifications made to past assumptions, conceptions, would be a re-vision, a perceiving of phenomena anew and the re-thinking process remained the only route to authenticity (author-ship, authentic Being) in ones living and hence, in society. Thus Heidegger re-cognized that hermeneutic understanding involved self-understanding.[6]

The notion of the dialectic (Greek originated?) is taken up by Heidegger and subsequent members of the hermeneutic tradition[7] as a heuristic to explicate the cognitive process of looking beyond the 'factually given', the 'apparent' phenomena, in an attempt to apprehend the process (underlying and constituting the appearance) rather than accepting unreflectively the products, 'facts', before us. The conscious application of the dialectic, as the method-ic approach of the social scientist requires the engaging of the social members-to-be-understood in a dialogic encounter. This means the researcher in a social scientific study engages in dialogue with social actors rather than presuming observation alone will allow understanding to occur.[8] Thus 'meanings', as attributed by speakers, are intrinsic to any understanding of why social phenomena occur (cause).

Understanding, as cognitive process, is also dialectically processual[9] moving from preconceptions, to moments of receptiveness toward phenomenal states, modifying former conceptions; re-cognizing the parts of phenomena in relation to the whole, e.g. individuals and society; reflexively cognizing past, present and future impressions; apprehending the situation of the interpreter and the interpreted through dialogue; attending to the limits and grounds of language itself.[10]

Here I have moved too far for I attribute too much of the methodology of interpretive understanding to one, or a few members, for such a formulation has already been generated by many voices while content and depth of original ideas are forfeited in the condensing of theoretical and methodological grounds.

The course of history has accompanied the development of hermeneutic theorizing which in latter years has been assaulted by arguments over the 'relativity' and 'historicity' of the process of knowing.[11] Assertions that the aggregation of thoughts, explicated impressions and experiences, assumptions, 'facts', findings...we reference and reify as 'knowledge', can only be 'understood' by seeking the disclosure of historical grounds, have met counter-assertions of the impossibility of the task and resultant distortions. For the method or way of achieving this was never clearly explicated. Historical retrieval of grounds of knowledge, as epistemological and ontological origins seemed an impossible task leading to distortion and quesswork which inevitably must collapse into empty rhetoric. Counterarguments arose[12] that only through the retrieval of the time(s) and process involved in the construction of ideas, could disclosure prevent further reifications[13] and ideologies in theorizing and thus practice (praxis). Assertions of 'fact', 'truth' and 'objective reality' would waver and fall before the revealing (revelation) of such absolutes as having been constructed and contrived by human beings. For the conclusion must be drawn that no single, unitary, idea has a 'better', (more truthful,

absolute, a priori, divine...) foundation than any other; not even the recently developed 'scientific method' when applied outside the bounds of natural phenomena. Social processes were seen to be further masked, distorted, by the application of this Method to social phenomena. Again voices were raised in counter-counter-argument, with charges of solipsism, reductionism, nihilism...[14] in an attempt to render synonymous the concept of 'relativity' with the concepts 'meaningless' and 'useless'. In my view, 'relativism' can be replaced a propos notions of the 'intrinsic value' of knowledge and separated from the 'instrumental value' of knowledge. Although knowledge is 'relative', it does not make it meaningless. It is the utilitarian view which needs to assert the primacy of one mode of 'knowing' over another, in order to legitimate it's action (use). It is the 'telos' of utilitarianism which requires the annihilation of 'relativity'.[15]

The arguments and discussions continue with Schutz and the ethnomethodologists also presenting a hermeneutically conscious sociology operating within the Heideggerian notion of consciousness and understanding arising within the 'Life World' as the locus of all meaning. Hermeneutics has remained the detailed analysis of that phenomenon of intersubjective understanding, firstly as it applies to the 'understanding' required in theorizing Self and Other in theoretic analysis of individual cognitive processes and secondly as methodological application to understanding other social members in the course of (doing) research itself. Through the analysis of the process of Knowing and Being-in-the-world (Heidegger), the social theorist could develop techniques as method-ical approach to researching others in their situated context.[16]

Beginning from a theoretical perspective which stresses the uniquely meaningful character of the social process, the research task becomes the location of member's rules for applying meaning, labels, interpretations - a rationality that comes to constitute for them, an undoubted reality. This hermeneutic approach[17] to understanding others,

requires the understanding of members' ordering of experiences through the process, methods, rules, of converting their (unique) experiential world into a (common) symbolic universe.[18]

For the ethnomethodologists, meanings as rule-usage are seen as being intrinsic to the situation or context being defined. Necessarily such rules change depending on the speaker's definition-of-the-situation.[19] Hence, for them, the meanings of situations are not pregiven. McHugh argued that meanings 'emerge' in the course of speaking and are 'relative' to the unique biographies of the participant.

For ethnomethodologists then, language was seen as the principal mechanism by which members make their everyday activities 'visibly-rational-and-reportable-for-all-practical-purposes'. Speech could be analyzed in terms of members' indexical expressions.[20] However for the ethnomethodologists the rules of applying meaning in such expressions originate in 'the occasions of their use' alone. They were seen as being generated within the activities which they organize.

II A Hermeneutic Approach to Rule-Usage in Language Games

It is on this point, that all rules of speaking are contextual in origin, that disagreement has occurred among theorists.[1] While rule-usage can be seen to be generated by the speaking context and are therefore not a priori or absolute, other rules used in the assignment of meaning to situations and experiences are seen as being generated and modified through tradition. They are not in any way a priori or absolute but can be evidenced in the speaking context through the 'language game',[2] which reflects a particular 'form-of-life'. This is Wittgenstein's argument applied in sociological analysis.

The notion of 'rule' is itself problematic, depicting a 'concrete', 'definite', 'structure' which is to be 'seen' guiding human praxis (Knowing in relation to Being). Rule, as applied in hermeneutic-reflexive sociology, is no such objective facticity. It is not even a 'principle' which guides activity, for this concept gives rise to images of 'law-like' properties. Instead, rule can be depicted as the dialectical relationship between our 'doing' and our 'speaking', the unexplicated link between the experience and the account of the experience. It is the application or assignment of meaning by members to the experience, the 'ordering' process of enigmatic experiences into the realm of meaningful activity. McHugh[3] associates the concepts of meaning and rule in this way,

> meaning is not the content of the description of an object, but rather the rule which is used to assign the experience to a particular category... We perceive disorder then, when we cannot apply any rule to a situation.

Rules are agreements on how to apply language[4] (language-usage) to which no one (member) claims to have originated the agreement, yet each lives by the rule.

> The word 'agreement' and the word 'rule' are related to one another, they are cousins. If I teach anyone the use of the one word, he learns the use of the other word with it.[5]

Thus rules are reflexive upon the speaking situation as depicted by ethnomethodologists and there are also rules reflexive to 'forms-of-life', the cultural and natural grounds, which make that form of speaking possible in the first place.

Through rules, people create order out of disorder, typifications (Schutz) out of unique experiences[6] and as rules for meaning construction are also grounded upon forms-of-life, it is perhaps not surprising that similarities in formulation, modes of living and organizing

activities, can occur across different social groups.[7]

Wittgenstein appears to me to use the concept 'forms-of-life' in three different ways. Although he never (explicitly) defines it, the term can be interpreted as, i) a language community within a culture (such as a specialist language which differs from lay language usage), ii) as a cultural form of life, and iii) as the naturalistic properties of human existence. Each has its own measure of autonomy.[8]

It is necessary to expand on Wittgenstein's use of the term forms-of-life as culture and as nature as they are applicable to this study, in that 'sickness' is grounded both in social (and therefore cultural) relations, as well as biological occurrences.[9]

One discussion Wittgenstein has on forms-of-life as culture has as its theme the learning of a second language, having already learnt the 'mother tongue' (language). He asserts that at the base of these linguistic forms there are corresponding cultural forms of activities which differ from each other, experiences and activities which give rise to different forms of speaking. He recalls that our art, as another human objectivation, is likewise culturally reflective.

> Compare a concept with a style of painting
> For is even our style of painting arbitrary?
> Can we choose one at pleasure. (The
> Egyptian for instance)[10]

The forms-of-life here are the interactions of people of a particular historical time and culture.

However when Wittgenstein discusses forms-of-life he also asserts forms-of-life are 'given'[11] because they are fixed by the limited range of 'natural' human behaviour. For example, we do not normally laugh at death, get bored by danger or get angry at trees. A 'language game' may be constructed whereby some people construct 'reasons',

'meanings' for acting 'this' way although this is not a 'normal' way of behaving.[12] There are certain fundamental modes of behaviour which form patterns or regularities or forms-of-life. The language games of any cultural group are seen to be limited by the range of possibilities open to us as the human species.

Wittgenstein asserts, for example, that by nature and by training (convention) humans respond to someone with pain behaviour. We respond as if the person were in pain and expect others to respond similarly to our pain. If someone pretends to have pain we do not question the concept 'pain' but rather refute the genuineness of the situation upon subsequent information. To alter such conventions we would have to alter what we do, how we live, and all the linkages we make with pain, such as, comfort, fear, pity - not just between these words but between the ways of acting and speaking. These patterns of action and responses are part of natural and conventional forms-of-life which in these instances are universal. Thus part of what rests on convention is also 'given', that is, determined by its natural limitation.[13] However, cultural forms-of-life (conventions) are not always grounded on natural forms-of-life. For example, while sickness is often related to biological happenings, sickness may also be understood as having solely cultural grounds on occasions. The extent to which forms-of-life, underlying speaking situations, are natural or conventional is not at issue here. It is the notion of 'rule' which reflects forms-of-life as expressed in the language game of sickness (doing sickness) that this author seeks to disclose.

Through the works of the ethnomethodologists and Wittgenstein, hermeneutic theorists (Baumen, 1978; McHugh et al., 1974; Sandywell et al., 1975) begin to argue that understanding social actors arises not from any attempt at empathetically[14] grasping the feelings and thought processes of the 'other' but by grasping that relationship between language and behaviour in the analysis of social meaning. That is, an interpretive understanding could be attained

through locating[15] how a member understands that 'this activity' is meant by 'these words'.

> It is what human beings say that is true and false and they agree in the language they use. That is, not agreement in opinions but in forms-of-life.[16]

For Wittgenstein then, language is the embodiment of a form-of-life, that is, a way of living and of construing the world, and language is seen by him as the limit of the way of knowing the world.[17] 'Understanding' therefore, consists of locating meanings, concepts, symbols in communally grounded usages (public criteria, Wittgenstein) and not in the unknown intentions of the user. As Baumen[18] writes,

> I need not be a West Indian boy from Leicester in order to understand a West Indian boy from Leicester... I am not my wife; neither am I my friend Michael; yet we understand each other very well... Understanding, as it were, is not about 'feeling the feelings' and 'thinking the thoughts' of others, but about sharing a form-of-life'.

Cross-cultural understanding, Baumen argues, is 'not a different task', though some may argue it is a more difficult one where the interpreter (social scientist) must first locate the other members' cultural grounds. Then again, it can also be argued that cross-cultural understanding is not a more difficult task as the difference(s) in cultural grounds are more apparent than those obscured by familiarity for the researcher understanding (analyzing) his own culture.

Hermeneutic understanding,[19] (interpretive understanding) is the same process in both cases, the location of 'rules' which assign meanings to actions or situations and the forms-of-life which are disclosed in that rule-usage.

III A Hermeneutic Approach to Rule-Usage in Sickness Talk

I will address the analysis of rule-usage in sickness praxis (doing sickness and sickness talk) by commencing with an example. This example depicts a child who drops his food on the ground and bends down to pick it up and eat it. The child's mother, on seeing her child's action and interpreting the situation, says,

> No, don't eat that now, it's dirty!

The talk says, or conveys, the message to the child, that he is no longer to eat the food she has given him. The talk shows as a 'gloss' (Garfinkel), that it indexes other statements, such as,

> I gave you the food to eat, but now that you have dropped it on the ground you may no longer eat the food, though you may want to, because the ground has dirt on it which carries germs, which may make you sick. I will have to give you some other item of food to eat which is free from germs... etc.

This talk, not unfamiliar to most readers, not only represents the index in the first statement but also 'shows' the tradition or grounds which make this talk sensible, rational, possible, in the first place. The talk is grounded in the assumption that 'germ theory' as the warrant for the aetiology of disease (and as accepted in Western society) is 'correct'. It is 'good' speech. That is, it is grounded in a convention that is accepted by other members of that society that it is a reasonable, rational, statement to make. The speech is grounded in the form-of-life as convention. It is also grounded in a more fundamental form-of-life, that is, the biological fact that people do 'get sick', experience 'sickness'. Sickness must itself be seen as a possibility to make the statement reason-able. It would not however, be reasonable, logical, within our cultural or natural experience to say,

> '... otherwise you will turn green'.

Hence the simple statement, first presented, can be analyzed in at least three ways, that is, what it says, what it shows indexically, and what it shows as tradition

or grounds.

Meanwhile it is sufficient to say of the above example that it can be seen as part of the grammar of western society.

The general rule here is one of 'prevention'. Members do take steps to 'prevent' dire consequences from occurring,depending on what is culturally and individually relevant. The 'steps' taken are 'to act' or 'refrain from acting' in a particular manner. In this case, doing 'prevention' requires the reassigning of an object from the class (type, instance, category,...) of 'edible' to 'inedible', pure to impure. The grammar consists of the unspoken rules which are employed to assign, differentiate, the object into one category and not another. The unspoken rules in this example may be tentatively explicated as,

> Food which has been on the ground is not to be eaten; the ground contains more 'dangerous' germs than one's hands do and therefore are more likely to make you sick (even though hands are also contaminated); when in doubt, don't eat it...

However, the rules of western sickness are not necessarily those of non-western sickness talk. The initial statement, not uncommon in western culture will not be heard in Tonga, for example. The example shows the auspices (grounds) of the statement can be located in germ theory, that is, the biological model of disease aetiology. In contrast, traditional sickness theories in Tonga are grounded in a social model of sickness, as shall be shown. Therefore the above grammar, rule(s), does not apply, is not logical, rational, reasonable in conventional Tongan speaking.

Thus when we speak we do not speak in an arbitrary manner. When we speak we show membership, not uniqueness of experience but common-ality, communal-ity. Such regularities are not just in speech however, but are grounded upon certain forms-of-life. Wittgenstein and the analytic theorists (such as Sandywell, McHugh, Blum,...) in the

hermeneutic tradition, argue that we should locate not just the commonality in speaking (agreed ways of members' speaking, membership talk) but also the commonly shared forms-of-life which ground the speaking, make it possible in the first place. That is, as sociologists we may analyze speaking (socio-logos, social speaking) noting the grammar of that speaking, the rule(s) which guides (limits, makes rational, is the rationale for) that reason-able speaking. Grammar is thus the method-ic way in which we talk about a topic.

To locate 'rule' does not mean the social analyst conjures up, fantasizes, 'any' rule. Rule must be demonstrable as a reason-able 'rule' evident in the grammar of the theme.[1]

Conceptual questions, Wittgenstein asserts, often seem to us to be empirical questions (even scientific) but are really grammatical instead

> You interpret a grammatical movement made by yourself as a quasi-physical phenomenon which you are observing ... we predicate of the thing what lies in the method of presenting it.[2]

In answering questions about how people come to 'think' or 'know about' the things they do, we must study the grammar of that knowledge.

The distinction between grammar and rule is often unclear however. McHugh et al.[3] present grammar as being that which places, moves, a rule into position, into a behaviour or phenomenon.[4] McHugh argues that grammar assigns rule, is the 'procedure' to link rule to a phenomenon. McHugh also says grammar is the rule connecting the experience with the event or phenomenon. Here grammar and rule are synonymous. In this study, I will present a general rule apparent in the grammar of thematic speaking, such as the rule of 'prevention' cited above, as well as presenting the grammar of thematic speaking as specific rules for assigning meaning, such as, 'food which has been

on the ground ... when in doubt, don't eat it', also cited above.

To study language is not to omit human activity, social action. Wittgenstein has shown us that we learn word meanings not by matching sounds to objects but rather in a living, experiential context, that is, by carrying out the activities appropriate to the concepts.[5] The underlying sense of words and concepts lies in the rule of application.[6] Social membership requires the appropriating of correct conceptual and behavioural linkages, that is the correct application according to public criteria. Language usage is thus activity[7] and hence 'words are also deeds'. Thus our conversation is our world, language does not simply mediate for an extralinguistic world.

This belays the criticisms of those who would argue that to study language is not to study the social world but only a small, incomplete, aspect of it. It is possible, indeed, to study people by studying language usage. The language (usage) in sickness talk contains a set of concepts logically linked to processes in everyday experience. This is not necessarily the logic of scientific rationalism but rather it is a logic of everyday rationality[8] linking experiences, actions, of individuals to the collective expression of a particular form-of-life.

It should be noted here that locating forms-of-life which underlie particular language games may not lead to spectacular comment, and in making

> ... remarks on the natural history of human beings, we are not contributing curiosities however, but observations which no one has doubted, but which have escaped remark only because they are always before our eyes... The aspects of things that are most important for us are hidden because of their simplicity and familiarity. The real foundations of his enquiry do not strike a man at all. Unless <u>that</u> fact has at some time struck him.

> And this means we fail to be struck by what, once seen, is most striking and most powerful.[9] (emphasis original).

In attempting to retrieve the historical grounds or tradition which enables speech, the investigation is not concerned with 'objective' or 'ultimate truths'. Rather, it is an attempt to discover how social members, including the researcher, create the very phenomenon of 'sickness' in the process of 'doing sickness' (sickness praxis). This is an attempt to understand how particular individuals have come to theorize about the nature of human 'sickness' in a particular way. However one must be wary in the pursuit of explicable rules which link the activities and meanings.

> The search for all-encompassing rules is endless and never successful. We only end it by practical considerations ('getting on with things'), when dealing with particular instances.[10]

Talking abstractly about rules and rule following, Wittgenstein tells us, will not help us to understand human activity. It is necessary to point out specific examples, that is, 'normal circumstances', as indications of rule usage. It is not possible to formulate these rules precisely however.

> What is 'learning a rule'? - This
> What is 'making a mistake in applying it'? - This
> And what is pointed to here is something indeterminate[11]

It would seem that in order to locate rules which are indefinite and unspoken the analysis would disclose not a profound and conclusive account or list of rules, but rather a partial analysis of some speech, enough to indicate to the reader the phenomenon of meaning construction as being related (by the speaker) to rule-usage. The analysis needs to show what these rules may be like as well as some grounds of those rules in theorizing about our sickness experiences.

It would be analytically unnecessary for both reader and writer to analyze all the sickness talk recorded for this study. Therefore, I have selected the speaking which, to me, seemed to 'show' rule-usage more clearly than other formulations of speech. Different selections may have been made by other writers.

I could also have selected only one dimension of 'sickness talk' such as that relating to western notions of diagnosis. Instead, I recorded any theme which occurred to the members as being relevant to a discussion on 'sickness' rather than my imposition of limits to their speaking. This seemed to me to be more in keeping with the hermeneutic tradition of an open dialogic encounter, the understanding of the parts (of sickness experience) in relation to the whole through that dialectic (open dialogue).

FOOTNOTES

I A Hermeneutic Approach to Order and the Speaking Context

1. This 'method' refers to the principles or philosophy underlying 'Method' as procedural steps to conducting research fieldwork.

2. Hermeneutic theorizing arises from the Greek concept hermēneuein, meaning to interpret (translate, explain, illuminate) and came to stand for the methods used in philology for the interpretation of texts (initially religious) and more recently as the major alternative approach to the Positivist methods applied in Social Science. Cf. Palmer, R., 1969; Gadamer, H., 1960, 1978; Outhwaite, W., 1975; Connerton, P., 1976; Habermas, J., 1971; Baumen, Z., 1978.

3. Such as Dilthey's 'scientific hermeneutics'.

4. See Schleiermacher's contribution to philosophical hermeneutics in Palmer, R., 1969.

5. That is, 'understanding' is never complete. The process of 'understanding' is an attempt to reduce misunderstanding (see also Baumen, Z., 1978).

6. Although Western theorists attribute such notions to the days of Greek mastery of thoughtful analysis, there is always a dilemma of attributing ideas to 'this' or 'that' theorist.

7. Tradition here becomes a reference to critical inquiry, the re-reading of the latent 'logos' (speaking) in 'other' speaking and is not to be confused with Tradition as the authoritative icon of conservatism. Cf. Sandywell et al. 1975: 27.

8. This can be taken in reference to scientific - positivist — behaviourist methods including observation in the experimental situation or survey questionnaire techniques.

9. Often referred to as being hermeneutically circular (Gadamer, H., 1960; Habermas, J., 1971; Giddens, A.,

1976) or a hermeneutic spiral (Mehan, H., and Wood, H., 1975).

10. Heidegger, H., and Gadamer, H., ibid).

11. See Rosen, S., 1969; Habermas, J., 1971; Keat and Urry, 1978; for such arguments.

12. See Gadamer, H., 1960, 1978; on notions of 'historicity'. See also Palmer, R., 1969; Ricoeur, P., 1974; Baumen, Z., 1978; Giddens, A., 1976; for various branches of the hermeneutic tradition of inquiry, each of which develops the notion of time and the process of constructing ideas.

13. Reification refers to the apprehension of human constructions as if they exist in the world in their own right, that is, independant of human activity. See Berger, P., and Luckmann, T., 1966: 106-7.

14. Rosen, S., 1969; Habermas, J., 1971; Fay, B., 1975. In the 'language game' of scholarly polemic there has emerged two modes of critique. The first takes the form of critical domination where one theorist attempts to annihilate another's theorizing through charges of relativisim, solipsism, nihilism, reductionism...and other such -isms, as if these concepts can dismiss the speaking or writing of the other. This critique of domination is used to assert the 'rightness' or 'goodness' of one speakers authoritative account as a dismissal, annihilation, of the total theorizing of the first speaker. This is substitution rather than collaboration. The second mode is that of critical inquiry where scholars collaborate to inquire into the speaker/writer's grounds of speech in a mutual evaluation (collaboration) of the 'successful' disclosure of possibilities (auspices of each member's speech).

15. Positivism, by definition, is a perspective which holds that the scientific method can lead to explanatory and predictive knowledge about the external world. Prediction has as its 'telos' utility.

16. The telos of the Critical Tradition is hermeneutic inquiry and not the rhetoric of domination. This re-search not only attempts the disclosure of other member's grounds of speaking (social research) but also makes attempts to locate its own. (For an in-depth account of this dual theme in the Critical Tradition, see Sandywell et al. 1975. For the possibilities of achieving this in this study, see the Addendum to this study).

17. See footnote 12 for various aspects of the hermeneutic perspective.

18. Heidegger argues for an awareness of difference between the experiential level of knowing (Being-in-the world) and the symbolic expression of that experiencing. To him both realms exist and it is possible to know more about the level of experience than that which a language can express.

19. Garfinkel (1967) contributed revealing displays of members' assumptions about 'normality', 'routineness', and 'rationality' in their methodic construction of an 'objective reality'. Disruption of members' ordered everyday lives disclosed the taken-for-granted 'expectancies' (Garfinkel), thereby reiterating the dictum that defining situations as being 'real' produces a real world for its participants (W.I. Thomas).

20. An indexical expression is one which is treated as an index of an underlying reality, which is made explicable through locating it in its proper context. An objective expression, on the other hand, is one which makes sense in itself, in terms of itself. It can be said to be explicable without reference to any specific context (Garfinkel, 1967).

II A Hermeneutic Approach to Rule-Usage in Language Games

1. For 'rules' in ethnomethodological analysis see Douglas, J., 1974; Filmer et al., 1972; Garfinkel, H., 1967; Cicourel, A., 1964, 1968. For 'rules' in

reflexive hermeneutic analysis (analytic theory) refer Sandywell, B., Filmer, P., Phillipson, M., Roche, M., 1975; McHugh, P., Raffel, S., Foss, D., Blum, A., 1974.

2. Language games are to me themes of 'speaking and doing'. Wittgenstein (1963, pars: 7:19) describes the language game concept as,

> ... the whole, consisting of language, and the actions into which it is interwoven. Consequently where such language and action are intermeshed, to imagine language is to imagine a form-of-life.

3. McHugh, 1974.

4. Wittgenstein describes a man who tries to find a 'rule' for collecting all the tools in a toolbox. It cannot be done. However, what all the tools in the toolbox have in common is that they are tools. Thus, rules do not apply to concrete items but to relationships. Rule-usage is applied through un-conscious habit. 'Obeying a rule is a practice' (ibid, par. 202). Following a rule is analogous to obeying an order. Such regulations are to be taught through 'examples' and 'practice' (ibid, par. 206, 219, 208).

5. Wittgenstein, ibid, par. 224).

6. That is, commonly understood classifications out of individual enigmatic experiences.

7. The existence of properties in common to such a remarkable degree cross-culturally led Levi-Strauss to claim that all men organize their knowledge in a common way. Levi-Strauss argued that these common properties are 'unconscious' and are, he insisted, a naturalistic species property of mankind.

8. I have chosen to explicate the term as other theorists have done (e.g. Baumen, Z., Clegg, S., ...).

9. Sickness also affects both psyche and soma whether sickness instances have biological or psycho-social origins.

10. Wittgenstein, 1963, par. 230.

11. Ibid, par. 226.

12. Language games may be constructed to dominate these responses, for example, altered responses to pain and suffering occur in times of war, terrorism, or assassination, or again, people may refuse to partake of food in spite of 'natural' hunger. Nevertheless these are abnormal responses to abnormal situations and can never provide the grounds for the everyday life of a society if the group is to survive. Even the soldier separates wartime activities (language game) from what he recognizes as everyday, normal, responses when he goes home on leave, for example.

13. This is not unlike Marx's observation that 'consciousness does not determine life, but life determines consciousness'.

14. This concept of verstehen or empathetic understanding (Dilthey, Weber) has often been translated as meaning 'to put oneself in the 'place', 'shoes', or 'mind' of the social actor', that is, to think and feel as he does.

15. A technical term referring to the mode of analysis, the location of rule that assigns meaning to action.

16. Wittgenstein, 1963, par. 241.

17. To Wittgenstein, language as the linguistic structures of meaning re-present reality. There is no stepping outside language to view reality anew. To go beyond language is to move into the meaningless, that is, meaning is intrisic to language '... the limits of my language are the limits of my world'; ibid. Other (hermeneutic) theorists argue that language is not the limit to 'knowing' world (Heidegger, Gadamer,...).

18. Baumen, Z., 1978: 217.

19. Hermeneutic theorists assert that there is no state of complete or absolute 'understanding', only a 'struggle against incomprehension' (see Baumen, Z.,

1978: 195).

III A Hermeneutic Approach to Rule-Usage in Sickness Talk

1. McHugh, R., Raffel, S., Foss, D., Blum, A. (1974), attempted a collaborative retrieval of such grounds of speaking and discussed the grammars, ways of speaking about concepts such as 'motive', 'bias', 'evaluation', 'snubs', 'travel', and 'art'; locating a form-of-life which could be seen to underlie the grammars. The link between form-of-life and the grammar used in talking about such topics is the rule. For 'motive', the rule given was 'an observers rule of relevance'; for 'bias' it was the rule of 'a notion of objectivity', etc. Grammar here links the phenomenon to the available corpus of designations, that is, 'grammar is a (collection of) rule(s) of use for the doing of an ascription'; ibid: 37.

2. Wittgenstein, 1963, par. 401.

3. McHugh et al., 1974.

4. Ibid: 37.

5. However the language games of words are not fixed, new ones develop and past ones disappear (Wittgenstein, Op. cit., par. 23). For example, today we are more likely to speak of going to a 'pot party' rather than a 'barn dance', or, speak of sickness as being due to 'germs' rather than a 'disturbance in bodily humors'.

6. Wittgenstein, op. cit., pp. 80-88.

7. Ibid., par. 23.

8. And one kind of logic cannot be judged, evaluated, by another as Wittgenstein shows in his notion of forms-of-life, or, as Feyerabend (1972) shows in his notion of the 'incommensurability of paradigms'.

9. Wittgenstein, op. cit.: pars. 415, 129; emphasis original.

10. Silverman, 1975: 54.

11. Wittgenstein 'On Certainty', 1970, ed. par. 28.

HEALING ACT AS DIAGNOSIS

This chapter begins with a discussion on sickness as a phenomenal experience which occurs to us all in one form or another at different stages in our everyday lives. Of concern here is the intersubjective experience of assigning meaning to the trouble of sickness. From this perspective it is possible to gain an understanding without adopting a focus based on western assumptions about the phenomenon of sickness.

Secondly, the concepts of 'health' and 'sickness' are discussed in relation to Western and Tongan everyday life. The processes of construing and applying differences in conceptions, are indicated throughout the sickness talk.

Thirdly, elaboration of Tongan methods of typifying sickness experiences will be shown as being implicit in sickness talk. Not only are the dominant typifications, notions of physical susceptibility and sickness and sub-categories of Tongan sicknesses described, but rule-usage in the assignment of such meanings is also indicated.

The final section consists of a re-view of the concept of 'diagnosis' as it appears through what sickness talk 'says' (as a concrete, 'factual' account) and what sickness talk 'shows' (as a grammatical account) through an analysis of the notion of rule.

Where sickness talk is presented, the speaker's designation will be signified by a letter inscribed after the numerical order of speaking. That is (V) will represent a Villager's account; (H) will represent a Healer's account; (N) a western-trained Tongan Nurse; (A) the researcher's Assistant-interpreter; and (R) the Researcher (or myself). This will be done in an attempt to clarify, identify, lay-members' speaking from other accounts. Where possible, my own speaking has been omitted.

I Diagnosis as Intersubjective Experience

1.

When facing any problematic situation, any dilemma, trouble, confusion, issue in which members are obliged to take action they must first 'define-the-situation'.[1] This would seem to be a fundamental process in all cultures.[2] People can only interpret, define, attribute meaning to situations in their everyday lives through locating in thought the 'most likely' meaning, the most appropriate definition out of all possible definitions, applicable to a particular situation. The experiential, or situated phenomenal experience, is problematic until it is given identity (problem identification), that is, is labelled as being meaningful in 'this' way. It is only when the situation has been 'identified', or defined, that group members can proceed to act meaningfully, that is, according to the definition given; to take action intended to overcome, remedy, a trouble in their lives. Thus it is by problem identification, labelling of the situation, explicitly or implicitly, that problem resolution, that is, appropriate (logically consistent) action can be initiated.

The cognitive process of problem solving is utilized in all aspects of everyday life whether choosing what clothes to wear to the office, whether to go fishing, what to do when one's spouse dies, whether to amalgamate one firm with another .... and so forth. This process as a cognitive act requires selecting from the multiple factors and dimensions that constitute the sum of information relevant to the problem at hand and to the individuals involved.

Members do not, however, approach every situation in their lives as if it were a puzzle, a problem. Human cognition relays a (cognitive) continuity whereby we transfer images from the past allowing present encounters to come to our attention as being familiar.

Meanings relayed from past to present consciousness, although seemingly individual, are socially derived. Members attribute meaning from publicly acknowledged (created and derived), socialized meanings. In this sense public criteria constitute the formulations to be employed. The rules have been prescribed. However, public criteria are manipulated, adapted, and applied according to the individual's cognitive processes. The defining criteria selected by the individual's conative operation allow the individual to select and apply meanings in 'this' formulation and not 'that'. This selecting process, as has been mentioned, depends in large part upon the domains or 'systems' of relevance pertinent to the individual's schema at any particular place and time. Out of all possible meanings, criteria are selected as being dominant, 'the' criteria, which constitute the theme of the moment. This is the same cognitive process as used in the diagnostic procedure. The process is seen here as being universal,[3] while the content is seen as being conventional.

2.

When 'sickness' arises as a 'trouble' in the ongoingness of everyday life, this 'trouble' may or may not disrupt that ongoingness; but when it does the individual social member, who determines that this disruption has occurred, becomes obliged to seek resolution of the 'trouble'. At this point all other 'realities'[4] become subordinated to the 'here and now' reality of the illness experience. As with other aspects ('realities') of living, such as work, family, leisure, religious observances .... members find themselves communicating subjective experiences at an intersubjective level. Members turn to others in the isolation of the troublesome experience and entreat those others to empathize. If resolution has become urgent and a matter outside of individual capabilities, members seek not only empathy (affective sharing)[5] but also the employment of knowledge (cognitive sharing) by others as to the course of action required in cases of 'this type'.

If the onset is acute and debilitating, members of the primary group will intervene and begin the process of resolution on the sick individual's behalf. The more enigmatic, less visible, the condition, the greater the requirement for explanatory elaboration. The mouth ulcer, the cut foot, the broken arm, requires 'less' explanation than what may be referred to as the internal (occult) disorders. The enigmatic situation engenders considerable discourse on possible aetiological factors.[6]

Since uncertainty (meaninglessness, or the inability to determine a particular meaning, the inability to define the situation) creates more tension than 'knowledge' ('certainty', the application of a meaning), the variation in sickness phenomena creates a need to theorize, to explain, to render certainty, to order and seemingly control the phenomena which frequently threaten to disrupt everyday life. Human beings are motivated to remove enigma by explanation. The history of mankind is an historical record of accounts of that attempt to explain an enigmatic existence.

Within the constraints of healing practice the process of diagnosis and therapy can be seen as part of that common feature of human cognition to problem solve, that is, the human capacity to order the experiences and events in the world to relieve the anxiety of uncertainty and to construct the grounds in preparation for action. As theorists have reasoned[7] the bringing of experiences to language 'is' the ordering.

This process of 'identifying' the problem or enigmatic situation discloses the problematic nature of experiencing, itself. That is, the experience can only be 'known' or 'understood' after the meaning, or label, has been applied. Thus experience is limited by the limits of language.[8]

Having assigned meaning to the experience (or phenomena, or event), members act toward the experience which has now become 'known', 'familiar', for 'all-intents-and-purposes'. The identification, or problem solving act, itself, leads to a 'closure of debate' where members discontinue the search for the meaningfulness of an experience (or more correctly, experiences).

It is this cognitive transformation of the experiential world into a symbolic universe that Berger and Luckmann[9] referred to as 'the social construction of reality'. Learned language as classificatory process, that is, the assignment of meaning, acts back on our world and 'concretizes' it, gives this constructed reality a permanency for us.

3.

The legitimacy of one sickness explanation over another, in both Western and Tongan societies, often becomes the province of the diagnostician who, in most instances, is also the therapist. The diagnostician is assumed to be the 'knower' of authoritative 'truths' in terms of sickness identification and control.

The diagnostician's phenomenal experience is that of being confronted by a person displaying a con-fusion of signs and symptoms (western classification). This he relates to the even wider variety of signs and symptoms as criteria by which he has learnt to categorize and constitute specific ailments. He has to organize his own cognitive schemas to locate what he thinks is the most likely correlation. In practice, few permutations are tried in the diagnostician's thinking. The category most obvious to the diagnostician (western or Tongan) is located at a very early stage in consultation (whether the diagnosis is claimed to be tentative or not).

Interestingly, as western thought leads members to consider such concepts as health, sickness, disease, as

being constants, containing the same meaning over various situations,[10] so the process of sickness is likewise seen as a constant. Western scientific reasoning has given a concreteness, an objective facticity to phenomenal processes such as sickness. However, the sickness experience is one of flux, a continually changing phenomenal state whereby the sick individual may experience heat, tumor, rubor, pallor, pain, discomfort, disability, anaesthesia, giddiness... and a variety of bodily distributions of any of these, as well as the absence of one or more, at any time of the (sickness) day. Yet diagnosis is made, formulated, as a constant and the label applied to the 'picture' presenting at a particular time and stage of the process. The diagnostician selects criteria, signs and symptoms from the variety available at the time of consultation. Out of this he sets about organizing the phenomena he has selected as being relevant into the language game of sickness as culturally interpreted. He is obliged to act according to a cultural typification of 'this type' of sickness. Diagnosis becomes in this sense a formulation of phenomenal experiences into 'something meaningful', not analysis, but rather construction. The diagnostician constructs the meaning of the sick person's condition. If the diagnostician's account is preserved in written form, such as in western society, the 'patient's record' becomes a rationalization of the diagnostician's account of the other person's illness state.[11]

Neither do illnesses consist of only those elements which are named or labelled. Illnesses consist of many experiences not identified or selected as criteria of relevance to the diagnostician. Perhaps the principal concern is that recognized by Kleinman[12] as the labelling for control

> classificatory schemes are intended to domesticate and make known a 'wild' and unknown phenomenon which threatens the very idea of social order and personal

> stability and transform it into something known, named, and thus manageable.

He goes on to say,

> a medical system in its socio-cultural context does more than name, classify and respond to illness ... it structures the experience of illness and in part, creates the form disease takes (emphasis added).

Dingwell[13] asserts,

> there is no object or concrete thing that is a disease although we speak as if there is ...

He adds that a disease derives much of its form in the way it is expressed, the value it is given, the meaning it possesses and the therapy deemed appropriate to it, all of which are influenced by the system of cultural (symbolic) meanings.

Frake's[14] work on the Subanun shows,

> the 'real' world of disease presents a continuum of symptomatic variation which does not always fit neatly into conceptual pigeonholes.

Diagnosticians must therefore produce justifications for, rationalize, their decisions:

> Any identity between one use of a name and another is not a logical identity. It is something that has been achieved for practical purposes of the moment, by a series of ad hoc elaborations. The criteria for using a name - the rules of correct usage - are similarly indefinite, although they achieve a working degree of determinancy in any particular ...[15]

The commonsense knowledge of the actor, which in this case allows him to recognize the events as constituting a disease, at the same time enables him to warrant or 'justify' this identification by reference to them.

Thus disease or sickness terms have a reflexive character negotiated between the producer's and the hearer's shared knowledge of the settings in which those events are located, and in turn situations are constituted out of those same recognizably adequate accounts.[16]

While recognizing a degree of 'open' dialogue between the speaker's and hearer's negotiations, this interchange of accounts has nowhere become so unilateral as in western society. The western diagnostician has increasingly removed dialogue in rendering irrelevant the individual who 'has' the condition. Based on supposed 'objective' criteria, the disease process is deemed to be the 'same' in all cases.[17]

While the dialectical relationship between the healer and the sick individual in Tongan and Western societies differs at the level of dialogue, this difference can be seen to permeate other aspects of the relationship, such as, in notions of responsibility and accountability, in notions of body values, in the relationship of the ailing member and 'his' sickness condition, and so forth.

Firstly, if I make a distinction between responsibility in terms of being 'responsible for' and accountability in terms of being 'accountable to', the argument becomes clearer.

Stelling and Bucher[18] noted that while western diagnosticians employ their own prejudices and values, masking ignorances in their diagnostic accounting, the procedure is a highly subjective encounter with only a superficial crust of 'objectivity'. However while diagnosing may be acknowledged as a highly subjective procedure in any culture, a difference arises between Tongan and Western procedures whereby the western practitioner has written, 'built in', codes for formulating

rationalizations of error, or for coping with 'grey areas' in the 'patient's' condition, or for the unanticipated death of the person.[19] Such records demonstrate that while the western doctor may be willing to take on responsibility for attempting to 'heal' another human being, he is accountable to yet other human beings. Responsibility here lies in the relationship between the healer and his client, whereas, accountability lies in the relationship between the healer and his superiors. The healer cannot be accountable to himself, this is not 'acceptable', is not the (conventional) grounds for acceptance. The healer is here accountable to someone else who must, if necessary, be able to 'share', agree upon, the 'same' definition of the problematic situation. They must be able to agree upon the 'acceptability' of the (account of) the conduct, circumstance, happening. This is especially so with regards to the healer who is expected to remedy the sickness trouble and is liable for legal suit if the 'cure' proves injurious through demonstrable iatrogenesis or direct malpractice.

Participation in legal, or other formal contracts, are not integral to the Tongan healer - sick individual relationship. Here competence on the part of the healer is related to moral constraints as a feature of social cohesiveness as community relationship.[20]

The Tongan healer while also being willing to accept a responsibility toward the sick member in a 'conscientious' attempt to 'heal' that member, is not accountable to any (specific) higher authority. Nevertheless the community has traditionally been able to coerce the healer to surrender his practice where there is collective antagonism toward that healer's conduct (refer last section of this study for elaboration). However, failure to 'heal' is not sufficient reason to object to a healer's practice as here there are also 'built in' (unwritten) codes for error, such as a mistaken diagnosis, breach of tapu, spirit intervention and other natural and supernatural 'forces' which

may influence a sickness event.

The healer may not be the only member thought to have responsibilities in relation to sickness. Responsibility for one's own physical and mental state, that is, lack of health care, is a feature of western life. In western everyday life, the (sick) individual often is held responsible for his overeating, underexercising, smoking, drinking, under-resting, becoming stressful ... As there are no traditional Tongan concepts of 'health care' as in western society, such responsibilities are not attributable to members. Instead, other responsibilities such as adherence to the rules of doing kinship pertain (see section on kinship). Thus in the western way of life there are notions of responsibility and accountability unfamiliar to Tongans. What is being shown here are the different grounds of 'acceptance' (what is accepted as reason-able grounds) based on conventional rules which give rise to what may be seen as notions of responsibility and accountability.

Hence there is a general difference between the two cultural perspectives of the very idea of 'person' and not simply a difference between 'rights and obligations' associated with the 'roles' of healer and sick person.

In Tongan society diagnosticians hold the individual to be not only relevant, but central, to any understanding of their condition. This relevance is not only in relation to dialogue but is reflected in such things as body values. That is, whereas westerners have come to accept total exposure of the body, of all surfaces and orifices, under the guise of 'scientific objectivity', Tongans retain the personal privacy and integrity of the sick member. The whole body is never exposed, even for massage or childbirth where exposure is almost total in western society. Palpation of an affected part of the body will even be conducted through clothing (where possible) in Tongan society, but this is not so in

western society.

The importance of body 'exposure' as part of the scientific world view is the relationship between empirical evidence of the 'facts' and notions of validity (here, the grounds of acceptability, or what will be accepted as being 'factual', 'real', 'true' according to the scientific method). This notion of 'acceptance', or the validity of accounts, is of concern here, that is, what procedures, practices, criteria ... constitute an acceptable (real) account in a particular community, which demonstrates that members have 'done' diagnosis.

Different cultural communities confer different (sickness) meanings on particular occasions or experiences, determining what is to be taken as 'real' and what is not to be taken as a 'real' occasion of sickness. The western method requires the witnessing, observing, 'presencing' of the scientific observer, the expert (in this case, the diagnostician) before that (sickness) 'reality' can be conferred.[21] However, this 'presencing' is problematic as (in any 'direct' or 'accurate' sense) the observer does not observe, 'see', witness, the phenomena that are available for observation. As Raffel noted[22] in relation to medical observation, the observer's knowledge organizes his attention and therefore the 'truth', 'empirical evidence', 'the event', is (for the most part) organized, constructed, understood, by the observer's current state of 'knowledge'. He does not 'see' what he has not been taught to 'see'.

These limits to observing what may actually 'be' (the phenomenal process), apply mutatis mutandis to the Tongan diagnostician who (presumably) will observe, according to his own cultural constructs. However, the Tongan diagnostician may not deem the observable phenomena to be central to his task of problem solving, diagnosing. Indeed the Tongan diagnostician does not make this subjective - objective split (a western dichotomy) in

formulating his diagnosis. The (subjective) account of the sick member (the events that led up to his becoming ill and how he now 'feels'), is as 'acceptable' as the observed ('objective') sickness state. The individual and his condition are understood as a 'whole'. The total sickness event provides the grounds of 'acceptance' for conferring 'this sickness reality' on 'this sickness event'.

Furthermore, this absence of mentally dichotomizing the sick individual's condition is 'shown' in the grammar of Tongan speaking. For example, the western differentiation of sign and symptom is encompassed, undifferentiated, in the term faka'ilonga. Western classification designates 'symptom' as the subjective experience of the sick individual as related through verbal accounts and correlated with preconceived notions of illness, for example, accounts of nausea, pain, weakness, faintness, lassitude, anaesthesia, ... etc. A 'sign' is here an empirically visible indicator of a sickness condition for example, rash, vomitus, pain behaviour, pallor, tumor, rubor, ... etc. Faka'ilonga refers to both sign and symptom without the subjective - objective split.

4.

The intersubjective experience of formulating a diagnosis requires however, in both western and Tongan society, the selection of 'criteria' from the array of presenting phenomena (faka'ilonga, signs and symptoms) in order to apply a label, give identity to a sickness situation.

Criteria, as defined in western thought, may be applied to Tongan practice also, where criteria are the logically necessary and, sometimes, sufficient conditions which guide the application of a (sickness) label to an individual's sickness state. A simple example in western terms is a protruding rectal vein which is both the logically necessary and sufficient condition for the

application of the label 'haemorrhoid', while signs and symptoms (of pain, flushed face, agitation, inability to sit, bleeding, ... etc.) are neither necessary nor sufficient conditions for such a label to be applied and are therefore not the criteria of that condition. The diagnosticians in both cultures differentiate, select out, what they consider to be the criteria of a particular sickness type from the array of phenomena confronting them. The difference in rules guiding this procedure occur because of the forms-of-life which ground each practice.

I will begin by showing 'sameness in process' and 'difference in content' by taking an example which is almost identical in both cultural groups, but will continue with examples which show more obvious differences in content. Firstly, an example which is familiar to both cultural groups:

If a person feels hot, that is, their skin temperature feels warmer than the normal body temperature, we would not say that person had a fever, for this may be a sign but is not the criterion for fever. The person may simply have been over-exercising himself and become 'hot'. However, if that person 'behaves' as if he were unwell, and expresses the opinion that he feels unwell while having a skin temperature conspicuously above normal when, say, we touch his forehead, then we say the person has a fever. In western lay theorizing a verbal account of 'unwellness', 'sickness behaviour' and a raised body temperature to touch, become the necessary and sufficient conditions and are therefore the criteria of 'fever'.

This theorizing has cross-cultural parallels.

Speaker: Mofi, that is the fever. The faito'o [Tongan doctor] can just feel it and say it is mofi. The person feels hot and is sick.

This statement shows Tongan theorizing which considers the above signs [and symptoms] as the definitive criteria of the diagnostic label mofi [fever].

While criteria are definitive, criteria may not be definitive in any 'objective' (empirical, visible) sense but may be subjective, that is, symptoms are often perceived 'as if' they are objective, they 'serve as' criteria.[23]

Thus the signs and symptoms in the above example of mofi, the 'behaviour and demeanour' (Wittgenstein) of an 'unwell' person and the feeling of 'hotness' (subjective and objective) are interpreted 'as if' they are criteria, are logically necessary and sufficient conditions of the diagnostic label mofi or fever.[24] As when a person complains of toothache, there are often no other than subjective criteria available. Proof rests on convention, while in western medical practice the criteria are established occasionally through the use of technology (which makes available 'other' criteria which are not commonly available) nevertheless, western practitioners locate criteria which are mostly not 'objective'[25] and are always derived ultimately from convention. The link between sign, symptom and criteria, is a grammatical one (the link between criteria and phenomena is also grammatical).

While the process involved in problem identification with the subsequent application of labels, or definitions-of-the-situation, is a cross-cultural process, the content often differs. In the Tongan condition mofi,[26] lay theorizing was identical in process and content (except the label). The content is not the same in, say, ngalo-afu.

Speaker: It's like ngalo'afu. There are lumps in the throat and you find it difficult to swallow. If you don't get to a faito'o you can die from obstruction.

Is this a condition correlating with a western condition? Churchward asserts that it is. In his dictionary he defines ngalo'afu as 'throat disease, especially diphtheria'. However I would argue that it is perhaps too tempting for the western professional to attempt to convert non-western cultural conceptions directly into western classifications. Out of the many descriptions I was given of ngalo'afu, none were descriptive of diphtheria, but all speakers were sure of their accounts. As was mentioned in the 'Introduction', W.I. Thomas' dictum applies here, that what men define as being real are real in their consequences.

In the above example of ngalo'afu the symptoms of 'lumps in the throat' and 'difficulty in swallowing' are descriptive of the subjective experience of the ailing individual and are not usually objective, visible, criteria. They cannot usually be given ostensive definition.

Criteria are not always needed however, for a label to be applied. As Wittgenstein says in his example of pain, when we speak of our own pain we need no criteria at all. Thus I have only 'indirect signs' of someone else's pain though such signs may be misleading, but I have 'direct' knowledge of my own pain. This not only applies for cases of one's own pain, but also for the subjective experience of nausea, dyspepsia, paraesthesia...

Thus we find that problem identification, in this case the diagnostic procedure which leads to defining-the-situation or labelling the problem, involves selecting signs and/or symptoms from the variety presented in all sickness situations which may be taken to 'serve as criteria'. This is part of the grammar and thereby, the application of unwritten rules of the procedure of problem solving when the 'trouble' of sickness arises. In practice, the difference between criteria, sign and/or symptom are 'forgotten' in the

act of diagnosing whether the diagnosis is made by professional (or even lay) members, western or non-western. The rules of application are implicit in the diagnostic act and con-fused in the subjective experience of the diagnostician.

Although, strictly speaking, criteria are the defining, the logically necessary and logically sufficient, conditions for problem identification (the diagnostic procedure, the application of meaning, labelling) whether resting on empirical evidence or not, they are nevertheless 'the' criteria, that members accept, adopt, fix, introduce, use or apply when defining (and attempting to understand) certain forms-of-life as culture.

> If anything is the criterion of X and therefore a logically necessary and sufficient condition of X, it is because men agree in certain conventions. (Here we strike rock bottom, that is, we have come down to conventions).[28]

The gathering together of signs and symptoms into 'these' as defining criteria and 'those' as peripheral and inconsequential signs and symptoms; the identifying of these manifestations as being the signs and symptoms (faka'ilonga) of 'this' sickness and not another, that is, how we bring such phenomena and experiences to language, shows the conventional nature of all sickness states (including disease).

A further point must be mentioned here, that is, phenomena labelled in western or non-western professional medical speaking (or writing) need not exist in order to be accounted for. Once labels have been created, a disease (or sickness) can be created and recognized; diseases are likewise not recognized if the labels have not been created, meanings not bestowed. For example, before Dr. Richard Asher formulated Munchausers disease no-one recognized the condition. That is, the disease

did not exist. The disease was brought to existence by Richard Asher. Asher gathered together signs and symptoms as criteria of a disease, gave the collection a label and published a document on 'his' disease.[29] Following this experiment, prolific publications began appearing in respectable medical journals by others who had noted the disease. Research was marshalled by independent investigators to investigate the extent of the disease.[30] This was an example of a disease thought by Asher to exist but never labelled and therefore never 'diagnosed'. However, labels are also given to signs, symptoms, and diseases that do not exist, but which are diagnosed.[31]

Diseases, and indeed all sickness states, are a gathering together of particular phenomena (that is, a few out of a multitude). Each are given labels as signs and symptoms and encapsulated in the cover all term, that is, the disease label. In this sense mankind has generated diseases as part of the language game of sickness. The manner in which humans have gathered experiences (symptoms) and visible bodily happenings (signs) and given them meaning is the grammar of sickness.

5.

In highlighting these (the above) aspects of the diagnostic (problem solving) process, it was not intended that the scientific achievements of western medical practice be denied, but rather that substantive aspects of diagnosis be disclosed in what is commonly understood as an objective procedure.[32] This process of problem identification can be seen as a universal phenomenon, the nature of social intersubjectivity of converting the experiential world into symbolic reference. Indeed the phenomenon of sickness discloses three (universal?) forms of human life which underlie the grammar of sickness. These are the cognitive processes whereby:

i) sickness impinges on the ongoingness of everyday consciousness. That is, when sickness arises, it occurs to us as an interruption not unlike the 'shock' Schutz refers to when our attention is drawn from one 'reality' and is called to focus on another.[33] Sickness interrupts our ongoing stream of thought when we recognize, catch ourselves thinking about our altered state, (physical and mental) which results in an emotional response (concern).

ii) Sickness alters our sense of reality by its implicit anxieties about pain, disfigurement, disability, or death. The altered system of relevance which occurs when sickness becomes the dominant relevance remains until such time as it is resolved or assimilated as part of the reality of 'self' (such as with a chronic disorder).

iii) Sickness is perceived as a trouble requiring problem identification,[34] using knowledge as diagnosis and problem resolution using action as therapy.

Through the analysis of 'sickness talk' it is possible to disclose the classificatory, stratifying practices which mould and reflect social relationships and reveal legitimations, responsibilities, moral judgements, causal account, ... etc. in the process of 'doing sickness' as an intersubjective experience.

Individual accounts of sickness within a particular community, for example Tongan or European, are limited in their content. The community shares perceptions and conceptions of the world because members have learnt a particular rule - governed speech which addresses this subject of 'sickness'.

As will be shown, sickness talk raises notions of life philosophies, questions the meaning to be attributed to life, living and death - all socially constructed ideologies in themselves. Sickness activates social members into restoring relationships (usually kinship) in an attempt to restore order, almost implying that in restoring normative relationships, social harmony will somehow 'undo' the sickness process. For example, people 'confess' misdeeds, forgive the sick person's previous actions and unite kin groups.

As soon as sickness 'talk' ceases, sickness ceases. Illness as the subjective experience of the afflicted individual may persist but sickness as the sick role and context, maintained through participants' talk, cannot exist without the talk. Any social phenomenon ceases to exist if members cease to talk about it. It is the 'talking about sickness', the sickness talk itself, which is the concern of this study.

In sum, I have thus far discussed diagnosis as a problem solving activity, that is, the assignment of meaning to a (formerly enigmatic) situation. It has been argued that this process is necessary in order to take action to resolve the (sickness) problem. Such meanings as are applied, are culturally derived and express cultural relevances, such as, those pertaining to healer - client relationships, forms of dialogue, responsibility and accountability, body values, the formulation of criteria of sickness from the sick individual's appearance and account of his illness state.

The intersubjective experience of diagnosing as part of the healing act, when viewed phenomenologically, displays substantive dimensions of 'doing diagnosis'.

As part of the discussion on the process of constructing sickness meanings in relation to Tongan diagnosis, the concepts relating to notions of 'health'

and 'sickness' in Tongan and Western societies are discussed as an introduction to Tongan typifying practices.

II CONCEPTS OF HEALTH AND SICKNESS

1. HEALTH AS A CONCEPT

When an attempt is made to clarify the Western concept 'health' the term can be seen to refer to numerous phenomena. It refers to physical and mental criteria to which authors attribute qualitative variations from 'optimum' (refer to World Health Organization definition) to 'normative' states of the human physical and mental condition.

The separation of fact from value[1] as the 'proper' scientific approach encouraged a differentiation in western thinking between body and mind and in the physicalist oriented approach to Medicine (as the science of 'health' and 'curing') there has remained in western society at both professional and lay level, a dichotomy between physical and mental states. This difference has not been made in all cultural modes of healing practice, therefore in order to give definition to the concept of 'health' to make it relevant to cross-cultural application a normative range of criteria must be formulated.[2] 'Health' as normality, that is, that which is routinely expected, must vary considerably from culture to culture.[3] It is a social construct which has its significance in the interpretive interactions of a particular society. Thus, when entering the field of ethnomedicine, utopian definitions must be set aside for pragmatic ones where health becomes a modus vivendi for enabling human beings to achieve a rewarding and not too painful existence.

In contemporary Tongan society, the language given to interpret the concept of 'health' is mo'ui lelei, and has no meaning for the people beyond its European-

introduced meaning. The original term mo'ui means 'to be alive' but carries with it no connotation of 'wellbeing', 'health', or 'healthiness' (however defined). The term 'lelei' is a term used in everyday speaking to emphasize the meaning of another word and has, since European contact, been attached to the word mo'ui to emphasize the alive-ness, that is, very (or good) alive, healthy. This Tongan interpretation of the western term 'health(y)' is the only term used to report a wholeness of bodily function in the western image of 'health'. As the term mo'ui lelei translated directly into 'very (or good) alive' and as the term 'health' seemed to have no Tongan relevance, I attempted to locate Tongan relevances pertaining to any general notions of wellbeing, the 'goodlife', life relevances, life expectations, ... etc. These discussions proved problematic. Uncertain as to whether the topic may have been phrased incorrectly, my inquiries were evaluated by two members of Tongan society, well-versed in western images of 'life' and 'health'. They reaffirmed what I had found problematic by commenting that such questions about health, as a constant or as a philosophy, were never raised in everyday Tongan discussion. As I was informed,

> Those are Pālangi questions. We do notbother about such things.

Perhaps the set of ideas most closely associated with any western idea of 'healthy living', 'a sense of wellbeing', 'importance of life', can be located in the emphasis Tongan mothers placed on the instruction of their children in the tapus pertaining to their family, kāinga, and to society as a whole.

> If my children are well behaved, I have done my part. There are many tapus that mothers always explain to their children. If they [the children] keep to their tapus, they [the mothers] have done their part. I think most mothers feel it is their responsibility and this is

> more important than worrying about 'health' and things. It [health] is not in the mind of Tongan mothers. That their children do things more on religious grounds, because Tongans are very religious ... Not, I don't think, so their children will fit into society but more that they are good in a religious way, for God, to play their part for God.

A 'healthy' life becomes here, what is relevant in life, in Tongan society, keeping the tapus is one expression of relevance (tapu, social mores, rules of social order as the Tongan form-of-life). 'Health' as 'mo'ui lelei', translates a Pālangi relevance which emphasizes the physicalist view of wellbeing.

The western image 'health' implies future. Westerners live with a consciousness of the past and the future, that is, members direct their consciousness toward overcoming their pasts and striving for their futures. Mo'ui and Tongan living is expressed in an everyday consciousness which is 'present' oriented. There are no 'life' plans but rather a common emphasis of living 'up to' their past (of the ancestral and kinship line) by living according to appropriate moral conduct (traditionally derived mores) in the present. This living, according to moral codes enforced by tapu, is likewise the predominant notion of sickness prevention (among the living).[4]

While past, present and future are part of everyday recipe knowledge, it is the 'here and now' which is the dominant relevance (except on formal occasions of ritual).

Longevity, an important aspect of Western 'health' symbols, is not relevant in Tongan schemas. To have experienced the rites de passage (Van Gennep) in one's lifetime is the only relevance related to the length of one's life. To have been born, celebrated one's first

birthday, been circumcised, enjoyed one's twenty-first birthday, married, seen one's children marry and propagate, then to be buried 'correctly'; these are the events which are meaningful as life events in Tonga. The western aspiration for health and longevity as related relevances are not important considerations in Tongan society.[5]

Tongans, in general, do understand the term mo'ui lelei as referring to the physical condition of a person and will generally reply in the affirmative, to the question 'are you healthy?'. For example, a woman in her sixties who, by western standards, suffered from diabetes mellitis, with numbness of the feet, some paresis of the left side of the body and an abdominal condition which, when described, indicated uterine fibroids, considered herself to be healthy, mo'ui lelei.

I have noted similar responses among Tongan, Western and other cultural groups (e.g. Maori) and do not interpret such replies as simply being an 'acquiescent response set' (described in survey - questionnaire literature). This observation that people consider themselves to be 'healthy' as a normative statement, in spite of sometimes gross disability, may disclose a feature of everyday (here Tongan and European) understanding regarding notions of unhealthiness and sickness. There are several possible interpretations. While such statements may say something, they may also 'show' that health as some form of physical wellbeing is relative to the social norm and also relative to the ageing process. There is considerable cultural variation in both of these factorswhich act as rules underlying the speech declaring one's 'state of health'.[6]

Another interpretation is that speech is rule-guided by the perception that sickness is not an ongoing state, but rather, a temporary interruption or 'trouble' which stalls the ongoingness of everyday life. Even chronic illness is not a constant state. Illness is an

intermittent and fluctuating event, for example, serious ailments such as the western conception 'cardiac failure' does not continuously and totally incapacitate, nor do cancers give continuous pain and restricted activity. Neither does so-called 'insanity' manifest itself without respite, nor arthritis engender continuous immutable pain and so on. Sickness conditions are continually fluctuating whether acute or chronic. In times of acute distress, people may report themselves ill 'for-the-moment' while those with chronic disorders often join with other social members in accounting themselves 'healthy in general'.

A further interpretation can be explicated in terms of the notion of language games reflecting a form-of-life. Where a form-of-life is reflected, it's display is apparent through 'words and deeds', speaking and action. While Tongans may generally interpret the concept mo'ui lelei in relation to western relevances, they do not share the imagery associated with the concept, where this imagery is part of the activities (speaking and acting) of a particular culture. That is, Tongans do not 'live' the concept, the 'doing' of health (as a western activity). The concept is not related to the Tongan form-of-life. Being able to interpret a concept does not make the ideas associated with the concept, part of the way of life, that is, it does not make it a 'lived concept'.[7]

When the notion of 'mo'ui lelei' was discussed the concept required that members reflect in their accounts a western perspective (grammars) and their speech often became re-presentations of conceptions (grammars) relayed to the people through the mass media (predominantly radio). For example:

Speaker (V): Yes, I keep my house clean and wash my hands before touching food.

This speech displays western grammars of health-sickness talk because its meaning, reason, is grounded in a

biological model of explanation. Discussions specified aspects of nutrition and hygiene as relevant in western 'health' notions. While some members had assimilated such 'knowledge', it was not necessarily assimilated as being relevant in their own lives. When discussions on nutrition arose in members' accounts, such members at the same time commented that they did not adhere to such practices themselves. One discussion with a western-trained Tongan nurse seemed to express this relationship of western knowledge and everyday practice. The first speaker was on this occasion my Tongan assistant.[8]

Speaker I (A): What I have in mind E., is whether the husband spends hours in the bush [growing crops] because he is considering his family's health or it is just the living he's after. The same thing applies to mothers when we come to think of them working hard, washing clothes ... cooking ... are they doing this because of reasons of health?

Speaker II (N): ... I tend to think she [the mother] is doing it so people admire them [the children]. The same thing applies to the man when he goes to the bush for food. He doesn't think of the food which may bring good health. He does it just for the sake of completing the father's task.

While the speaker is familiar with western notions of health and nutritional values in food, she shows in her speaking that these western relevances are not the relevances of the Tongan form-of-life.

The discussion on 'nutritional practices' amongst Tongans continued:

Speaker I (A): ... Think of green vegetables. If people value green vegetables and such-like, they would plant <u>pele</u>, carrots, ...

Speaker II (N): There are lots of tarotops in the bush, yet they only bring them for Sundays [the Sunday 'umu or ground oven prepared by each family before going to Church]. I still believe they do it because it is something that they are used to seeing done. They're not aiming for the children's health. The same thing happens when we carry out vaccination injections, they can't see any value in this. It's usually the case that we [western-trained health personnel] have to ask them before they respond. Their beliefs have a saying in this too. They believe God looks after them ...

Speaker III (V): It is so obvious. It is something I had never thought of [consciously] - the beliefs we have! Of course, we believe that Tonga has been placed in the care of God the Almighty.

Cultural relevance shows through here as being grounded in the Tongan form-of-life. The latter departure, from discussing western practices in relation to Tongan everyday life to statements of God's care,[9] was frequently used and often acted as a 'closure of debate'. The topic of health, healthiness, health care, proved difficult to discuss for the topic necessitated continuous reference to western imagery which was unfamiliar, difficult, discomforting.

However, when discussion moved away from western food values, to Tongan food values, everyday knowledge of food classifications was disclosed and 'good' foods and 'bad' foods were discussed. In relation to infants and children, 'good' interpreted as 'soft' foods while 'bad' interpreted as 'strong' food.

The following account was recorded in a family discussion at their village and begins by addressing a woman in her eighties who understood the western concept of health:

Speaker I (A): ... I do not understand what it was like in say, 1918, what you did then. There were no doctors

(western). What kept you healthy?

Speaker II (V): We brought [children] up in our Tongan ways. Breastfeeding, then after three months I helped the babies feed, drink, from very young coconut and ... [hesitation].

Speaker I (A): So in food you mostly concentrated on ...

Speaker II (V): Yes in soft foods, you started babies on.

Speaker III (V): Yes I brought up my children in the same way, no milk.

Speaker I (A): Which milk do you mean?

Speaker III (V): Cow's milk.

Speaker II (V): It wasn't obtainable and we did not care for it in the least. I breastfed the children and they were healthy.

Speaker I (A): What would be their main food?

Speaker II (V): Their main food was ufilei [sweet yams].

Speaker I (A): Not the other kind?

Speaker III (V): No.

Speaker II (V): Too strong ... [continued with soft foods] ufilei, kumala [sweet potato], mei [breadfruit].

Speaker I (A): These are classified as soft food?

Speaker III (V): And bananas [siaine].

Speaker I (A): What do we call ufi [yams], talo [taro] ... hard?

Speaker III (V): Strong!

Speaker I (A): Strong food.

Speaker III (V): Strong food as they have starch.[10] Too strong for the stomach, such foods as taro, yams, manioke [tapioca].

Speaker III (V): ... Yes. E.'s children have lived on Glaxo the Pālangi's way of feeding. They are breastfed until they are a year old but only atnight, she

wants the days free. But when I think of the past, there wasn't such ... breastfed for the first three months then food is introduced in the form of mama (the mother chews the food for the baby).

Speaker I (A): Mama.

Speaker III (V): Mama. Nowadays we mash food thinking mama is out of date. But it's a belief of the past that babies are much better off when they get their mother's saliva, for when they put the mama direct to the baby's mouth, the food is warm. With mashing, it would tend to go cold. They used mama and babies were quite well.

Speaker I (A): Yes, quite healthy. It's just a kind of modern thinking that ... [to mama is not hygienic enough for a baby].

Speaker III (V): It was a common saying, 'Life received from so-and-so's saliva...' That is, if the baby was adopted, that baby wouldn't have enjoyed life if it wasn't for the saliva of so-and-so.

This form of accounting is indicative of so much of the sickness talk recorded for this study in that it shows western concepts filtering into Tongan (idiomatic) speaking. In the above example the explanation of the difference between soft and strong foods was the idea of 'starch' being present in 'strong' food; mama was no longer practiced by some members because it was not considered 'modern' and here modern refers to 'western hygiene'. This admixture will be seen in following accounts.

The traditional belief expressed here, that saliva contains life-giving properties tends not to be part of the everyday knowledge of the younger generations, but was incorporated into the accounts of their elders when speaking of 'natural', that is traditional practices being 'better' than the 'new', 'western', 'artificial' practices.

In sum, 'health' as a concept can only be interpreted by Tongan members in western 'health' terms and has no significance outside of this. The term mo'ui refers to life, per se, and is understood in relation to sickness (mahaki) as relating to social order, as will become evident throughout this study.

In addition, suffering is not perceived as a particularly noble characteristic or experience and is to be alleviated where possible. Stoicism in relation to sickness is not particularly esteemed either.[11]

2. SICKNESS AS A CONCEPT

In Western society, illness and sickness are usually distinguished sociologically by defining 'illness' as the subjective experience of 'ill health' (a paradoxical expression) or feeling 'unwell', while sickness is defined as the social role given to those who 'feel ill'. Then again, 'disease' as a pathology is defined as 'a biological and behavioural disturbance at the biological level ... an abnormality in function and/or structure of any part, process or system of the body'.[1]

Disease as a concept, is also complicated by being defined by some people as 'confined to pathology' and by others as being synonymous with any and all sickness states with or without dis-ease (discomfort). However these terms may be defined in western rationalism, other concepts arise in other cultural contexts. In Tongan society, theorizing gives rise to two terms: firstly, 'puke' means to feel physically sick and usually implies nausea (while 'lue' means to vomit). Secondly, 'mahaki' refers to all forms of sickness, mental, physical, with or without a disease state (as pathology) being present and translates into the term 'disease' or 'sickness' as they are used interchangeably.

Landar and Casagrande assert[2] that a culture cannot have an extensive ethnoanatomical language where their activities and belief system do not allow the exploration of body interiors (no autopsy, embalmment). The Tongan

people traditionally believed that the supernatural world inflicted sickness and death as punishment for misdeeds and that the spirits of the newly deceased were not to be disturbed,[3] therefore they did not encourage anatomical exploration nor did they develop an extensive vocabulary of the internal and occult disorders. It is therefore reason-able that the medical vocabulary of internal disorders is not extensive today. Language is said to reflect the experiential world.[4]

When a member of Tongan society is 'sick' he may feel unwell, puke, but he is said to have a mahaki. Primarily, the category mahaki can be reclassified as being either a Tongan sickness, mahaki faka-Tonga, or a a European sickness, mahaki faka-Pālangi. If the sickness is interpreted as being a mahaki faka-Tonga it may be one of four types of āvanga, fasi, hangatāmaki or simply a mahaki which is not classifiable into the first three classes. For example a speaker may say:

Speaker (V): She has what you call a 'stroke' but we know it as a mahaki, not a hangatāmaki, just a mahaki.

Briefly āvanga refers to what some anthropologists have called 'spirit sickness', fasi to disorders of bones and muscles and hangatāmaki to disorder of the skin and internal organs. Conditions such as of the ears, nose, eyes, and throat, central nervous system and many cardiovascular disorders (and others) were often described as simply 'mahaki' as will be mentioned later.

Deformities and other congenital defects, for example, talipes, congenital dislocation of the hip, hairy naevus, cleft lip and palate, enlarged melanomas... the abnormalities visible post-natally, were not considered part of the mahaki classification and were attributed directly to the mother profaning tapu or some general misconduct of hers, while she was pregnant.[5] The more severe congenital defects such as spina bifida and other central nervous system defects simply did not survive.

Conditions such as diarrhoea in children, which on occasions proved fatal, were often not interpreted as 'sickness' (unless severe) as it was perceived as a normal condition of infants and children.

Such classifications will be further elaborated through the sickness talk in following sections of this study. Meanwhile it is necessary to note that the concept 'death' (mate means dead, mālōlō means resting) is closely identified in speaking contexts with the term mahaki. By this I refer to such sickness talk as,

Speaker (V): If he is given the huhu (injection) he will die. He has a mahaki faka-Tonga (Tongan sickness).

or,

Speaker (V): The mea is starting to spread around the body. If it forms a circle he will die.

There is much death talk in sickness talk. 'Inappropriate' therapy is understood, by members, to have dire consequences, as will be shown.

Tongans do not have a direct term for the western term 'patient'. Sometimes the term 'mahaki' may be used to label the sick individual but this is not a polite term and would seldom, if ever, be said to the person face-to-face. The phrase 'tangata mahaki', 'sick man', or perhaps 'tu'unga ha kau mahaki', many sick people, may be used in lieu of the plural word 'patients'. More often the sick individual is called by his or her name. There is no linguistic device to designate altered status of the sick person. Perhaps, more correctly, one should not speak of the sick person when interpreting the Tongan perspective, for more accurately a person 'has' a sickness. There is no change of status for a person affected by a disorder.

The western term, patient, is a relabelling of the person. This label, 'patient', carries implicit values,

mostly negative, and designates the individual to an inferior, dependant, ineffectual, passive, less than 'whole', role.[6]

A member of Tongan society who has a sickness is never deemed inferior or less than 'whole' and is only passive when he or she is considered too young or too sick to remain active in decision making and/or therapeutic activity.

The term 'faito'o' refers to medicine, cure or therapy. It also is the term used for the role of healer and also as the verb meaning to heal (as in to treat, to provide a therapy or cure).

In sum, 'health' as a concept is a western notion holding no relevance in Tongan society. 'Mahaki' is a sickness, or disease, which a member 'gets' which requires 'identification' (diagnosis) and a 'cure' (faito'o).

Concepts of 'health' and 'sickness' are social constructs and the western concepts of 'health' and 'hygiene' can be seen to stand awkwardly before the fact of the ongoing existence of numerous social groups who cover themselves, daily, in dung and dust to minimize insect bites, who wash themselves and their infants, daily, in animal urine, eat flyblown foodstuffs, decaying vegetable matter and carrion ... and breach many of the principles of basic western health care.[7]

In light of this, Tongan living and healing practices disclose knowledge and activities which are not to be glossed as 'inferior', but different, to western living and healing practice. This difference, disclosed through sickness talk, may be seen to emphasize Illich's notion[8] of the 'medicalization' of all aspects of the life cycle in western civilization as a particular cultural relevance.

However concepts such as 'health' and 'sickness' have been discussed here not simply in order to say that they 'are' different, have different definitions in Western and Tongan society, but also to show some aspects of 'why' they are different. The process of 'doing' health or 'doing' sickness, is encompassed in the everyday relevances reflecting a particular form-of life. The differences are derived from the 'doing' and 'speaking' of a community, they are 'lived' concepts. The process of constructing those differences is shown to be implicit in the grammar of speaking about sickness as will be shown in the following section.

III TONGAN TYPIFICATIONS AND DIAGNOSIS

This section presents aspects of the Tongan language game of sickness in discussing diagnosis as the first therapeutic act.

Tongan everyday knowledge contains the assumption that sicknesses which the Pālangi[1] brought to Tonga were different from those experienced by the Tongan people themselves. This is, of course, not an unreasonable assumption as the first Pālangis to Tonga (explorers /whalers, beachcombers, missionaries, ...) introduced illnesses not previously encountered in these islands. A difference was also noted by Tongan members through observing different therapies employed by the Pālangi. There remains today, an initial dual classification of sicknesses into western sicknesses, mahaki faka-Pālangi and Tongan sicknesses, mahaki faka-Tonga. These dominant typifications will be discussed first.

Secondly, bodily reactions in terms of susceptibility will be discussed and the relationship between 'food' and 'blood'.

Thirdly, discussion will continue on the Tongan typification of āvanga, fasi, hangatāmaki, and mahaki, using the accounts given as sickness talk.

1. THE DOMINANT TYPIFICATIONS - MAHAKI FAKA-TONGA, MAHAKI FAKA-PĀLANGI

Discussion regarding the dual classification of mahaki faka-Tonga and mahaki faka-Pālangi arose in much of the sickness talk among the villagers as lay

members and healers, usually in relation to particular illnesses such as āvanga [spirit sickness].

Speaker I (A): H., can we regard āvanga as being Tongan sickness only?

Speaker II (V): Yes.

Speaker I (A): You don't believe the hospital [personnel] can do something about it?

Speaker II (V): The hospital cannot do anything. The disease which we call āvanga cannot be treated by the doctor [toketā]. If you take this case to the hospital and he is given an injection, that would be the end [death]. Sometimes he may be operated on, but this would not cure it.

The discussion continued with references as to the importance of making an initial diagnosis, that is a distinction, between Tongan sickness types and European sickness types. The former required treatment by the faito'o [or Tongan doctor] and the latter by the toketā [or Western healer].

In another discussion, this difference was expressed by a healer of a skin condition called mea.

Speaker I(A): K., although you don't seem to deal with other diseases besides the mea, are there diseases apart from mea that cannot be treated in hospitals ... we refer to them as mahaki faka-Tonga.

Speaker II (H): There is a Tongan mahaki called filimamangu and mākehekehe ... āvanga ... These are not Western [sicknesses].

Accounts, of course, vary among both lay and professional in any culture as to what counts, is to be defined as, being an example of 'this' case of 'that'.[1] However when individuals give their own accounts of situations they often express them as being 'sure' as to what constitutes a particular sickness type. For example,

Speaker I (A): If it's a fever, this is what is difficult ... How can mothers tell which kind of fever it is, the mofi faka-Tonga or the mofi-Pālangi?

Speaker II (V): Listen, I'll tell you. There is a time when our children get a fever. If the fever covers all over the body - up to the feet - it's a mofi-Pālangi. If she [the mother] can only feel the fever in the forehead and stomach and cold elsewhere then she knew [vavalo means assume] she [the child] must be teething or something. Then she gets the tops of the hehea leaves and another kind. As they're applied [as a medicine] the baby is cured.

Speaker I (A): It must be an exact symptom [criteria].

Speaker II (V): Yes, it's a sure way.

Speaker I (A): When she's hot all over ...

Speaker II (V): When she's hot all over they say it's a mofi-Pālangi, that is its name, mofi-Pālangi. And if it isn't the mofi-Pālangi it's the other one. The other kind of fever ... the child may have a temperature and is active, doesn't lose interest in food, the appetite is alright.

Speaker I (A): So there's fever and the child is active and another one where the child appears very, very weak [tokala'ela'e means languid].

These signs and symptoms as criteria distinguishing the classification of western fever and Tongan fever provided grounds for discussion with other members. However, like most sickness conditions, the signs and symptoms accepted as criteria differ between accounts as well as there being considerable variation in the accompanying symptoms (that is, those which are neither necessary nor sufficient conditions constituting a sickness type but which may be accepted as related, though peripheral phenomena).

This by no means, shows Tongans as being inconsistent or vague about what they understand constitutes various sickness types. It shows instead that there is much variety of interpretation as to what signs (and symptoms) are to be accepted as constituting a particular type.[2] What is required is that particular members achieve some level of certainty about what constitutes for them a 'type' of sickness which can be applied in the particular instance. This phenomenon of attributing 'certainty' to accounts is an important feature of the process of problem identification ('closure of debate' as has been previously described) in order that members may 'know' how to act.

The typifications, or types of sickness can be understood as 'ideal types' and there is always a difficulty in applying an 'ideal type' to real life situations.[3] This is problematic in both Tongan and western medical practice. In western medical practice the member acting as doctor, finds himself thrown back upon his own interpretive schemes (everyday understandings) while attempting to apply memorized 'ideal types' of sickness from his days in medical school.[4] This is a part of the substantive element of diagnosing as both western (and Tongan healer). The examples show that typifications ('ideal types') of sickness or disease may declare signs and symptoms that are problematic in their location in actual people who are sick.

Another aspect of the diagnostic process where 'certainty' is attributed to an uncertain, problematic phenomenon, was described previously in the notion of the 'constancy' of sickness states. Sickness typifications concretize, fix, what is a fluctuating phenomenon. This can be seen in the typification of mahaki faka-Tonga and mahaki faka-Pālangi. These typifications have been retained in everyday sickness talk in Tongan society because of the cultural relevance in 'fixing', dichotomizing sicknesses in this manner as a part of what every Tongan member 'knows'. It is most important to members that these two classes of sickness remain the first step in problem identification (diagnosing) of all sicknesses. This relevance may be seen in what the following sickness talk 'says'.

Speaker I (V): Yes, I tell you that there is truth in the faito'o faka-Tonga (Tongan medicine).

Speaker II (A): Well from now on (in this discussion) we could say ngalo'afu, āvanga, mata'ika, ... these three [which we have discussed] are obviously fatal if taken to the toketā [western doctor].

Speaker III (V): ... also mea, kulokula, haukiva'e.

and again,

Speaker I (A): When you say mahaki faka-Tonga what do you really mean?

Speaker II (V): Because it can be cured by Tongan medicine ... No use taking it to the toketā.

Speaker I (A): Why?

Speaker II (V): Because he can't cure it!

Associated with this is the idea of the constancy of a condition whether Tongan or European. The grammar which distinguishes the two classes of sickness also keeps them there, that is, once a mahaki faka-Tonga, always a mahaki faka-Tonga. This may seem an obvious

point until confronted with the problem that the person visited the day before with a mahaki faka-Tonga, is today reported as having a mahaki faka-Pālangi, or vice versa. Did the sickness become, change into, a Pālangi sickness?:

Speaker I (V): No, we were mistaken. The faito'o too thought it was his mahaki but last night he got worse so we took him to Vaiola [hospital in Nuku'alofa]. They said he had measles [misele].

Thus it is recognized that occasionally the sick individual, the family members, the healer, may be mistaken in their identification of the sickness category, just as it is seen to occasionally occur in western society. Unlike western accounting though, the healer in Tongan society is not accountable for the error. It is assumed that all people can make a mistake and no ('true'; legitimate) faito'o would intentionally put a person's life at risk.

Some of the sicknesses attributable to each class of sickness which have been extracted from the sickness talk of members of Tongan society and the variations in class descriptions need to be distinguished.

It would seem that the only disease considered to be an 'ancient' disease and therefore is readily classified (by Tongans) as a Tongan sickness, is that of kilia or leprosy.[5] The condition is no longer problematic in Tonga although there are reportedly still a few 'lepers' in theleprosorium in Vava'u. Other Tongan sicknesses are located through the speechful accounts of members who recollect historical tales of instances of oral and external ulcers and other skin disorders, bowel and rectal and genito-urinary disorders, eye, ear, nose, throat infections as well as scalp and hair conditions.[6] Added to these were bodily injuries sustained through warfare or by intervention of supernatural forces which caused injury to persons usually,

though not always, as a result of human misdeeds disturbing spirits of the supernatural order. Sometimes spirits were malevolent or mischievious on their own account and brought harm to the human world.[7]

The illnesses attributed to the class of Pālangi complaints were those thought to be, whether actual or not, introduced by non-Tongans, outsiders. These included respiratory disorders (such as tuberculosis, asthma and pneumonia), veneral disease, typhoid, influenza, measles, chickenpox, encephalitis, dengue fever, whooping cough, ... In some instances re-classification seems to have taken place of illnesses which have appeared to members to be more effectively treated by the European. Acceptance is not necessarily wholehearted as this instance of diabetic therapy shows:

Speaker (V): It is the suka ('sugar' diabetes)
The mahaki, it is Pālangi and the toketa helps,
but sometimes I don't take it (the medicine).
I drink the salt water, it is good too.

This behaviour cannot be dismissed under such 'glosses' (Garfinkel) as 'stupidity', 'ignorance', 'laziness', 'irresponsibility',... as explanations of the person's motive to fluctuate between two therapy systems. Firstly, everyday reasoning leads people to assume that two therapies must be better than one, particularly if one is drawing from the knowledge of both 'systems of thought', both of which are deemed effective in their own sphere. Secondly, the complexities of western therapies and their supposed biochemical processes are seldom comprehendable to any recipient. This is even more problematic for members whose understandings are based on entirely different cultural assumptions. Thirdly, therapies for such disorders as diabetes, arthritis, cardiac ailments, ... as non-acute disorders, do not usually relieve discomforts markedly. The sickness experience may not differ readily with therapy. This gives the recipient

no reason to assume the benefits of one therapy over another. All people in distress will try any alternative in an attempt to relieve their symptoms.

As Tongans also have an expectation that therapies that are effective will bring an improvement in condition within three to four days it is not surprising that western therapies, seldom effective within this period of time, are not experienced as being any improvement on traditional therapies which are evaluated on the same criteria. This is an implicit rule underlying therapy evaluation.

It must be noted that while some medical anthropologists and sociologists have argued that where a differentiation is made, whereby some sicknesses are stratified into traditional and others into western typologies, they tend to present the 'minor illnesses' as belonging to the traditional classification.[8] Certainly as far as Tongan classification is concerned these assumptions cannot pertain. Tongans have dealt traditionally with major internal disorders, gynaecological disorders, cardiac, respiratory disorders, fractures of bones,...etc. 'Serious' conditions may today still not be taken to a _toketā_ because of the manner in which they are classified, or because of the lack of an acute onset which may have otherwise provoked kinsmen to seek an alternative therapy system. These may include such ailments as fevers, brain injuries, neurological or central nervous system disorders, cardio-vascular, ... etc. During my fieldwork I observed what from my (western) medical knowledge appeared to be a 'case' of bullous impetigo.[9] The boy's skin had erupted into large blisters and where rupture had occurred, the skin was sloughing and, in parts, bleeding. The accompanying odour warned of infected decaying tissue. Though the boy was now _in extremis_ the decision was taken not to seek therapy from the _toketā_ as the condition had initially been diagnosed as a severe case of _mea_ which the _faito'o_ was attempting to cure, though he was becoming

less sure that it was his mahaki. In this case the kinfolk felt 'sure' they were availing the boy of the best possible skills. The boy and his mother had already accepted his condition would be fatal. There was no perceived alternative.

For reasons already explained, this case was not an example of a common occurrence, but was rather the exception to the rules of decision-making for reasons peculiar to this situation (indexicality).

It remains explicit in members' accounts that it is important to know which sickness belongs to which category because of the implication of fatality for error. It is a rule which underlies the sickness experience.

Speaker (V): I spoke to the woman the other day about the baby who died recently. Some said he suffered from measles, some said it was a mahaki faka-Tonga. I believe the greatest disadvantage was that the mother was unable to choose which was which.

It is part of the everyday knowledge that error in this first diagnostic step (problem identification) can have, literally, fatal consequences.

There is no blame attributed to the social member who makes an error of judgement. It is accepted that in times of sickness members use all the knowledge at their resource. A fatal outcome is unfortunate and recriminations are unnecessary. A reason, or explanation, is usually constructed to make the pre-mature death reason-able (refer section on explanation).

Classification is made more difficult if the seemingly appropriate therapies do not bring expected results. As a Public Health Nurse reported,

Speaker: Same thing happens when they come to hospital. They bring someone over for fever. We give injections and these don't work. So they turn to Tongan Medicine and he is cured ... Then there's those that try all sorts of medicine say for fever, thinking it's pala and yet when they're taken to the hosptial they're cured. Likewise, fever that covers all over the body, they're taken to the hospital [falemahaki = house of sickness) and has injections for three or four days and it doesn't work. So they introduce Tongan Medicine which clears it.

With the increase and con-fusion of Tongan-Western knowledge of sickness and therapies, re-classification is taking place. As illnesses change in both manifestation and presence, for example, there is little leprosy seen now though cancer is more prevalent and being diagnosed more readily, and syphilis was reportedly introduced to Tonga in 1978[10] ... everyday knowledge and therefore the language game, is being modified to accomodate the change. It could be assumed perhaps that this will lead to the complication of the decision-making process involved in diagnosis and therapy. The rules underlying the sickness experience must be renegotiated and modified. This is the 'nature' of all rules underlying everyday knowledge. Such knowledge is always in a state of flux.

The sicknesses which have perhaps most readily been reassigned to the Pālangi category are those which are thought to require surgery, especially those with accompanying acute abdominal pain (appendicitis, hernias, perforated ulcers, ...).

The toketā may have such persons referred through the 'success stories' of others. However, most are success stories with a good measure of reserve. For example, while an individual may have recovered from surgery it is not always understood as being due to particular skill on the part of the surgeons but rather,

that the person 'survived' the operation. The majority of Tongan accounts reported Pālangi expertize as being different because it is knowledge of Pālangi sicknesses rather than being in any way 'superior' to Tongan faito'o. However, where Pālangi therapy is sometimes interpreted as being advantaged is in the technology of the huhu, injection, and the fo'i'akau, tablets.

The reason most commonly given for consulting a western doctor is expressed in the following account:

Speaker (V): I go to the toketā because he treats this condition. This is 'his' mahaki. [In this case diabetes mellitis].

Other reasons given were:

Speaker (V): They have had training overseas. [A breadth of knowledge being understood as 'better than' only local knowledge, for this speaker].

or,

Speaker (V): ... as for me, I cling to the doctor [toketā]. This is because of my manavahe [fear].

In this instance, fear of death was meant.

No accounts were given of 'allegiance' to the western healing practices because of an individual having experienced an outstanding cure, or conditions of treatment. Hospital and clinics are seen as negative, though perhaps necessary, experiences in one's life. Surgery is widely feared per se as a portend of death. It is believed the 'probability' of death, during or following surgery, is greater than the 'probability' of recovery.

Speaker I (V): Yes, I was given some tablets and was to be operated on and I was scared and I said 'no'. It's alright if I die without the operation. Because, if I have an operation, I may not die because of the operation but because of my nervousness (fear of death).

Speaker II (V): She fears death because there's no load. [Tongan joke meaning the person is not ready, not converted, haven't got their 'load' ready to go to meet their Maker].

Speaker I (V): Ha! No! The doctor gave me tablets instead [of surgery]. I tend to have paralysis on one side, I couldn't lift up my leg to get on a truck...

This attitude, the fear of surgery in spite of the ongoingness of considerable discomfort and disability can perhaps be understood in the clichés 'fear of the unknown' or 'better the devil you know than the devil you don't know'. I could not locate an equivalent Tongan cliché. Nevertheless, the sentiment seemed to be there.

Another deterrent to having surgery is expressed in the following statement, although it was said by others in their own way:

Speaker: You know O. my husband, he has a dreadful swelling of his (tapu mo ia)[11] scrotum from filariasis. But he won't go to have surgery because he fears all the people in the villages around here will know what he has got.

As an observer on the filariasis campaign in the northern islands of Tonga, I heard this opinion expressed more than once. While there is no shame to be experienced over 'being sick', there is a desire to avoid such personal discussion becoming part of local gossip, especially when it involves parts of the anatomy

considered tapu.

As most members of Tongan society have both direct and indirect knowledge of the faito'o therapies, mostly through kinship sickness talk, the Pālangi therapies are sought according to two implicit rules: i) that the sickness is of the Pālangi type, or ii) the sickness is so life threatening that as a second resort one must try anything, especially where there is severe pain, such as, appendicitis, ruptures, severe burns, haemorrhages, multiple visible traumas, ... that is, the acute, severe, case. In these instances the toketā may become the first resort for therapy.

These factors support the researcher's observation that there is considerable variation in what illnesses should be classified as mahaki faka-Tonga or mahaki faka-Pālangi. Often it is from the 'kinship stories' as well as 'personal experiences' that members learn how a disorder is to be classified. If the father experienced relief of his symptoms while being treated by the toketā while having had no improvement from the faito'o's treatments, then the family may be encouraged to view that complaint, in future, as a mahaki faka-Pālangi.

However, to complicate matters further, while differentiating between each class of sickness there are also a number of sicknesses per class which may be treated by either the western or Tongan healer. While this may seem contradictory to the reasoning given initially, of the necessity to differentiate between the two typifications, that is, that death may ensue from inappropriate therapy, it is in such instances that one observes how malleable and pragmatic the decision-making process is in practice. The conditions which are considered to be treatable by both or either practitioner may be through 'kinship stories' relating the success of both therapies or may be through something as simple as propinquity. That is, living near

one of the four hospitals increases the probability that a Pālangi 'cure' will be sought for what may be classified as a Tongan sickness. Depending on how the situation is defined, including the complexity of presenting signs and symptoms; relevant arguments of kinship members involved in the decision-making process, 'kinship stories'; the assessment of the capabilities of the local faito'o whose mahaki this particular sickness is thought to be; how many faito'o's have already been consulted; proximity to and experience with, hospital personnel; ... these factors demonstrate that the course of action to be taken is negotiated at the time. It is within the flexibility of Tongan reasoning that some cases, while being typified as essentially mahaki faka-Tonga may also be interpreted as suited to either faito'o or toketā treatment. The actual grammar or rules are negotiated in the situated context. As such they illustrate the rules of Garfinkel's indexical speaking being constructed and derived from the speaking context. As McHugh[12] says, the meanings 'emerge' in the course of speaking and are 'relative' to the unique biographies of the participants.

These factors make problematic the matter of locating 'order of curative resort',[13] that is, where do people routinely go when seeking therapies for their sicknesses. This seeking of predictive patterns of human behaviour by health professionals is an attempt to 'concretize', 'to routinize' what is in practice a flexible and reflexive process. It becomes unrealistic to 'gloss' behaviour which does not follow the researcher's theory as being explicable via concepts such as 'ignorance', 'irresponsibility', 'primitive', 'apathetic', ... A more analytical (dialectical) approach would be to attempt to locate the relevances and logic of alternative 'definitions of situations' for if we interpret others actions in accord with our own interests, as Clegg says,[14]

> We may then express pious hopes that such 'blemishes' may be eradicated by more perfect communcation, the nirvana of unindexicality.

It is this 'dialectical' understanding, the seeking of 'others' relevances, reasoning (both western and Tongan) that is of interest in this study.

Thus far members' sickness talk on the classification of western and Tongan sicknesses, has been discussed in relation to what is described in their accounts. I will now continue to discuss sickness talk as it applies to the classifications of bodily reactions and susceptibilities, including the relationship between food and blood.

2. BODILY REACTIONS, FOOD AND BLOOD

Apart from the rule disclosed in the Tongan grammar of Western and Tongan classification, that members need to be able to distinguish between each type, there are at least two other rules which underlie the grammar of mahaki faka-Tonga and mahaki faka-Pālangi. While these rules are occasionally explicated, they usually remain unspoken, implicit. The first may be explicated as,

> If you feed children only Tongan foods, they are more likely to get only Tongan sicknesses.

This rule is related to the notion of food and blood which will be elaborated. However, before it is discussed, a second, related, rule appears in sickness talk,

> Treat all sicknesses you can with Tongan medicine and you are more likely to get only Tongan sicknesses in future.

It would seem such theorizing is based on notions of the 'familiar' being 'better' than the 'alien', as well as some inductive reasoning that since westerners have arrived in Tonga, sickness management has become

increasingly complicated. It is not possible however to be certain how these notions were actually constructed. Whatever their origins, the rules themselves reflect the grammar of 'food and blood' in a causal relationship. This grammar of cause-effect is located in perceived relationships between food and sickness and therapies and sickness. The latter notion of the logic of sickness and therapy relationship is reflected in the following account about the condition ngalo'afu which is a Tongan sickness and therefore requires Tongan therapy.

Speaker I (R): Ngalo'afu, you said it's one of the mahaki that you don't take to hospital.

Speaker II (V): Yes, it's no use.

Speaker I (R): Anyone can get it?

Speaker II (V): Yes, children and adults. Once you get it, you wouldn't have long to live.

Speaker III (V): That's because of the obstruction in the throat?

[silence indicating agreement]

Speaker II (V): Mr. G.'s child [European] died of this ... The tutors [of the school Mr. G. was headmaster of] told him afterwards that it was a mahaki faka-Tonga and he was sorry he wasn't informed.

Speaker III (V): Do you think he would have used the faito'o faka-Tonga [Tongan medicine]?

Speaker II (V): Yes he would, but because the toketā treated him, he died.

It is not important to this study whether the information given here is accurate or not. What needs to be looked at is the interpretation believed to be so (factual). Firstly, ngalo'afu being specifically a Tongan sickness is not to be treated by a western healer. That is, diagnosis and therapy must be logically related.

Secondly, this is an un-common account of a Pālangi 'getting' Tongan sickness (and appears, prima facie, to be an exception to the rule). Pālangis are sometimes understood as having a Tongan sickness. It is sometimes possible but not common. Everyday knowledge contains the belief, or expectation, that Pālangis 'get' their own sickness, Pālangi sickness. However, duration of stay in Tonga, that is, the length of time that a Pālangi has contact with Tongan 'ways' is interpreted as a determining factor in the possibility of contracting a Tongan sickness. This is also sometimes associated with the food - sickness causal connection. That is, in this situation, the length of stay in Tonga increases the probability of intimate contact with the Tongan people and therefore the probability that the Pālangi will consume the Tongan foods.

The second grammar of 'Tongan therapies for Tongan sicknesses' leading to only Tongan sickness in the future, is disclosed in the following account:

Speaker I (V): You know A.T. who was married to D? She was different. She was one of the first Nursing ladies (Tongan). We visited her one day. All along her fence were nukonuka, lautolu... and all the different plants for medicine. N. asked A. why she had planted these medicinal plants. She answered that it was for her own use. They asked her why she didn't stick to her [western] knowledge of Nursing. She replied, 'If I treat my daughter A. with Tongan medicine, then she will have only Tongan sicknesses. But if I treat her with Western medicine then she would have mahaki faka-Pālangi...' She treated children and adults with modern medicine, but as for her children she used the Tongan medicine.

Speaker II (A): So, she just carried out her career but her beliefs were something else.

Tongan women readily grow medicinal plants in their gardens. It could almost be seen as a rule of being a 'good' mother - preparing for when family members get sick. In this respect, the above instance of the nurse applying western therapies in the course of her nursing duties, while applying Tongan therapies to her family, shows that she made a personal distinction (relevance) between the rule of doing Nursing and the rule of doing kinship, in relation to sickness.

While Tongan nurses, in general, adopt 'alien' practices for professional purposes, it may be problematic for these practices to become familiar (assimilated) and culturally logical, as are the traditional practices and beliefs which share the same cultural grounds (as form-of-life) as other aspects of everyday life. The numerous language games of Tongan life (leisure, religion, occupation, kinship sickness and healing ...) are not discrete but are interrelated in that they are grounded on the form-of-life as Tongan culture. The nurse, in the above example, acted as a Tongan while in the kinship context.

The relationship of food and sickness as a bodily reaction to 'wrong' foods likewise has its cultural expression:

> Speaker (V): Having kulokula you are asked [by the faito'o] not to eat salty food.[1] Too much salty food can cause those lumps on the skin. We should include in our diet something that is chilli,[2] sour and sweet and not just salty food. We should understand we get the sort of blood according to the food we eat. Look, we tend to eat strong food [e.g. yams, taro, breadfruit...] We tend to concentrate on one kind of food.

The relationship between food, blood and sickness was discussed on several occasions and is generally considered by Tongan members as being more important,

that is, relevant, than any notion of hygiene (in the western sense of the term).

Discussion with a faito'o of skin disorders brought forward this account of food - sickness relationship:

Speaker I (A): Right, now we have 4 mea [type of skin disorder].

Speaker II (H): Five.

Speaker I (A): Five. Have you ever thought how they are caused? Why is it that you suddenly see them on the skin with no reason? I believe if we take these cases to the hospital they would, at very first sight, say it is 'uli [poor hygiene, personal or environmental] that causes it, children not having a bath... What do you look at when your patients come to you, or do you ever think along this line? If you do, can you then suggest its prevention...?

Speaker II (H): I feel that what people eat affects them most. Especially for this [this condition of mea]. For this, it will be food [certain types] that I have to get them to keep as the tapu. People don't seem to be aware that such cases [food types] would create problems, say, hangatāmaki. When people take more than they need, over and over again, and when these gather together, then they come out of the skin. That is what we call...

Speaker I (A): In other words, you mean food that doesn't suit the ... [blood].

Speaker II (H): Doesn't suit [fepaki].

Speaker I (A): And these have gathered together and come out in those symptoms [faka'ilonga].

Speaker II (H): Recognized as my hangatāmaki, that is, if there are plenty of them [a rash rather than

just one or two spots].

Speaker I (A): Food eaten which doesn't suit the blood...

Speaker II (H): That's fepaki [allergic reaction].

Speaker I (A): So fepaki can give us such symptoms we refer to as kulokula?

Speaker II (H): Yes, the kulokula.

Speaker I (A): M., remember H.'s case? He had an attack of kulokula ohuafe. He went to church, went to a feast, there he started to feel it coming. He had reddish skin with lumps. He was given faito'o faka-Tonga [Tongan medicine] and he was well. H. [the man's wife] believed if he was taken to the toketā [western doctor], and if he was injected...

Speaker II (H): ... the end would come [death].

This bodily reaction, what in western terms would be called 'an allergic reaction', is also described in relation to 'blood' and 'therapies'. The following account is the end of the above discussion where the speakers discussed occasions where 'the blood reacts in turn with medicines'.

Speaker I (A): ... May I turn back your thought to the clash [fepaki] taking place inside. Right now I'm thinking of these sick people [with fepaki] who are taken to the hospital and have injections. Crisis results. This is what we know. But I can't really understand what actually happens that causes this bad result.

Speaker II (H): My hangatāmaki [the type he treats] crawls inside the body, but it takes up just a small spot on the skin [the rash on the skin surface may be minimal or localized]. But remember, inside it's spreading so if the person is taken to hospital and is injected then, while the medicine

from the injection finds its way round the body, the mahaki is spreading also. So when they meet, crisis is the result.

Here fepaki is understood as a 'clash', an allergic reaction. When I asked a young ('westernized') Tongan to explain the term fepaki she gave the following account:

Speaker: As I understand, the term may mean, firstly, the incident where one type of vehicle collides against another, that is, accidental or otherwise. Secondly, where one aspect is contrary by nature to that of another, for example, is 'hot-natured' ... would definitely fepaki with its opposite character. In medical terms, it simply refers to the patient's condition in reaction against it, where the medicine prescribed caused the condition, contrary to the positive medical (western) expectation. That is, we say there has been a fepaki between the patient's body condition and that of the prescribed medicine ... fepaki is not always visible (on the body surface).

Apart from the bodily reaction which may occur as a result of, i) eating the 'wrong' foods, or ii) of being treated with a medicine which the sick individual is allergic to, there are two other terms used to designate bodily reactions (as allergy or susceptibility). These terms are sinokona and sinokulokula.

Sinokulokula was referred to as a susceptibility to a reaction as a familial or personal sensitivity.

Speaker I (V): T., are you sinokulokula?

Speaker II (V): No.

Speaker I (V): Some people, whenever they get minor injuries or boils, it could grow worse as it is affected by other things [aggravating factors].

We refer to these people as sinokulokula or sinokona.

Speaker III (V): Like bee stings, the sinokulokula would have a swollen eye whereas a person without [sinokulokula] has only minor swelling.

Speaker I (V): Right, we can now see the difference, but what I don't understand is what's inside them that is affected and has caused this, for if we could find out the weak spot then we could put it right so that person will no longer have sinokona or sinokulokula.

In this account Speaker I seemed to imply that the terms sinokona and sinokulokula could be used interchangeably. However, the young, 'westernized' Tongan I referred to previously gave this account:

Speaker: Sinokona ... is the condition of the body, (physical) caused by certain nutrients missing from it, that is, necessary for guarding and immunizing it against, for example, sting of the ray fish. This condition is usually symptomized by 'bubbly' red rashes on the skin, itchiness, discomfort - not measles! In severe cases, the condition of the body renders it very susceptible to lethal-type conditions at the very mere injection of any object, for example, a piece of wood ... Like it becomes poisonous to the person. Sinokulokula is the condition of the body, caused by lack of nutrients, or whatever, ... necessary for efficient guarding against any strong chemical nutrients, usually acidic as for example, meat with too much salt. I think it is caused because the blood has not got enough soldier cells, red blood corpuscles? ... to provide the necessary resistance ... Sinokulokula is not as poisonous (toxic) a reaction as sinokona. Sinokona and sinokulokula themselves are two different types of physical condition of the body, physical, which may share

> similar characteristic symptoms but still differ ... both in terms of severity and symptoms to some degree.

To this person, at least, sinokulokula and sinokona were related, though different, physical reactions. These reactions were believed to occur with the introduction of substances to which the particular individual had a susceptibility or sensitivity. The causal explanation was given with less certainty, that is, "... certain nutrients missing from the body ...' but was included in the description as the speaker believed that such as explanation was required of her, hence a western explanation was sought.

A further, fifth, susceptibility of the body was reported in accounts which discussed the notion of family sicknesses. These family illnesses call to (the researcher's) mind, western images of hereditary illnesses and in Tonga these are referred to as mahaki faka fāmili.

Such an account is given as follows:

Speaker I (V): Are there any diseases that we refer to as family disease?

Speaker II (V): Yes.

Speaker I (V): I mean is it family disease or perhaps it is infectious.

Speaker II (V): Like leprosy [kilia].

Speaker I (V): Is it a family disease?

Speaker II (V): It's the blood. P. (western-trained doctor) had had a course on this. There are three kinds, one is infectious, one goes in families, one is...

Speaker I (V): So there's such a thing as a family disease?

Speaker I (V): I suppose. Others get it from other people [infectious diseases]. Take me, for example,

I have diabetes but M. [husband] wouldn't get it. My mother had diabetes.

Speaker I (V): What is your view of a person who suffers from stomach troubles? What would the majority of people say. Would they say he gets it from his family, mahaki fakafāmili?

Speaker III (V): I don't believe it. M. [Speaker II] for example, comes from a langakete family [stomach-troubled family] so they say. When she was taken to hospital, she was told it was a fo'ingungu (benign tumor).

Speaker I (V): Well, there are cases we know of, several people in a family died because they suffered from stomach troubles which makes us tend to think it's a mahaki that goes down in families. Usually at funerals [putu] we say, 'she's dying of their family disease'. This reveals the attitude we have that there's a family mahaki.

Speaker III (V): It's obvious O., when we say it's a family disease we ... take you, for example, your children will be used to the kinds of food you eat and they like it...

Speaker I (V): So if there's a mahaki it may affect all of them?

Speaker III (V): Yes, some people like eating pig [pork] all the time, others like fish and seaweed, so it works out that way.

Speaker I (V): Your mother ...

Speaker III (V): She has pākālava [cerebro-vascular accident or stroke]. I'm not sure if her mother had it before her.

The idea of family disease is evident. However, genetics is not a part of everyday knowledge so hereditary, or inheritance factors, in disease causation is not understood in these terms. Perhaps the most conspicuous factor likely to provide plausible explanation of

this fact, of a disease or sickness continuing to occur through descendents, would seem family habits such as eating the same food types. The relationship of food and blood has already been mentioned as being a part of everyday Tongan knowledge. This association may well have been initiated or at least supported by the radio programmes on diet and hygiene produced by the Department of Health. However few Tongans outside the main townships have radios, so the influence would be limited. The occasional contact with a western-trained doctor, located in the hospitals, or Public Health nurse (who visits the villages several times a year) may also have promoted the idea.

No matter what the origins, there is an admixture of western and Tongan images on the matter of food and blood. People of all cultures know that without food and even a minimum of variety of foods, that people will get sick and eventually die. The food - life relationship is fundamental to all systems of knowledge and forms a rule, is the grammar, of many language games of sickness, even if limited to the knowledge that when the crops fail, the people will get sick and will die without a food replacement (a rule grounded in nature).

In sum, the initial (cognitive) step taken toward identifying a sickness 'trouble' is that of differentiating or stratifying the sickness 'into the class of western sicknesses or Tongan sicknesses'. Associated with these two types is the notion of food, blood and sickness (as related concepts) and the notion of bodily susceptibility and sickness. Each has its own grammar.

The selection of 'these' phenomena as faka'ilonga, the selection of certain faka'ilonga as the criteria of 'this' type of sickness and not 'that' type, these are the 'methods' of assigning rules of 'doing diagnosis' as the construing and application of difference. The sickness talk reflects not simply diagnostic typifications in the Tongan language game of sickness but also

the form-of-life which construes the world in 'this' way and not 'that'. This is further elaborated in the following section.

3. TONGAN SICKNESSES

This section discusses, further, what Tongan sickness talk says. Some of the accounts will also be analyzed in terms of what they show.

Within the typification of mahaki faka-Tonga, four subcategories have emerged in Tongan sickness accounting, as a means of further organizing sickness experience. The Tongan mode of establishing order in the array of sickness troubles as experienced by them, has been to construct four classifications, namely, ʻāvanga, fasi, hangatāmaki, and mahaki. No matter how the sickness trouble was to be classified, it was traditionally believed[1] that the supernatural order, the spirits, both ancestral and recently deceased kinsmen, were the harbingers of such problems afflicting humankind.

A prominent member of Tongan society asserts today that

> The principal causative agent of all sickness is the ʻāvanga which traditionally requires three agents or vehicles in order to complete the cycle of health, illness and restoration or death. These three are the vaka or vessel which may take the form of a lizard, or shark, or object, or physical element such as the wind, sun or rain, etc. The second is the taula or boat anchor which is interpreted as the priest, that is, a human medium. The third element was the faletapu or house where the priest conducted his ritual.[2]

While this causal account, with its features of the ʻāvanga working through three agents, can be located in the writings of Gifford (1929) and other early European records, these ideas are transmitted as factual knowledge to students of Tongan culture who

attend such lectures and thereby such 'knowledge' is perpetuated. However, for those who are not students of Tongan culture such as the members of Tongan society whose accounts are recorded for this study, such details of original, pre-contact (European), beliefs and practices of healing and sickness are never articulated as everyday, common knowledge. Most Tongans are, however, familiar with the concept of the ʻ_avanga_ being 'responsible' for sickness and premature death. This is not to say all members believe in the existence of the ʻ_avanga_ today. Indeed, in discussion with members from the more urbanized areas of Tonga (especially Nuku'alofa), western influence has led to the modification and acceptance of certain aspects of western causal explanations of sickness, by some members. However, I cannot say that some members of Tongan society 'reject' the notion of ʻ_avanga_, as such statements are rather simplistic. When change in 'ideas' occurs, it tends to be a modification rather than a dogmatic and total alteration, as such 'knowledge' employed in one language game is not unrelated to 'knowledge' employed in other language games within that particular form-of-life. A form-of-life does not support one idea but grounds a multiplicity of thoughts and behaviours perpetuated in the very language itself. This can be noted in the various ways in which accounts of ʻ_avanga_ are brought to language. Each member relates to their cultural concepts in their own way. That is, the response to this dominant idea of sickness causation is idiosyncratic though the idea itself is publicly derived. The concept, or item of knowledge, is common to the collective while the response engendered depends on individual cognitive organization according to that individual's way of knowing, his private 'reality'. This difference has not been well articulated in many studies on 'societies' or 'cultures' whose activities have been described in terms of purely 'collective' action.[3] The individuality of interpretation can be seen in the sickness talk itself and in how each member accounts for the sickness in the four categories ʻ_avanga_, _fasi_, _hangatāmaki_, and _mahaki_. Firstly,

the āvanga disorders.

Āvanga.

The spirits (or souls) of the ancestors and of the recently deceased, traditionally have been attributed with having the same human qualities, following that person's death, as they had when they were alive. However, early European records and members' accounts today, assert that these spirits were thought to be the source of human afflictions per se; and while there are several names for a person's soul or spirit, in this capacity of inflicting sickness, misfortune or death, the term āvanga seems to have been used.

In addition to this, where it was noticed the physical state of a member seemed to be unchanged, yet the member displayed behaviour which deviated from normal and the member was obviously greatly 'disturbed', a category of sickness was also given the name, āvanga. That is, as there was no physical manifestation, the label āvanga was retained not only as the causative label but also as the classificatory label for this sickness type. The spirits not only were thought to cause the sickness, they even seemed to be manifest within the member in these instances. The āvanga are thought to be capable of 'roaming about'[1] and on occasions take possession of a living members' body. These spirits are rarely considered to be the ancestral spirits but are instead more frequently reported as being the spirits or ghosts or souls of recently deceased members, usually kinsmen of the 'possessed' member. It was reported to me that occasionally these are spirits of people who died prematurely or were particularly anxious about dying and these restless spirits have not 'passed over' into the next world. As most Tongans today are practicing Christians the 'next world' is usually reported as being 'heaven' rather than what was traditionally thought to be the 'next world', the ancient paradise of the after-life, Pulotu.[2]

With the coming of the missionaries, the word 'devil' was introduced which was subsequently translated by the Tongans into 'tevolo'. The parallel between the malevolent activities of the ʻāvanga and the 'tevolo' were readily apparent and summarily the term 'tevolo' became, and is still today, (mostly in European accounts), applied to the ʻāvanga.[3] However, the ʻāvanga is not to be equated with the biblical devil but is perhaps more like (western notions of) the human spirit or soul. Although during my fieldwork inquiries, analogies continued to be drawn by Pālangi's and even some Tongans, between the traditional supernatural beliefs and the missionaries' christianity, the two domains are usually construed as being quite separate. Although the missionaries and faifekau's (ministers of religion) may discuss the phenomenon in terms of biblical references, the Tongan people deal most effectively with such spirits through their traditional, secular means. This is usually done by 'calling in' the faito'o ʻāvanga, spirit healer, in cases where 'possession' has occurred. Indeed in some parts of Tonga it was reported that a family member could deal with it, 'cure' the member, without recourse to a specialist healer.[4]

Not all spirits 'possess' people, that is, enter their body and control their behaviour. Spirits are described in such terms as to imply that they have a choice over whether they 'possess' a body of a living member or not. Spirits may simply wander about, often at night which may be indicated by uncommon noises in the dark, by 'sightings', say, of faces at windows or in dreams at night, or simply by one or several of the numerous dogs barking at night. Like elsewhere, it is commonly believed in Tonga that dogs and other animals sense such presences more readily than do humans.

During the daytime, spirits may be prevalent generally, although accounts assert that graveyards, in the bush, or at sea, and (in the northern islands), the

seaside burial grounds, are the most common ('dangerous') areas. Strict observance of custom is necessary when one is approaching, in, or departing from, any of the numerous graveyards scattered throughout the villages and home sections (_'api_) in Tonga. These observances include: no laughing, shouting, singing, whistling, playing, eating, excreting, or wearing flowers or any other than the most solemn and respectful of behaviours. Whistling was reported to me as being a _tapu_, as the act of whistling summons up the spirits, or a spirit. Other accounts recorded in the fieldwork reported that whistling is customarily disapproved but is not a _tapu_. Indeed, whistling will only occasionally be heard and the only time I have heard a Tongan whistle was a young man who was walking across his home ground (_'api_).

Disrespectful behaviour around a graveyard is known by the majority of Tongans to make oneself vulnerable to 'attack' by spirits present. The spirits reportedly 'hate' anyone acting with disrespect.

Speaker I (V): The spirits hate people who behave badly, in such a way, in the graveyeard. You should never step on a grave either. The spirit will slap you. You may not know straight away that you've been slapped for being like that but by the time you return home you begin to feel unwell and the _ā̆vanga_ takes over your body ...

Speaker II (V): Or you may come to dream and you'll see the spirit you angered. A handprint might appear on your face.

Occasionally reports are given of several spirits avenging their wrath on the culprit.

Speaker (V): Several spirits might get together with the other spirit in an attempt to kill the person who annoyed it. Sometimes the person will die and the healer seems to be unable to work against them

all. There are too many. A blackness may appear on the dead person's face[5] and this is the mark of the spirit ... where he slapped him.

Some of the larger cemeteries, as opposed to the family burial plots, are considered more notorious than others. For example, extreme respect is shown at the Royal Family graveyard at Mala'e aloa near the palace in Nuku'alofa. These spirits are all hou'eiki, noble relatives of the king. The cemetery reported to be the most 'dangerous' in the accounts recorded in this study, is in Tongatapu, the cemetery Telekava at Kolomotu'a. One cemetery where only benign spirits are reported to be present is Ma'ufanga at Takavolove on Tongatapu, the main island. I am uncertain as to whether a spirit may choose to take on a malevolent or benevolent attribute or whether a spirit is either one disposition or the other. There seems to be a relationship between their attitude as a living person and that after death.

Reportedly, spirits will roam around anytime, usually in a quiet place, and will approach a person who has gone off walking on his or her own. A grown man will usually take a child, at least, with him for company rather than venture into the bush on his own. As most men must work their family land allotment ('api uta) for food, it means they must regularly go to the bush and prefer to go in groups.

In the bush a person may become aware of a spirit being present.

Speaker I (V): You know, because you don't see someone, just a glimpse of a shadow. You know it is a spirit.

Speaker II (V): Spirits can play tricks on you. They will play near or around you. If you are afraid then you're more vulnerable. So you ignore them. You yell at them that you are stronger [than the spirit]. You sometimes swear and shout at the spirit to go away. The spirit knows if you're

afraid. I use a prayer to chase them away.

Speaker III (V): I'll tell you. On Tafahi Island [in northern island group] there was a strong [notorious] man known as Fanueli. His graveyard is well known. The people know not to raise their voices and no-one must eat food while standing by the graveyard ... or put flowers around their ears in self-pride or Fanueli's spirit will take revenge. His strength was tested a few years ago when a priest went with the bible and stood on the grave and shouted to the spirit to test its strength against God. The spirit evidently appeared in a dream that night to a man named Vaka who next day went to the priest asking why he took such a weapon as the bible to challenge the spirit and that the spirit Fanueli challenged the priest to go to the grave without his weapon. However, the priest said God was his strength and Fanueli couldn't challenge that.

Since that time the people have dug up the grave and took the bones to another place. Fanueli's spirit came back to visit the people who did it. He asked why they had separated his bones from the place where his strength was. One of the men told Fanueli that they wanted to divide his strength because of what he did to the people.

This lengthy account is recorded here to show several aspects of ʻ̄avanga beliefs. Firstly, the admixture of traditional and modern religious expression which is becoming more evident in Tongan accounting. The influence of missionaries and ministers of the Church in encouraging the people to challenge their beliefs in spirits with their beliefs in Christianity. Secondly, while due respect must be accorded the deceased it is also acceptable to abuse them if they harass without provocation. Thirdly, the manifestation, while occasionally quite clear and recognizable to some people, may choose to obscure its identity by remaining invisible to its subject. Fourthly, the power a spirit is able

to exert in the human world can be diffused by exhuming the spirits material remains upon which several courses of action can be taken as will be shown in the section on therapy.

A contrasting account of a spirit which had no malevolent intent is shown below:

Speaker (V): I can remember a few years ago I used to hear a horse galloping along Taufa'ahau Street during the night. I heard it off and on for years. My mother told me it was a noble who had died. He was buried at the beach end of the Street and once or twice a year his spirit rides a horse up and down the street so people will remember him, his strength and courage and good works. Some people say, if spirits appear in a dream they are disturbed spirits who have died prematurely and desire to be remembered or return to the living world to finish their work.

I am uncertain as to whether this notion of 'premature death' derives from the Tongan form-of-life or is a concept adopted from western thinking. The concept seems to be used in the sense that the particular person was not 'ready for' death, as in a young person being reluctant to die of a sickness or in violent, sudden, death. The 'desire to be remembered' implies that the spirits want the kinsmen (living) to keep them utmost in their thoughts and not let them fade from memory along with the numerous other deceased.[6]

Speaker (V): There was a girl, a student at Liahona College, the Mormon College at Tongatapu, She died in an accident on campus. I was there between 1963 and 1970. I used to hear someone walking around the College in high heel shoes when the College was quiet and the students had gone. Some of the senior students had heard it too. They said it was the dead girl dancing. I was a prefect

at the School then and used to board, so that's how I heard. The girl had died in 1963 just before graduation. I heard the footsteps in about 1970.

Thus accounts given today tell of both benevolent and malevolent spirits, or again, of spirits who simply seem 'lost'. Benevolent spirits may appear in dreams to warn a person of a coming event. Some spirits may appear directly to an individual and they may be immediately recognizable as an uncle ('father'), aunt, ('mother'), parent, or grandparent, or even a deceased child relative. While most homes contain photographs of their deceased relatives around the walls, some people have suggested this is how the member (contacted by the spirit) can name and describe clearly the identity of the visitation.

While some spirits are known to be 'friendly' there nevertheless exists a general fear of all spirits because of their power to exert their 'will' over living members. If one is foolish enough to offend a spirit, that person courts the likelihood of physical illness or possession or even death.

Bott[7] records the story of a young girl who became possessed after seeing what Bott refers to as two 'tevolos'. The account given is quite characteristic of Tongan accounts of spirit possession. Bott asserts that 'tevolos' are not malicious. The accounts recorded for this study and other historical records, give an alternative view.

During this study I was fortunate to be able to correspond with a well-known expatriate who has perhaps become more Tongan in practice, habit and thought than European. He reported on certain aspects of sickness praxis relevant to the northern islands of Tafahi and Niuatoputapu.[8] The account he gave described 'spirits' interpreted as being mischievious, benevolent, malevolent, or simply wandering spirits. When asked if

spirits are believed to roam around more at night or during the day the reply was, 'In the dark, especially near dusk or dawn'. Spirits were believed to be most prevalent in cemeteries, on graves, in the bush, at sea and particularly in the burial caves at the sea-side. Occasionally they could be summoned on request, a belief I had not recorded in the other Islands. When I asked if a foul smell, or odour, was associated with possession, the reply was in the affirmative. Elsewhere I had heard that there was never an odour associated with spirit possession. The report from Tafahi and Niuatoputapu had been that there was an odour, 'such as a stench from a rotten body'. This correlates with beliefs in Samoan islands which are very close to the northern islands of Tonga. However the healers were never reported to have found teeth (nifo) or other objects of the spirit in the possessed person, as in the case of Samoan spirit possession.[9]

Other replies were consistent with the accounts on other islands in Tonga, such as spirits often appearing to an individual in a dream to warn the member that some activity in which the member is involved, is causing distress to the spirit. The member may begin to experience some of the signs (and symptoms) in the days following.

There are a number of signs (and symptoms) that are given in the Tongan sickness talk recorded for this study as the criteria for a diagnosis of spirit possession.

Speaker (V): Āvanga is, you know, when somebody just sleeps and wakes up and just talks as if they are quite mad, eh?!

Speaker (V): ... they thought it [her abnormal behaviour] was caused by spirits ... from the talk of that person because she usually talks of the

people who are already dead ... 'so and so is coming and asked me to go to the pictures, and gave me something to eat ...' That is how the person talks. Usually she feels that person gave her something. From her story they [the family and healer] could pick up [diagnose from the criteria] it is the āvanga.

In the following account a lengthy description of an āvanga encounter is presented and this demonstrates a typical description of this (not un-common) event.

Speaker (H): My wife. We went to a grave at Ufilei. We wanted to put new sands on some relatives there. We sat under a coconut tree and I sent my wife to get sand. Other people were carrying some posts with the help of the waves as the tide was in. They were cousins and an uncle of mine. I called out to them to sit on top of the posts ... as they were pushing them along. I watched my wife as she went out and as she bent down for the sand she fell down; not for very long. She got up. I said, 'what has happened?' She just smiled. She brought her basket of sand and we came back. It was in the evening after eating our umu [food prepared in a ground oven] that we returned. My wife said that she was cold and I told her to go and get herself warm. So she did. After a while V. [a female relative] came in and heard a conversation. She [the relative] thought somebody was with her. When she peeped in she saw her all covered with a tapa cloth, TALKING, TALKING TO HERSELF. V. heard her saying, 'If YOU WANT ME TO COME WITH YOU, I won't tell K.' [her husband]. When V. asked why she was like that, she only pulled the tapa over more to cover her. So V. called me from the kitchen and said that my wife seemed so peculiar, only talked to herself. I ordered the tapa to be taken off. She was ANGRY WITH US saying that she was feeling very cold.

'I guess she's sick', I said. I ordered the tapa to be taken, so she and V. each had a pull and the tapa was torn. She was angry because she wanted to hide in it. You see, that shows how a person is ATTACKED. I then came over to her and she started to RUN and find a hiding place. I sent someone to get bark of a siale (gardenia). Semisi's wife, Sālote, and Semisi both came with the bark and performed the tulu'i. She CRIED ALOUD. We had to get hold of her as she had A GREAT STRENGTH alright. If I were her, you wouldn't be able to hold onto me, I would throw you away. In the morning I asked her what had happened, (she replied), "You know I saw these people with the posts. One of them, an old man with grey hair, came and gave me a slap ...". I [the speaker], knew he was an uncle of mine who was dead. It was the hit that made her fall ... '... and he said to me, "Why didn't you give us a hand?" '

In this account the relevant signs (and symptoms) have been capitalized. The combination of actions, emotional states and reported subjective feelings are all taken as signs (faka'ilonga) of spirit sickness. The visible behaviours are here taken as the diagnostic criteria of the condition. The explanation given was, 'the failure to fulfil community obligations'. This is frequently attributed as the spirits' motive for 'attacking' a member, that is, as punishment.

A villager listening for another motive asked:

Speaker (V): The question is K., is L. an 'Eua woman? [K. answered in the affirmative].

Many Tongans reported that a Tongan who does not 'belong', that is, has not been 'raised', (lived their childhood), in the particular island where possession took place, is 'obviously' more 'vulnerable' to possession. The spirits of the local deceased are said to

'resent the presence' of these 'foreigners'. Perhaps this notion may reflect the feelings of inhabitants when there were wars and conflicts between the island groups. Whatever the reason, spirits are thought to be able to attack such 'foreigners' on the island. Here again the notion of 'free will' is attributed to the spirits.

Speaker (V): The spirits, they do not like strangers. I come from Vava'u. It is said that I am more susceptible to attack.

Therefore apart from having 'free will'; attacking those who do not keep social mores and tapus; as well as those who are considered strangers; there is an idea of spirits being 'territorial' in nature. Spirits are apparently territorial in that they seldom[10] depart from a certain area, usually where they have been buried, or where they are known to 'roam'. A further motive attributed to a spirit's attack is that of sexual attraction or jealousy, which will soon be discussed. Before doing so a further sign of spirit possession should be noted. This sign is taken by some members to be a criteria of spirit 'possession'. I refer to the sign of an elevated temperature which my assistant and I had heard two members mention in discussions prior to our meeting a particular āvanga healer. My assistant asked,

Speaker I (A): Does āvanga have fever?

Speaker II (H): Very much indeed ... they are different. The Pālangi fever, once you get it the temperature rises from time to time. But as for the āvanga fever, when it starts, say, in the morning, then at noon it will get back to normal and in the afternoon the fever will come back.

Speaker I (A): A mofi fakahoua - an attack of fever just at a certain time [of the day]. The next day the fever occurs at the same time [of the day].

Speaker II (H): ... but once I treat it, the medicine is applied, then the temperature becomes erratic ... and if they [hospital staff] treat it, their thermometer shows nothing. Still, she's hot.

Other accounts deny that fever is either a criterion or even a sign of āvanga sickness. In a slightly different account, other features such as those of massaging the head [fotofota] and deep sleep are important to the speaker. This story recalls the night his wife said she was going to visit her mother.

Speaker (V): Instead of going out the front door she took off into the bushes, out the back, towards the lagoon. I chased her and grabbed her by the back of her hair. I took a while to find her and I was really afraid. After I brought her back to the house she said she could not remember what had happened except that her [deceased] brother had told her to get ready and go to her mother's house. Well, later she went missing again and a friend and I chased her. My friend struck her on the chin when he caught her and brought her back. When she got home she got hysterical (āvea) and then we called in a neighbour who brought in lautolu leaves when she arrived. S. became hysterical again. This was the spirit in her struggling to get away from the medicine they hate. We rubbed the medicine on her head, put it in her nostrils, in here ... the eyes, the mouth and massaged her head. S. then went into a deep sleep and when she woke up the spirit was gone.

The massage while working the spirit out of the body also helps to relieve the stiffness from the rigid, over-extended muscles, which occurs in many of the struggles which take place to restrain the 'possessed' individual.

While the above accounts describe women being affected by spirits, it is a sickness which affects any age and either sex.

Speaker I (R): Is it mainly women or girls who are affected by āvanga?

Speaker II (H): No, men just the same, just the same.

Speaker I (R): Can anyone treat the sickness?

Speaker II (H): Some say only the faito'o āvanga [spirit healer] can do it. But anyone who has the medicine, lautolu, uhi, ... The spirit hates the medicine. You can do it [treatment] too, if you know how. The person with the sickness will never ask for help because the spirit is too strong and wants to be in the person.

Speaker I (R): How does the spirit enter the body? Where does it get in?

Speaker II (H): No particular place.

In most accounts there is no description given as to where or how the spirit enters the body. It is not important how or where, but simply that it does 'enter' the person and others have to get it out. This is everyday knowledge. Another account of spirits affecting any age or sex was recounted in terms of the motive of beauty and jealousy for purposes of seduction.

Speaker (H): Sometimes the spirit wants the people because they are beautiful. This is both men and women. The spirits are also said to be jealous of beautiful people. But often it could be because they don't belong there ...

While there is little confusion between the traditional religious beliefs of the āvanga and the (modern) religious beliefs of Christianity, the latter may be used to legitimize the 'old' doctrines.

Speaker II (V): This kind of disease, well many people say there are no devils. But remember, in the Bible there's a story told by Jesus; a story in the Bible how Jesus chased the devils.

Speaker I (R): What I don't understand is, the devil? Do you refer here to the dead?

Speaker II (V): Yes.

Speaker I (R): Or do you mean when Satan gets into someone, say, your wife is ruled by Satan when you go to faikava (kava party) too much?

Speaker II (V): That's different.

Speaker I (R): Are Pālangis affected?

Speaker II (V): Not really...

This 'not really' is perhaps interesting, for although Pālangis are not generally considered susceptible because āvanga is a Tongan sickness, nevertheless most people know of one account affecting a Pālangi which means they keep the possibility open in their everyday knowledge.

Are any persons not susceptible at all?

Speaker II (V): ... For example, they wouldn't do harm to a religious minister.

Speaker III (V): No, I wouldn't believe they would touch a Catholic priest.

However, I know a faifekau pule (chief minister) of the Church of Tonga to be affected by the āvanga. Indeed his whole family was considered susceptible, mahaki fakafāmili, and have regular manifestations of some type, possession, physical sickness, visitations ... Spirit possession is one of the categories of illness thought to be a mahaki fakafāmili as well as a general sickness which could affect any member.

Is there any way in which a person can suspect the presence of a Spirit and prevent 'possession'?

Speaker II (V): By not misbehaving and keeping to the tapus.

Speaker III (V): Once I heard strange noises like someone walking about the house. I thought I would ask the faifekau (minister) of my Church (Anglican). He suggested I put a Bible out on the table. I thought I would put out two Bibles, one in English too. That night, the ghosts were really noisy that night and were banging on the door. But the Bibles must have scared them away. I didn't sleep much that night. I think about eighty per cent are harmful spirits here in Tonga...

This account was given to me by an 'educated' (holds a western university degree), 'intelligent' man in his early forties, which precludes hasty assumptions about 'ignorance', 'uneducated', 'female', 'geriatric', ... glosses sometimes attributed to such members. This man believed he had prevented 'possession' occurring in either himself or his family members.

What did this man think about western healers treating such Tongan sicknesses?

Speaker: There are many sicknesses that Tongans recognize but western doctors do not. I feel sorry for the Pālangi who only has a doctor to turn to for help when the doctor only has such limited knowledge. Tongans have both doctors for treating the Pālangis illnesses and Tongan doctors to treat all the Tongan illnesses. They are therefore much richer. They are more fortunate.

The accounts given above of spirit possession with accompanying (constitutive) signs (and symptoms) of apparent hysteria (āvea), strength and wrestling of the spirit in the victim, the attempts to escape from home

and concerned relatives, the care by the relatives, the faito'o and medicines, complete recovery ... present a schema recognized and organized into a category of sickness with its own necessary and sufficient criteria. The victim is never held accountable for his or her behaviour while being 'possessed' by a spirit, no stigma, no defenses, complete recovery.[11]

A problem which has arisen over the last few years is the advent of the western psychiatrist who is 'posted' to countries where such beliefs pertain. Some people, thought by other members to be afflicted by the āvanga, are vulnerable to the relabelling practices of the western psychiatrist and subsequently may be regarded as having a 'psychiatric illness', for example, schizophrenia, manic depression, acute psychoses or neuroses, etc.[12] The relabelling of one cultural sickness definition according to other cultural relevances, that is, meanings pertaining to another form-of-life, seems problematic. In such instances the reclassification leads to alteration in therapies, and thus the introduction of drugs, hospitalization, incarceration in prison, chronic disturbance. What has traditionally been an acute, readily cured 'illness' (in many instances) may now become a long term psychiatric disturbance.

While this category of illness is directly related to the activities of spirits (visitations in the awake or sleeping state, or 'possession' by spirits) the physical illnesses may also be deemed to be a result of the activities of spirits. As stated in the introduction of the study, it is necessary to note the variation in individual accounts. For some members, all sickness is so caused and therefore there is no concept of 'accident'. For others, accidents do occur and so do 'naturally' caused sicknesses (such as skin or wound infections, diarrhoea, ...) while other conditions are the result of the āvanga. Some members reported in this study that they believed only the āvanga type of sicknesses are caused by the spirits, but the others (fasi,

hangatāmaki, mahaki) are not caused by spirits. There are a few members who believe there are no such 'beings' as āvanga and they accept western methods of defining sickness situations. Accounts vary according to individual interpretive schemes. How each member organizes the variation in public (everyday) knowledge and their resulting conversation, sickness talk, reflects their individual 'realities'.

Fasi

The fasi disorders are perhaps most readily associated with the concept of accident, a natural occurrence, as this category includes bone fractures (fasi), dislocations (homo) and muscular disorders including sprains (tapeva, of the ankle) ruptures, aches etc. This association between bone and muscle has been made in a number of cultures where they have come to be grouped into one class of sickness or ailment.[1]

The method or process of diagnosing such conditions is through the signs (and symptoms) presented by the afflicted member, his account of 'what happened' and how he 'feels' and 'appears' now. It is usually the healer, as faito'o fasi, who palpates the part of the body causing discomfort or pain (langa means pain; langa 'o e uoua literally means pain of the muscle or muscular pain; langa 'o e hui refers to pain of the bone, ...) as part of diagnosis. While the diagnostic process is similar in all fasi complaints, the causal accounts surrounding the occurrence will vary.

Apart from asking the member how he 'feels', his subjective experience, (the symptoms as they would be referred to in western terms) and noting the degree of disability, apparent amount and type of distress (or pain), deformity or lesions, the faito'o will palpate (fafa, refers to 'feel') the affected limb or part to determine if touching the part increases the pain experience markedly or if any deformity, not visible (to his view), may be felt. Thus, type and degree of

pain is a signigicant indicator of an underlying, in-visible condition. Deformity, swelling, redness, bruised or traumatized tissue and blood (toto) are also signs relevant to the faito'o's identification of a fasi trouble.

Indeed in observations made for this study of fasi healers in healing practice it would seem there is little that would distinguish their diagnostic processes from that of a western healer.[2] It is perhaps an observation worthy of note that the difference between the diagnostic process used by both Tongan and Western healers is unremarkable. It is in the stage of problem resolution or remedy that differences become more easily distinguishable as will be shown. Faito'o who I spoke to, told me an X-ray of the affected part was unnecessary, as there are criteria available for diagnosis. They can 'feel' the broken bone or dislocation, or if a muscular complaint, there is no X-ray that will show it. However the faito'o can 'feel' this also. In these disorders (fasi), the necessary criteria of assigning a fasi label hinges on the type of pain (including severity) and how the disorder 'feels' to the faito'o. Other factors such as exposed bones and bleeding, deformity, muscle spasm, ... obviously contribute to that diagnosis.

The dialogue I recorded regarding the fasi disorders was limited in the diagnostic accounting for this type of disorder. This was in part a limit of the study and in part due to the limited discussion members required to explain fasi diagnosis. Two healers I spoke to said they could not explain further than that 'they could feel' the disorder. They just 'knew' which type it was, having examined the afflicted member. It was at the level of therapy and explanation that discussion by members was possible.

For members whose beliefs rest in the ānanga in terms of causal explanation, accounts such as the

following were recorded:

Speaker I (R): How did this happen?

Speaker II (V): The boy, he fell. He was in that mei tree. T., his father, he drinks too much [kava]. They say it was the āvanga. They [the āvanga] want to teach him a lesson.

By implication the boy in the tree was 'pushed' by the spirits in order to cause the father grief so that he might amend his behaviour. Here again, the spirits are accorded the motive of punishing misconduct, that is, to bring the man 'back' to conducting himself according to community relevances (values).

However where the disorder is understood in terms of a 'natural event' minimal explanation is required. Accounts usually are descriptive of the event itself, such as:

Speaker II (V): S.'s leg is broken in two places. They [the children] were playing with the bike and he rode into a hole and fell off. The faito'o will fix it ...

Speaker I (R): Could he have been pushed or stopped by, say, a spirit ...?

Speaker II (V): No, I don't think so ... It was an accident that's all.

This woman understood what I (Speaker I) meant in asking whether spirits had influenced this event. It was part of her everyday knowledge. She had no reason to attribute supernatural causes to this event in spite of my leading question. 'Accidental cause' was part of this member's 'recipe' (everyday) knowledge of events and she accounted for her son's broken leg in terms of an accident, a natural event.

The sickness talk surrounding fasi events or disorders seemed to be (in this study) limited in terms of locating diagnostic signs (and symptoms) as criteria by which to assign a particular label or meaning. Usually sickness talk in relation to identification of the 'problem' simply provided a label, especially where fractures and dislocations of bones occurred. To the members, these conditions seemed 'self-evident' and there was little or no enigma associated with the condition.

Although the more (occult) internal tensions and traumas to musculo-skeletal structures may have required further elaboration in diagnostic criteria, I was unable to record this. However, the backaches and muscle cramps I observed being diagnosed and treated seemed to be evident, as such, to both the affected member and the healer. There seemed to be little diagnostic discussion, that is, little difficulty in identifying the trouble and therapy was soon commenced.

Indeed the faito'o fasi are generally well respected amongst lay and professional (Tongan and Western-trained healers) and 'successful remedies', that is, relief from pain and disability as well as minimal disfigurement where severe fractures have occurred, is readily reported.[3]

Hangatāmaki and Mahaki

This typification Gifford[1] says contains 'any sickness or disease appearing on the surface of the body'. Strictly, this typification, although referring directly to boils (that is, hangatāmaki means boil) it has come to include, in the minds of members, all skin lesions, infections, ulcerations, tumors, inflammations, rashes, ... Indeed while the term hangatāmaki is applied to the above manifestations as external disorders, it is also applied to internal disorders (where identified, diagnosed) and sometimes includes conditions of the scalp, ears, eyes, nose, and throat. Into this category has been gathered a medley of

miscellaneous signs and symptoms grouped and labelled as sickness types including sickness states that have altered and others which have been recently introduced. However many members theorize the 'newer' disorders[2] and some of the traditional disorders (such as of the scalp, ears, eyes, nose and throat, plus a number of internal complaints),as not being of the hangatāmaki typification but rather of a fourth type, that is, mahaki.

For those who may seek to categorize, absolutely, all the non-āvanga, non-fasi disorders into clear typifications of either hangatāmaki or mahaki they will seek an elusive goal. Hangatāmaki is the typification which leads to the most variation in accounts.

Speaker I (R): What sicknesses fall into the class of hangatāmaki sicknesses? What sicknesses are hangatāmaki?

Speaker II (V): Ulcers is hangatāmaki eh?! The word hangatāmaki refers only to boil. So I don't think they mean stomach aches are hangatāmaki.

Speaker I (R): What about kahi then?[3]

Speaker II (V): Oh yes, well whenever there is something swollen, a swelling of some sort, is a hangatāmaki.

Speaker I (R): What about something like diabetes (suka)?

Speaker II (V): See that woman there? She is having the diabetes ... That is hangatāmaki.

Speaker I (R): What about sore eyes, ears or throat? When you have a cold, is that a hangatāmaki?

Speaker II (V): That is just a mahaki ... I don't know how to classify it. Wait, I will ask that old woman ...
... She thinks hangatāmaki can be when pus comes out of the ear ... Yes, that is a hangatāmaki,
... also of the eye, such as mata fa ... (stye).

or,

Speaker I (R): If I cut myself, is that a hangatāmaki?

Speaker II (V): No, that is a mahaki, just a mahaki.

or again,

Speaker I (A): My friend suffers from asthma. Is that a hangatāmaki?

Speaker II (V): Yes, I think so.

Speaker III (V): No. I say it is not. It is simply a mahaki. That is all.

From such accounts I think it can be determined that there is a typification hangatāmaki but also another of mahaki. What cannot be determined is clearly which sicknesses 'belong' in which category. Which category a sickness 'belongs' to is not important to the members and not a part of everyday 'recipe' knowledge. What is important however is how to act when someone has a particular sickness. Which category such ailments as fish stings (e.g. the 'dreaded' stonefish), fish bites, insect stings and bites fall into I could not say.[4] What is important to members is how the people act when they occur.

The term hangatāmaki translates in English as a boil but even when interpreted strictly as boil, it covers a far wider range of conditions than does the term boil in Western society. This was so even before it became a general rubric for numerous, newly defined, sicknesses.[5]

In the following account the term hangatāmaki[6] is applied in its strictest sense:

Speaker II (V): The mata'ika, it is a hangatāmaki.

Speaker I (A): Oh?

Speaker II (V): It is a hangatāmaki called mata'ika.

Speaker I (A): It doesn't have to be caused by a small cut ... ?

Speaker II (V): No [Yes, is the Tongan reply but translates in English as no].

Speaker I (A): It is just a boil... ?

Speaker II (V): It is a boil. It starts off with pains, pains in the skin in the very spot [where it will appear]. Still it has its own feature. The pains continue and it starts to swell, swelling and redness shows on the skin ... these are the symptoms of that hangatāmaki, mata'ika.

This is virtually the definition known to westerners as 'boil' although we differentiate pimples and carbuncles through size or number of openings. Tongans do not so specify, they all belong to the same set of criteria, signs, and symptoms.

Within the category hangatāmaki, is a group of semi-ulcerative conditions known as Pala.

Speaker I (A): Your mahaki is called Pala.

Speaker II (H): Pala fefie.

Speaker I (A): You mean there are other palas?

Speaker II (H): There are other palas.

Speaker I (A): And how many palas do you deal with?

Speaker II (H): Pala f efie, pala mea [kinds of pala we call mea], mea takai, mea hafe, mea fele, mea vela, ...

Speaker I (A): So you refer to these mea as pala.

Speaker II (H): Because they form sores and they are different...

Speaker I (A): But I thought pala was a mahaki of the mouth.

Speaker I (H): Yes, but there are palas of the mouth, pala f efie mate, pala f efie sausau, pala f efie momona, pala fefie pakupaku, ... I treat a lot of these.

Speaker I (A): Please go slowly O. These are new to me. Now I understand it is called pala, but with the many palas you've given, do their names explain what each kind is like, for example, pala fefie, pala pakupaku, ... Do their names mean anything? Now mea hafe, I understand what that is. I've seen it. It moves around [the person's abdomen, waistline]. I understand what mea vela is. I've seen that too. It has blisters which burst. What about other palas? ...

Speaker II (H): The pala fefie, starts outside the mouth and from the inside it starts with a dry throat. If the person tries to spit you cannot cut his saliva. If you try to blow it, it stays the same. It smells [breath and saliva].

Speaker I (A): Why was it called fefie?

Speaker II (H): I don't know, it's a faito'o of my father.

Speaker I (A): Now, pala sausau ...

Speaker II (H): ... The neck swells and is accompanied by tetanus ... [the speaker seemed unsure here]... Maybe they get sick, they get it because they've been caught in doing something ...

Speaker I (A): How?

Speaker II (H): In some kind of sausau [bundle of herbs as tapu causing sickness with swellings in the body and even death if the tapu is broken. Often hung up to protect land] ... But for the pala fefie pakupaku, what I can remember when I was young, ... my father used to treat this ... it starts from inside. When the sufferer speaks, it smells, he says his throat is dry ... Then it happens that he can't drink or eat, the saliva flows continuously ... [again the speaker seemed unsure].

Should a healer show uncertainty in his or her knowledge, acceptance of that person as a healer by other members diminishes rapidly and the 'clientele' declines, as it had done in this instance. This particular healer treated few members, the local villagers preferring to go to nearby villages if treatment was required for this mahaki. As there are perhaps 12-20 healers in each village, each with their own specialist practice, it is not usually difficult to procure a remedy from some healer for a particular complaint.

In this case, the healer treated the condition of pala. There are pala's which are internal to the body and there are pala's which occur as external ulcerations or sores.[7] In this instance the healer specialized in the internal pala's only.

Speaker I (A): Your pala's, according to what you explain, start from inside. Am I wrong? ... Don't you treat the external pala's?

Speaker II (H): No. That is not my hangatāmaki.

So there would seem to be a grammar which makes division of a particular mahaki as a reason-able difference between conditions a healer will treat and those of that class a healer will not treat. When a healer says, 'This is my mahaki' or 'this is not my mahaki (hangatāmaki, fasi, ...)' what the healer is referring to is a recognition of the sicknesses he or she, will treat. If upon diagnosis, the condition seems unfamiliar, or familiar but the healer does not think he could provide successful cure, then the member is told that their sickness is not that healer's speciality. From here the member will usually be directed to another healer.

Another condition which members were certain is a hangatāmaki is that of mavaʻua, a condition of the newborn which is considered to be a sickness. This condition has distinct criteria which distinguish the

complaint. A conspicuous sign is an affected infant's behaviour.

Speaker (V): You know it because the baby cries a lot and may choke or vomit on feeding. A spotty face may also be a sign ... or maybe yellowness or red eyes. Crusty eyes also ...

Many members believe this condition of mavae'ua is a common sickness in children, while others familiar with the condition, as a part of everyday knowledge, do not acknowledge it as part of their own individual belief.

Speaker I (V): One of the most common sicknesses is mavae'ua.

Speaker II (V): We believe there is no such thing as mavae'ua.

Speaker I (V): But ...

Speaker II (V): But it is the belief of most mothers that babies are born that way [with mavae'ua]. They could pick it up [diagnose it] when the baby is either restless or falls asleep most of the time. They believe this. They apply the Tongan medicine and they say it is cured. But for me, I have not taken any of my children to be treated for this disease.

Two public health nurses (western-trained) told me that they instruct women at meetings in the villages that the condition of mavae'ua is the normal aperture of the infant's fontanelles between the occipital and parietal bones and that without treatment this 'gap' will close naturally. In spite of the fact that all the Public Health nurses are taught to instruct in this way in the villages the belief about the mahaki mavae'ua pertains (see Volume II for further details). Everyday knowledge contains the belief that a particularly restless or particularly sleepy baby ... is so, because of the 'gap in his head'. That is, the

restlessness or sleepiness plus the noted aperture between the skull bones, are the signs that constitute the criteria of mavae'ua. To the members of Tongan society this is a sickness to be taken seriously and requires appropriate treatment by the faito'o.

While lay members consider themselves capable of diagnosing this condition (as well as other conditions), it is the healer who is thought to be 'really' able to 'tell whether it is a mavae'ua or not'. That is, the healer's attribution of meaning, problem identification, diagnosis, is the legitimate label.

Speaker II (V): Most babies are taken to the faito'o mavae'ua and they are the ones who say whether it is mavae'ua or not. The parents may suspect it [the infant] has got it [mavae'ua], but it is the healer who knows... If the baby is placed on a white sheet the baby will leave a small mark on the sheet ... a yellow stain ... [not urine].

Speaker I (R): What happens if the cure doesn't work? I mean, can that happen ... that the treatment of the baby doesn't make the baby better?

Speaker II (V): Yes, sometimes the crying and restlessness continues. Then they may look for other things [reasons]. Maybe it is the āvanga...

Speaker I (R): What would happen if a baby suffering from mavae'ua wasn't taken to the faito'o for treatment?

Speaker II (V): It would die.

In this account a rule may be located which underlies much sickness talk, that is, 'when the sickness is particularly severe or persistent and resists treatment, then suspect the āvanga are at work'. An alternative definition of the sickness situation will usually be sought first and reclassification may occur, relabelling. However, once the members decide they have defined the problem correctly then persistence of the sickness in

appropriate therapy implies possible spirit intervention.

This occurs more readily with some conditions than others, such as where the ā*vanga* has frequently been associated with that condition in the past. For example, there may readily be an association between headaches and the ā*vanga*. In this case the pain in the head is called *haukiva'e*.

Speaker II (V): It is different from just a headache which comes and goes quickly. Maybe you try *faito'o* [medicine] or massage ... maybe you try the aspirin,[8] and the headache, it goes on. This is *haukiva'e*. Then you know it is a *mahaki faka-Tonga* [a Tongan sickness and therefore cannot be cured with *Pālangi* medicines]. They [the *faito'o*, healer] treat you, like, you lie on the floor and the corner of the mat is put over the affected side of your head and the healer will step on the covered head [a particular form of massage using the foot] rocking the foot onto the face. Now if you are not better after the treatment then you know it is the spirit.

Speaker I (R): What spirit ... ?

Speaker II (V): Well, if it's you (a female) you go to your mother's grave. If you are a man you go to your father's grave [assuming they are deceased]. You take out the skull, because it is your mother trying to tell you, by giving you a headache, that something is wrong. You break the skull and look for a root, or something growing, or lying in the head. You take the skull and the root or needle say, ... You take it to the sea and throw them away. Then take the bones back to the grave again. Your headache will go then.

Some members reported 'smashing the skull', others reported 'poking a stick in to push the (offending object) thing out'. Some members said the skull should be washed out, other said to throw the skull into the sea.

There seemed to be total agreement that if the member with the haukiva'e was female then a female relative, usually mother or grandmother needed to be exhumed and so treated, and the reverse applied for a male. The persistent pain in the person's head gives identity to the 'real' trouble, a 'trouble' in the head of the deceased.

Exhumation is possible in Tonga and is reported as being performed without due ceremony.[9] It was reported that the Department of Health require that permission be sought from the Department 'in case the deceased died of an infectious disease. We ask that only one person, usually the affected person, opens the grave'.[10] However, in practice, members participating in the study did not seem to be concerned about following such procedure and most did not know of the request.[11]

Another condition described as being caused by the ʻavanga because of its persistence was a young man who had experienced a painful abdomen for several months.

Speaker II: We took out his father's body [from the grave] and took out the part of the stomach [abdominal contents] and burnt it. This was so the disease would not come back and go from generation to generation. The trouble will stop now.

It was thought the boy's stomachache (langa kete) was caused by the ʻavanga as previous treatment had brought no remission. The account demonstrates a belief that ʻavanga-induced physical illnesses will recur, throughout generations if not 'dealt with' effectively. Thus the family would persist in experiencing a mahaki fakafāmili and in this case it would be a lange kete

fāmili. This rule was described earlier.

There are numerous sicknesses which are reported as being mahaki or hangatāmaki, from burns, to urinary infections, teething troubles, fish bones in the throat, to nappy rash. As has been mentioned before, for some members all sicknesses are ultimately caused by the spirits although today the majority of Tongans discriminate between 'naturally' caused 'sicknesses' and 'supernaturally' caused sickness, each person having their respective, individual, interpretation as to what illness belongs to which type.

There is one other type of mahaki which seems to sit marginally between natural and supernatural cause. This type was only described by one member of Tongan society who I spoke to, though it is supported by Garth Rogers[12] in his article 'The Father's Sister is Black' and described as supernatural power inherent in the sister of a (married) man. The one account I recorded was as follows and is an account of human special powers and not the power of the spirits.

Speaker: Sometimes a child may be sick and they find out the aunty [mother as mehekitanga] did not get to name the child. She used to name the child but things have changed now. Often the parents, they just do it. Not like when I was born.

The mehekitanga, or father's sister (who is also a 'mother' to the child in the Polynesian kinship terminology), has, as the kin member with the highest status, traditionally named the child. Today she may still name the first born, in particular. However, (as the account above notes) the parents often assume the right.

Rogers records an occasion of difficulty in parturition where it was thought possible conflict between the parents and the father's sister may have

been the cause for the difficult birth. The mehekitanga is attributed with having 'supernatural powers' which she can use to punish those who breach custom amongst kinfolk, by invoking sickness or death. In this instance, in order to demonstrate publicly she bore no ill feeling toward the parents, the mehekitanga performed a humble task (washing clothes) outside the hospital where the brother's wife was in labour. This power of the mehekitanga to invoke sickness or misfortune was expressed by members in this study also.

It would seem that there are three ways by which a member may invoke sickness upon another. Firstly, by the mehekitanga using her powers; secondly, by making a sausau as a tapu whereby infraction will cause sickness or death. These two have been described earlier in this study. The third may be by a member asking a spirit of the deceased to do so.[13]

Speaker I (A): Can someone make another person sick by wishing them to be sick?

Speaker II (V): No, only by asking a dead relative to do so, at the graveside.

Members who I spoke to about this topic thought it was most rare for any member to intentionally invoke sickness, misfortune or death upon another. However, as far as their everyday knowledge was concerned, it was always possible. Members tended to speak as if such practices 'were more frequent in the past'.

Before moving away from the diagnostic process, it must be noted that while traditional sicknesses with their diagnoses and management may in some aspects have become redundant and thereby forgotten, so too have 'new' sicknesses been created according to community relevances.[14]

Some Tongans are conscious of the fact that in the past, members had a broader and deeper knowledge of traditional healing practices as part of the relevances of everday knowledge.

Speaker (V): Right. We can only tell now the symptoms, perhaps their causes, things that go against [fepaki] and their treatment ... we feel we can't do more.

I met no member who felt he could discuss details of the origins of Tongan medical knowledge or how disease names were derived or classifications made. There was no relevance in doing so. Such knowledge was not required to persist, only diagnostic and therapeutic procedures were required to endure in the praxis of their existence. Related to that existence and present relevances is the creation of new labels, new therapies. For example 'manatu' and 'lolo mai'.

As a teacher in Tongan custom remarked to his students,

Speaker: Manatu is a new sickness. It is a Tongan sickness because the Pālangi cannot cure it. Manatu refers to memory, to remember or remembrance. Here it refers to a disease afflicting small children whose parents, either one or both, are overseas. Usually these are parents overstaying in New Zealand. The children have an elevated temperature, loss of appetite, listlessness and reluctance to play. They are also often sleepy. I treat these children. They come to me from all over Tonga. I treat them with a macerate using the bark of the liana vine and use another for flavour. I have one hundred per cent success. [The cure is called vai manatu].

This speaker also referred to this condition, 'manatu' as 'overstayers sickness'. This apparent (to the western health professional) 'stress' syndrome, had certain criteria by which to diagnose the 'disease'. The criteria were, that one or both parents are overseas and the child is displaying an anxious response. Signs of listless behaviour, limited play, disturbed eating patterns and other social behaviours being disrupted, perhaps a feeling of unwellness generally. This healer regarded an elevated temperature as an important sign. He later reported the child may also experience pains of various kinds.

The second sickness is that of 'lolo mai' which again is presented as being a sickness or disease and in this instance has been given the label 'lolo mai' by the people. The sickness discloses certain disturbances in 'modern living' that is, there would seem to be a relationship between 'lolo mai' and adaptation to changes occurring in traditional modes of relating.

Here is the account of 'lolo mai' as reported by a Fiji-trained medical officer in the local hospital bulletin:

Speaker: Since most or all of us do take turns as Out Patients Officers, how many times do we come across people saying that they have these 'lolo mai' attacks. More often, one is bound to see at least one or more such patients in a week ...
... Most describe it as a FEELING OF GENERALIZED WEAKNESS, some experience it as numbness, others say that it is 'death', still others refer to it as a loss of power or energy.

Whatever the feeling might be, it GRADUALLY CRAWLS UPWARDS (FROM THE LOWER LIMBS OR LOWER ABDOMINAL REGION) and TIGHTENS THE CHEST. She feels that her RESPIRATORY PASSAGE IS BEING

> OBSTRUCTED, there is PALPITATION and the patient LOOKS PALE. She is also SWEATING and has SHORTNESS OF BREATH. She may FAINT and fall but there is neither loss of consciousness nor convulsions. There is MARKED DIMINISHED MUSCULAR TONE with COLD CLAMMY EXTREMITIES. The frequency of the attack varies. It may occur daily or even once a week. Most do not give a precipitating or aggravating cause. The attack may appear during light work or even at rest. The duration of the attack also varies. It may disappear after a short rest, or last up to hours. (I have seen one patient being bedridden for days after an attack).
>
> These patients also have MULTIPLE PHYSICAL COMPLAINTS, EPIGASTRIC PAIN not unlike that of peptic ulcer, HEADACHE, stimulating migraine, etc. ... In addition, the patient would almost always complain of SLEEP DISTURBANCES, ...

The amalgamation of such wide ranging signs and symptoms, most of which are here presented as 'criteria', have been gathered under the formulation '<u>lolo mai</u>'. There are many members of Tongan society who recognize the condition, according to the report, which has generated documentation of diagnostic features. However having acknowledged the condition, it becomes established as a sickness type and may have a short or long 'sickness life' time. This may partly depend on whether the western medical practice accepts the lay diagnostic label or redefines the syndrome. Already there are moves to alter the definition and absorb it into existing western images of sickness, as the article shows:

> I cannot help but feel that this is '<u>lolo mai</u>' syndrome or neurosis (whatever one would call it) is peculiar to Tongans. As it has been seen, it was hard to put a definite diagnosis for it includes a number of neurotic entities such as depression, anxiety, hypochondrias and

not to forget of course, the malingerers. No wonder then that this condition is (as in most neurotic disorders) very difficult to manage.

However, such sick members are 'managed' with exercises and drugs, through the psychiatric clinic.

In sum, I have attempted a hermeneutic approach of 'open' dialogue to allow members to express their (intersubjective) experiences in relation to formulating the problem of sickness as a meaningful event. That is, members have 'said' what they understand, or 'know', about different aspects of and 'types' of sickness. My analysis of their speaking is my way of discussing, comparing, elaborating, on what members have said.

In writing out what, to me, seemed relevant aspects of several sickness accounts I have recorded, I have attempted to show how flexible everyday theorizing on sickness is, not how inconsistent. I have tried to show not how mechanical human activities are, but how creative and adaptable. I have tried to show not how sickness is organized according to 'ideal types', but how the typifications must be indexical, negotiable, moulded, to fit the situation of instance of sickness. While avoiding an endless catalogue of mahaki faka-Tonga[15] I have tried to indicate the variety of sickness states which are grouped into four typifications. These typifications are a part of the everyday knowledge of Tongans and not categories imposed on the material by the researcher.

Furthermore, a part of this analysis has been my attempt to show some aspects of rule-usage in members' ordering, organizing, of the various and transient phenomena that are 'understood' as constituting certain 'sicknesses'. Here, I have departed from 'what' members 'know' to attempt a partial explication of 'how' it is 'known', that is, the application of 'rule' to phenomena

which gives rise to sickness meanings which, in turn, reflect the Tongan form-of-life.

Members' speech showed rule-usage in the separation of Western and Tongan sicknesses; relationships between food, blood and bodily reactions; differentiation between and within the subcategories of Tongan sickness typifications.

The selection of certain phenomena as faka'ilonga; the selection of certain faka'ilonga as the criteria of 'this' type of sickness and not 'that' type; these are the ways ('methods') of assigning rule(s) as 'doing diagnosis' (rule-usage in diagnosis) as the construing of difference. These rules reflect not simply diagnostic typifications (in the language game of sickness) but also the form-of-life which constitutes the 'world' in 'this' way and not 'that'.

I will now return to this problem-identifying act of diagnosis in order to re-view the concept 'diagnosis' and further explicate this notion of rule-usage and the process of constructing sickness meanings.

IV Re-viewing Diagnosis

Thus far I have discussed the Tongan language game of sickness in terms of problem identification, the attribution of meaning to a 'trouble' which arises as an interruption in the ongoingness of everyday life. This process of identifying the problem I have discussed under the western rubric of 'diagnosis', an artificial construct, a heuristic which is abstracted from the real life (life world) situation where no such dichotomy as diagnosis and therapy (as distinct categories of activity) exists.[1] The therapeutic (healing) act is at once problem identification, explanation and problem resolution, that is, knowledge in use to guide action, reasoned action, reason-able activity.

The Tongan language game of sickness has been described and discussed in terms of instances and examples, through sickness talk as everyday theorizing about sickness.

I have already indicated aspects of what sickness talk 'shows' from what the sickness talk 'says'. That is, through the sickness talk I have indicated aspects of the language game as a whole, the 'talking' and the 'doing' as the interrelationship of knowledge and action in sickness praxis. The grammar of Tongan sickness talk differentiates sickness experience through assigning different (from western) meanings (labels, concepts, classifications) via rule usage. The rule moves the meaningful labels into the particular sickness experience (McHugh) as the process of differentiation.

In western lay and professional 'sickness' terms, the usual way of understanding diagnosis (and therapy) is based on common conceptions, or misconceptions,

through common objectifying practices. In Western terms, diagnosis is understood as the analysis of a sickness state, 'a careful analysis of the facts'.[2] Thus diagnosis is generally understood as the discovery of the identity of some 'thing' which exists empirically, can be seen, and which in the English language is given the name, 'sickness' (or sometimes more specifically, 'disease').

In this study diagnosis has been shown, not as an analysis, but as a synthesis, a construction. Diagnosis is the attribution of an identity to generate the notion of 'difference'. Diagnosis is not inquiry, but rather, determination (determining the meaning to be applied). An analysis of the statement 'diagnosis is not the analysis of something which people get (sickness)' shows, sickness is not some-(concrete)-'thing'; sickness is not a 'unitary thing'; sickness is not something a person 'gets'. Diagnosis is shown as 'construction' through the assignment of meaning using a rule. This rule I refer to here as the general rule of 'aberration'.[3] That is, the act of diagnosing has been shown to require the observer to apply an image, typification, which designates 'aberration' from 'normal' states of Being-in-the-world. This construction is assigned to the array of presenting signs and symptoms (remembering that in Tonga these signs and symptoms are apprehended as a whole) which in order to have meaning to the diagnostician is (necessarily) required to align with learnt 'ideal types'. Symptomatic variation is condensed, abstracted, in order to make the typification acceptable, applicable.

This meaningful construction must be acceptable, if not totally meaningful (understood in detail), by the sick member and/or relatives. This process of construction, while generating different interpretations, appears to me as a western observer-interpreter, to be the same in both Tongan and Western society as part of

the typical process of 'labelling', assigning meanings (through rule-usage) to experiences of phenomena in the world.

Thus diagnosis as discussed in the beginning of this chapter shows as construction (synthesis) and not analysis through the assigning of meaningful labels using what is seen here as the rule of 'aberration'. The rule itself is not an imaginary, figmented rule, but is a rule grounded in the grammar of the speaking. The rule is applied by members in order to classify, determine, psycho-somatic difference, as 'sickness'. This is a universal rule as all cultural groups require this creating of difference, the construction of the category of sickness, mahaki, maladie, ziekte, krankheit, ...

The act of diagnosing, problem identification, application of sickness meanings, refers not to (the state of) the sick member but to (the state of) the diagnostician, the problem identifier. That is, the locus of 'meanings to be applied' lies in the healer and not the sick member. The observer assigns the (legitimate) meaning to an-other member's 'trouble' and (in Tongan and Western society) generates a strategy to overcome the trouble. Through the grammar of his speaking the sickness experience is assigned an identity which familiarizes the unfamiliar (un-familied, no family, no belonging). In the Tongan cultural form-of-life, this grammar assigns sickness to the family of Tongan tradition. The traditional, expected, familiar sickness 'types' once classified are assigned as being 'our' sicknesses, mahaki faka-Tonga, Tongan sicknesses. The unexpected, unfamiliar meanings and strategies (of problem resolution) as assigned to the category of western sicknesses. In turn, western healing practice reassigns sicknesses (Tongan types) into its own familiar (family of) terms and strategies (as diagnosis and therapy).

Thus the grammar of Tongan sickness talk shows rules of differentiating Tongan and Western sicknesses, food-blood relationships and sensitivities, sub-categories of Tongan sickness, as well as 'new' sicknesses in the changing language game of (Tongan) sickness. These grammars can be seen to have their auspices in the form-of-life as Tongan culture.

The sickness talk showed that while the healer has (esoteric) knowledge of the specific (legitimate) criteria (symptoms) which constitute a particular type of sickness, lay members' speaking also reflects an ability to make tentative diagnoses (identifications).

The particular rules which assign one type of sickness as being different from others in its class (for example, hangatāmaki), were shown as the grammar of criteria, sign and symptom, or more appropriately in Tongan culture, the symptoms which are most relevant (the criteria) out of all presenting symptoms (faka'ilonga).

Other unspoken rules, those of sickness prevention, were shown in sickness talk which reflected notions of causal explanation, such as, i) do not cause sickness by breaking tapus or mores;[4] ii) do not cause sickness by eating 'wrong' foods (strong, salty, spiced, ...) which may be thought to cause personal or family allergies. Associated with this notion was the grammar relating Tongan food and (future) Tongan sickness, as well as, Tongan therapy and (future) Tongan sickness.

Sickness talk shows that the phenomenal state of sickness is less frequently spoken about than the explanations and actions which are generated by the phenomenon. That is, the phenomena cannot be communicated without having already ordered them in the moment of bringing them to language. This will be further elaborated in the following sections. Sickness talk reveals, instead, something about what (self

and other) members 'do' (classification and management in accord with public criteria) when the phenomenon (or more correctly, phenomena) of sickness are recognized. This recognition (as a re-cognition of learnt meanings) was mentioned as an apprehension of a 'trouble' by Self, which is normally communicated to others. This communication of the 'trouble' is an aspect of Self's sense of membership, community. The 'doing' of 'sickness' shows this doing of 'community' in the analysis of sickness talk. In Tongan sickness talk, community relevances were shown in the grammar of members' speaking and will be further disclosed during this study.

Thus far, rule, grammar, and theoretic community has been shown in i) the rule of diagnosis as construction through differentiating 'aberration'; ii) a theoretic community involved in 'doing' diagnosis where healer and lay member understand, share diagnostic meanings [apply the same rule(s)]; where lay members tentatively diagnose while awaiting the legitimate diagnosing of the healer and where this diagnosis is understood as acceptable and adequate; iii) a grammar by which members recognize that diagnosis is being done, or has been done.

Furthermore, grammar has indicated the forms-of-life which ground sickness talk. The form-of-life as nature is evident through physical manifestations of sickness and psycho-emotional responses (and possibly vice versa).[5] The forms-of-life as Tongan (and Western) cultural grounds which are reflected in kinship and community relevances, are also disclosed.

The next section refers to therapy as the strategies devised for sickness resolution, in Tonga.

FOOTNOTES: HEALING ACT AS DIAGNOSIS

I DIAGNOSIS AS INTERSUBJECTIVE EXPERIENCE

1. Garfinkel, H., 1967.

2. I am aware that proposing such notions as 'universals', or generalizing statements to encompass 'homo sapiens', is problematic in the social sciences and do so most guardedly here.

3. Ibid.

4. Schutz, A. (Vol. II, 1979: 229 ff); describes human (everyday) consciousness as being confronted by many aspects of reality, or, 'multiple realities'.

5. The fact that when I grimace or become tearful etc., others do not laugh or become bored and when I recover from illness, others share in my relief from anxiety, demonstrates intersubjectivity, grounded on forms-of-life as nature.

6. See section in this study on Explanatory Models.

7. Sandywell et al., 1975; McHugh et al., 1974; Phillipson, 1976.

8. There are two main positions in philosophy regarding the possibility of such 'knowing'. The first may be seen in Heidegger's writing where it is argued that it is possible to know more about the realm of experience than what language allows. Language and experience, knowing and Being are not synonymous. The other position is that expressed in such works as those of Wittgenstein who argues that, 'the limits of my language are the limits of my world'. That is, it is not possible to 'know' what cannot be expressed through language. On closer examination of these authors' writings, it is possible to see that the two positions are not mutually exclusive. Indeed Wittgenstein acknowledges

Heidegger's position (see Horgby, 1959).

9. Berger, P., Luckman, T., 1966.

10. Cf. Asher, R., 1972; Tuckett, D., 1976; Foucault, M., 1973; on this theme of perceiving sickness as a constant.

11. Cf. Garfinkel, H., 1967, on court records and the rationalizing of accounts. Also Raffel, S., 1979, on medical records.

12. Kleinman, A., 1973: 209.

13. Dingwall, R., 1976: 44.

14. Frake, C., 1961.

15. Dingwall, R., op. cit.: 154.

16. Garfinkel, A., op. cit., pp. 7-10.

17. Foucault, M., op. cit.

18. Stelling, J., Bucher, R., in Tuckett, D., Kaufert, J., 1978, pp. 161-168.

19. Ibid.

20. These notions of responsibility and accountability between the Tongan healer and sick members are developed further in the section on 'Doing Sickness as Healer'.

21. Raffel, S., 1979, also discusses these notions of 'presence', 'observer', and 'event' in relation to medical records. Foucault, M., 1973, discusses notions of body exposure and the scientific approach to diagnosis.

22. Raffel, S., 1979: 72.

23. Regarding 'pain', Wittgenstein argues that the characteristic 'behaviour and demeanour' (signs and symptoms) of someone who is hurt 'serve as' criteria for his being in pain. They are not merely correlated with something else, that is, the pain itself. The criteria are 'as if' criteria, as there are no others to be found. Much of what appears to

be empirical is really grammatical. Cf. Wittgenstein 1958:57; 1963 par 246; Pilkin, 1972: 127).

24. I am not concerned here, with the fact that the western professional diagnostician may employ technology such as a thermometer, in this example, which then provides the necessary and sufficient condition for the application of the label 'fever'.

25. In a scientific experimental sense.

26. There are many types or classes of mofi. However, re-classification of Tongan sicknesses into western sicknesses as if they are equivalent, is quite problematic. For example, Churchward (1959 dictionary) defines mofi felāngaaki as dengue fever; mofi hui as rheumatic fever; mofi kitekita as relapsing fever; mofi kulokula as scarlet fever; and mofi 'uli 'uli as Malta fever.

27. Cf. Wittgenstein, L., 1958: 63, 64, 65: 1953, par. 141, 182, 322 II PP. 212, 222; also Pitcher, op. cit., 236.

28. Wittgenstein, L., 1958: 24.

29. Asher, R., 1972.

30. Ibid.

31. Ibid: 21. See Asher, R., on the myth of Pel Ebstein fever in Hodgkins disease.

32. Technologies that issue from discoveries in medical science have a limited application in diagnosis. It remains incumbent upon the diagnostician, even when technology is used, to interpret what the 'results' of such tests 'mean'.

33. Schutz, A., op. cit.

34. The illness is experienced as a 'trouble' although it may later be 'identified', interpreted as a sign of 'divine vocation', for example. That is, the trouble may not be 'interpreted' as a negative

event, sign.

II Concepts of Health and Sickness

1. HEALTH AS A CONCEPT

1. Kant in T. Kingsmill Abbots (transl.) 'Kant's Critique of Practical Reason and Other Works on the Theory of Ethics', 1909; Tucker, R., 1972, on Kant.

2. Cf. Landy (1977) and Louden (1976) for lengthy descriptions of various health concepts.

3. Dingwall (1976) quotes an example of South American Indians where dyschronic spirochetosis gives rise to spotty skin pigmentation and those without the discolouration, that is, healthy individuals by western standards, were ineligible for marriage.

4. This notion is elaborated in Chapter 4 of this study.

5. These sentiments linking life events to notions of a 'healthy', 'good life', were expressed to me by an elder of the Ngāti Kahungunu people, a New Zealand Maori tribe, on a previous occasion.

> As long as I have enough to eat and clothes to wear.
> As long as all is well [social harmony] with my children and that when I die I am buried on my home marae, then I am happy and healthy.
> What more is there?

6. 'Health' is a situated concept, that is, someone is healthy for the here-and-now as well as being typically healthy; typical for the young, typical for the adult, typical for the aged. See also footnote 3 above.

7. This becomes a 'problem' for those who do not understand why 'education' (as 'information') does not necessarily lead to a change in behaviour.

8. The speakers in the study will be indicated by a letter following the ordering (numbering) of speakers. Hence V = Villager; A = Assistant (to the researcher); R = Researcher (myself); H = Healer; N = (western-trained) Tongan Nurse.

9. A number of Tongan members referred to the popular act of the first King George of Tonga who had publicly placed a handful of Tongan soil on the Bible, symbolizing the offering of the Kingdom of Tonga into the hands (care) of the Almighty.

10. This is a western concept. Western scientific reasoning would state that both types (soft and strong foods given here) contain starch. Nevertheless, it was how the speaker understood the difference at the time.

11. Tongans do not aspire, strive, as the Sauteaux do (Hallowell, I., 'The Social Function of Anxiety in a Primitive Society'; American Sociological Review 7: 879-881, 1941), to a disease-free 'good life' as their ultimate goal. Neither do they view the healthy individual (western conception) who is fit physically and mentally as a threatening and asocial element as the Aritama reportedly do (Reichel-Dolmatoff, G. & A., 'The People of Aritama'; Routledge & Kegan Paul, 1961).

2. SICKNESS AS A CONCEPT

1. Dingwall, 1976.

2. Landar, H., and Casagrande, J., 'Navaho Anatomical Reference'; Ethnology I, 1962, 340-3.

3. Gifford, 1929. Spirits may be called 'otua ('atua - Samoa, Rotuma). Otu ua means the second deck or second order, not everyday order. Fa'ahikehe: kehe means different, fa'ahi means party. Me'akehe: kehe means different, me'a means thing.

4. This notion would seem to be supported by the Sapir-Whorf hypothesis that language reflects experience and concepts are developed according to what is culturally relevant.

5. Discussed further under '*tapu*' in section on 'Healing Act as Therapy'.

6. *Cf.* Dingwall, 1976; Landy, C., 1977, 385-455; Tuckett, D., 1976; Talcott-Parsons, 1958, 1964, on the role of the sick person.

7. Such as the Nuer people of Africa.

8. Illich, I., 1977.

III Tongan Typifications and Diagnosis

1. In the past, Tongans referred to the European as *Papālangi*. Recently, the term *Pālangi* has come into use. Therefore both terms may be heard in Tonga today.

1. *THE DOMINANT TYPIFICATIONS - MAHAKI FAKA-TONGA, MAHAKI FAKA-PĀLANGI*

1. *Cf.* Szasz, T., 1960, on differences in diagnosis of the same individual's condition among doctors. Also see the Rosenthal experiment which tested out this proposition amongst Western medical experts. See also Asher, 1972: 21; and Braginsky, Braginsky and Ring, 1969, for examples of lack of agreement in psychiatry of the very existence of various conditions.

2. This is not to be explained by relating this phenomenon to the fact of there being no written medical texts of systemized healing apprenticeship.

3. I use this term in the Weberian sense of 'ideal type' (Henderson, A., Talcott Parsons, 1947).

4. The criteria, signs and symptoms which constitute the 'ideal types' of sickness are learnt in an organized apprenticeship as western medical

training. Disease or sickness states, learnt as 'ideal types', require the health professional to employ his own interpretive schemes when confronted with actual sickness states which seldom, if ever, conform to the 'ideal type'. Asher, R., 1972: 21, says the bestowal of a label upon an idea or concept, real or imagined, brings it into existence. Thus an 'ideal type' of sickness may be mythical but will be applied to real life situations, that is, members may 'see' what they want to see.

5. Although Gifford, 1929: 314, reports there were, prior to the arrival of European, epidemics such as that of filiariasis, etc. and deformities such as clubfeet (western classifications) as contained in Tongan myths. Kava is linked with leprosy in Tongan myth.

6. Refer to Volume II, for detailed accounts of such disorders and their therapies.

7. Cf. Gifford, 1929, for differences in the effects of the supernatural order upon the natural order.

8. Such as ethnographic studies in Loudon (1976) and Landy (1977); writers such as Coe, R., (1970); Twaddle, A., Hessler, R., (1977).

9. Bullous dermatosis as a pemphigus is clinically characterized by bullae of various types found on any part of the cutaneous surface. True pemphigus (as opposed to other bullous dermatoses) was usually fatal through exfoliation, before the advent of such drugs as corticosteroids.

10. Reported by the Medical Officer of Public Health, Vaiola Hospital, Nuku'alofa, Tonga in a private interview. Department of Health Report, 1979, yaws and gonorrhoea were known in the past. Eradicated in 1952.

11. Such tapu statements are a part of Tongan speaking and are used as courtesy statements before speaking

of persons in an intimate (personal) manner, before speaking to persons of higher status, or of certain topics such as pigs, fire, personal body parts, excreta, urine, ... Having spoken the tapu statement one avoids offense being taken.

12. McHugh, 1968.

13. A theme raised as a topic of interest in social research funded by western medical institutions, e.g. Department of Health surveys. See Kinloch, 1980.

14. Clegg, 1975: 149.

2. BODILY REACTIONS, FOOD AND BLOOD

1. Having been told by a faito'o to avoid such foods, they become tapu.

2. Chilli peppers grow wild on 'Eua island where this account was recorded. Chilli's grow on the other islands too and the women sometimes use them in cooking. However the Tongan diet is not usually highly spiced.

3. TONGAN SICKNESSES

1. Mariner, 1827; Gifford, 1929; Collocott, 1923.

2. This is a paraphrase of an account given at a lecture on Tongan sickness beliefs, recorded by the researcher (Nuku'alofa, 1979). The audience consisted of Tongans and Pālangis.

3. I refer to texts such as those of Gifford, 1929, and Collocott, 1923, who describe Tongan practices as a unified, collective action. I also refer to medical anthropological and sociological accounts which, to date, have presented cultural practices as if all members act and believe in the same way. Cf. Coe (ed.), 1970; Louden (ed.), 1976; or Landy (ed.), 1977, for numerous accounts presented in this manner.

Āvanga

1. As some people in other cultural groups believe that ghosts do. Indeed 'spirit sickness' has been referred to by some authors as 'ghost sickness'. Baddeley, J., 1978; Collocott, E., 1923; Heath, T., 1973.

2. Gifford, 1929.

3. Missionaries and Tongan ministers of the Church (faifekau) frequently spoke to me of the āvanga in terms of 'tevolo' or devil(s). The 1958 report by Bott on maternal and child health also refers to the 'tevolo' not āvanga.

4. It was reported to me that on Tafahi island no specialist is required to 'cure' spirit sickness. Anyone can treat this condition. There were also individual accounts reported to me on Tongatapu and 'Eua that anyone could treat this sickness. See p. 231 for discussion on the healer's relationship with the spirit in this healing context.

5. Seemingly, such as when congestion occurs in the face upon the death of a person lying in the prone position where the congealed blood appears as a black-blue blotchiness under the surface of the skin of the deceased.

6. Tongans are more 'conscious' or 'aware' of their deceased kinfolk (as in most 'traditional' societies) than are westerners where kinship ties (rights, obligations) are less pronounced.

7. Bott, 1960: 51.

8. I have acknowledged in the introduction to this study, the problematic nature of expatriate accounts. This is the only non-member source of information included in this study (apart from my own) and relates practices in two islands which I was unable to visit but which showed practices similar to elsewhere in Tonga.

9. Heath, T., 1973.

10. Exceptions I have had reported to me are those such as when spirits travel to New Zealand to warn kinfolk in dreams of certain future events.

11. The violent, abusive behaviour which may occur is considered the behaviour of the spirit not of the member. Having been possessed by a spirit, that person is not considered to be more likely to become a spirit healer him or herself later in life, unlike the Samoans. Cf. Heath, T., 1973.

12. For example, a psychiatric study was conducted evaluating certain members of the Tongan community in liaison with McGill University (report issued, 1979). Recent Department of Health records in Tonga show increasing numbers of Tongans being classified as psychiatric 'patients'.

Fasi

1. A number of Polynesian peoples have grouped these afflictions into one class, e.g. Macpherson, C., (forthcoming) calls this group 'gau', in Samoan culture.

2. Except the fact that X-ray is unavailable as a diagnostic technology for the faito'o.

3. It may be of interest to note that the 1965 Health Department Report to the King showed that of the 73,729 population of Tonga, only ten fractures (of any type) were manipulated at Vaiola Hospital on Tongatapu, while none were manipulated at the other two hospitals Ngu and Niu'ui (there were no doctors in General Practice at the time). Only one reduction of a dislocation (of any type) was performed in the Kingdom for that year; seven 'toilet and debridements' (cleaning and removal of damaged tissues) of compound fractures; three closed reductions and P.O.P. (Plaster of Paris) splints applied, that is, at Niu'ui only (none were performed at the other two major hospitals); and one further closed reduction without splinting was

performed at Ngu only.

Latter Department of Health reports do not give a breakdown of their orthopaedic statistics, but the above ratio of treated dislocations (1) and fractures (10) seem low in relation to the population. It is suggested here that the numerous faito'o fasi are much respected and relied upon for effective diagnosis and therapy by the population of Tonga.

Hangatāmaki and Mahaki

1. Gifford, 1929: 338.

2. Either introduced or with the influence of western theorizing and therapies.

3. Kahi refers to tumors or swellings such as goitre (western classification) and also other neck swellings. Also swellings such as haemorrhoids, prolapse. There are several types of kahi identified by Tongans, for example, kahi va'e, kahi toto, kahi vekeveka, kahi papālangi, ...

4. Because there was no agreement in classification from the accounts recorded it would seem these are classed as 'mahaki'. However, the topic was not discussed frequently and therefore it is not possible to make a statement on the classification for this study.

5. Contact with other cultures and advancement of knowledge tends to lead toward more specific classification of such phenomena as sickness states.

6. Churchward's dictionary translates hangatāmaki as a boil, abscess, or carbuncle or other such swelling; also a sausau regarded as capable of causing such a swelling.

7. Churchward translates pala to mean, to rot or decay ... to ulcerate or fester; to be sore, to have one or more open sores; (of the tongue) to be coated, furry; a sore or ulcer.

8. Medications such as aspirin, eno's, vicks vaporub, occasionally acriflavin, bandaids, etc., are readily available (when in stock) at the village shops (falekoloa).

9. I have since heard an account which shows other members think and act differently.

10. Medical Officer, Ministry of Health, in private interview.

11. I have recorded interviews in the Tongan community in New Zealand where Tongans report writing to relatives in Tonga to exhume a parent's grave and clean out the skull to relieve headaches in the kinsman in New Zealand.

12. Rogers, G., 1977.

13. Records on traditional Tongan practices discuss a fourth means, that is, by witchcraft, such as placing medicinal herbs in a piece of bamboo and putting it so it points towards the victim's doorway. See Gifford, 1929, for such discussions. However I recorded no talk of witchcraft in this study.

14. The language game of sickness alters in western society too. The sickness problems of the last century are not the sicknesses of this century. For example, tuberculosis and other infectious diseases are no longer relevant in western culture in relation to the sicknesses related to 'stress', e.g. neuroses, addictions, obesity, hypertension, etc.

15. Refer to Volume II, for a more thorough catalogue.

IV RE-VIEWING DIAGNOSIS

1. Except in cultures where the diagnostician is not the therapist.

2. Webster's New World Dictionary: The World Publishing Company, U.S.A., 1971.

3. I use the term 'aberration' instead of such terms as 'deviance', 'abnormality', 'peculiarity', ... in an attempt to avoid western assumptions associated with the latter, more commonly applied terms. Aberration implies 'difference' as an alteration, a wandering away, or moving away, from the typical and this expresses the imagery relevant to the author.

4. Legal codes are western derivatives and not related to Tongan auspices, that is, not grounded in their cultural form-of-life. Infraction of laws will not result in (cause), sickness.

5. The uncertainty of the origins and the limits of physical and cultural 'sickness' reflects the bounds of my own cultural form-of-life and the possibility of interpretations available to me. To what extent psycho-emotional states generate physical manifestations is, as yet, unknown.

HEALING ACT AS THERAPY

I EVALUATING THERAPY AS INTERSUBJECTIVE ACTIVITY

In this chapter it will not be necessary to elaborate the phenomenological aspects of the intersubjective experience of 'doing' therapy, as the formulating of remedies is not phenomenally separate from problem identification (diagnosis), which has already been described. Therapy (as remedy) is not the beginning, the middle, or the end of the process. The moments of the healing act may consist of identifying the problem, taking action, re-defining the problem, explanation, action, explanation, ... until the problem has been resolved.

It has already been mentioned that, for analytic purposes, an artificial distinction has been made between the cognitive act of defining the problem (as diagnostic procedure) and the problem resolving act (as therapy, remedy) which is predominantly the 'doing' rather than the 'thinking' activity. However, diagnoses and therapy are parts of the one therapeutic or healing act. Diagnosis without therapy is like identifying a problem then doing nothing about it. Therapy is the action taken to overcome (sickness) troubles and restore the order of ongoing, everyday life.

Phenomenologically, therapy or a 'cure' is not something, a 'thing' that gets a (sick) person 'better'. Numerous theorists have challenged the notion that broths, potions, decoctions, chemicals, massage, incantations, confessions, forgiveness, ... act on the body to improve bio-physical functioning (a western notion of 'cure') beyond what the body would have done for itself given regimen as 'natural self care' (Hippocrates).[1] A number of theorists, including western medical personnel, assert that approximately

ninety per cent of instances of sickness result in spontaneous recovery and require no 'therapy' at all.[2] Still other theorists have pointed out that since therapy is derived from notions of sickness aetiology, until mankind has an accurate (truthful) understanding about what causes sickness, people would do better abstaining from treatment (especially as the 'cure' is frequently 'worse' than the sickness).[3] As until now, the question of whether a remedy has 'cured' a person cannot be proven (scientifically, technically). It is not yet possible to demonstrate to what extent a treatment can be fully (or partially) attributed the recovery of an ailing person. In spite of such views, sick people universally seek 'cures'. It is therefore the social definition of the concept 'cure', the fact that to certain people the cure 'works', which is the social 'proof' of its effectiveness. It is this sociological phenomenon that is of interest here, the content of Tongan 'therapies' in terms of what 'sickness talk' says about remedies, (disclosing that particular form-of-life) and not any evaluative comment by the researcher on the former problem of 'efficacy'.

Therapy, or a 'cure' eventuates out of members' empathetic desire to take action in the face of the enigma of sickness. As morbidity can only eventuate in the sick member living or dying, members endeavour to support the odds that he will live, by taking action, that is, devising a therapy. When therapy 'works', it works not because of its content necessarily (as all healers are quick to point out in respect of other cultural therapies but not of their own) but rather, because it is part of the explanation of diagnosis; it is itself explanatory, 'is' a rationalization of the trouble that has arisen, the disturbance in the every-day taken-for-granted world (to use Schutz's term). It is the reasoning, the 'because' and 'in order to' motives Schutz described,[4] as part of the rationality of the total symbolic universe. The difference in

therapies that occur between cultures shows a difference in rationality which is sustained through the respective grammars of each form-of-life.

Therapy is the causal accounting, is the challenge to the cause and involves both the diagnosis and the treatment. The actual 'cure' or treatment is logically linked to the diagnosis as the program or strategy for action, of the defined situation. Thus, in Tongan society, except where market medicines are occasionally procured, all other interactions between a faito'o (Tongan doctor or healer) and the sick member are stamped with the warrant of logical procedure, problem identification followed by problem resolution. If the faito'o is unable to define, and thereby label, the problem, the member is redirected to another faito'o with the clear statement 'this is not my mahaki'. If the faito'o determines that the presenting sickness (clinical and verbal 'picture', faka'ilonga) can be organized into a classification familiar to the healer, then the member will be offered the classificatory label and appropriate (logical) action as therapy. If the ailing member, or member's family, whichever is assuming responsibility for the situation, accepts the definition then there is an obligation to accept the solution or therapy also. It is reason-able to do so.

II TONGAN TYPIFICATIONS OF THERAPY AS REMEDY

In this section I present only the general 'types' of Tongan therapy, as a complete catalogue of remedies lies outside the interest of this study. These 'types' of therapy will be briefly mentioned and discussed before continuing to re-view the social aspects of healing practice.

The sickness talk I recorded disclosed the following as contemporary methods of healing (as 'cure' or treatment). I will not be describing or discussing any remedy which I did not myself record, nor the traditional practices which members reported as having been practiced 'in the past' rather than currently.[1]

In this section I have organized the discussion under the topics of i) Massage, including fotofota, tolotolo and amoamo with laulau; ii) Medicines, or vai, including the vai momoko, vai mafana, vai vela. I also mention po, puhi, fakatafe, and tulu'i as methods of applying medicines, as well as the vali as ointment or cream; iii) I then go on to discuss tapu in association with therapy, concluding with iv) a re-view of the notion of therapy as it appears as a concrete, factual 'thing' and then as a grammatical phenomenon, related to diagnosis and explanation.

1. MASSAGE

Massage is frequently used as a therapeutic act in traditional healing schemes.[1] Massaging the whole body, or parts of the body, provides a most important social function of human contact, a personal, supportive mode of communicating with or relating to, the ailing individual. Through the act of massage, empathetic understanding is directed from the healer to the sick member.[2] Here physiotherapy and psychotherapy are intimately linked and often inseparable.

Members recognize the influence of massage upon the sick individual who is experiencing pain.

Speaker (V): Often you cannot sleep because there is much pain. You go to the right healer and they massage and you fall asleep. When you wake, the pain is gone.

Most people experience massage as a positive, relaxing therapy and the sick individual, weary from pain, will frequently enter a deep sleep. Pain diminishes in a 'revitalized' person and this relationship has been observed in both Tongan and Western practice, that is, sleep results in reduced pain.

In Tongan healing practice there are three forms of massage: fotofota, tolotolo, and amoamo.

Fotofota:

The first type of massage I shall discuss here is fotofota which is the form of massage familiar to most westerners, whereby the whole hand is used in a squeezing action and is the form requiring the most strength. This form of massage is used mainly for muscular aches or strains, or for massaging the āvanga from a possessed body.

Speaker II (V): Fotofota is used say for mafili [a fasi disorder involving strained neck muscles]. You may have a sore neck on one side and need to be massaged for maybe a week. But also the faito'o may grind up uhi leaves in a coconut shell with water and may massage with this medicine and some Tongan oil.

Speaker III (V): Also for āvanga the faito'o will use fotofota and tolotolo massaging from the head downward ... like this ... to the feet ... the method depends on the faito'o. But, he might use

lautolu and lau'uhi and oil to massage. Also the tulu'i ...

Speaker II (V): Maybe for the backache too ... the fotofota.

Tolotolo:

Fotofota may be used in conjunction with tolotolo as indeed can any form of massage be so combined.

Speaker II (V): Sometimes you can massage the person's knee if they have hila'aki langi.[3] You use it this way [tolotolo] and this way [fotofota]. The hila'aki langi is too sore to massage there. That is why they do it here [a proximal joint, e.g. knee].

Speaker I (R): Will the massage, the treatment, move to the sore area?

Speaker II (V): It is the same. The power will go to the sick part.[4]

Tolotolo is more of a stroking action, using the palm of the hand with considerable pressure. This pushing effect is usually conducted in a lateral direction. Tolotolo may also be used in such disorders as abdominal troubles, or to massage the uterus to ensure fertility, or bladder and bowel complaints such as in some kahi disorders.

Amoamo (and Laulau):

Amoamo is the more gentle technique using a stroking action in a rotating or sliding movement. It may be used for such disorders as headache, mata fa (stye in the eye), eye, ear, nose, throat disorders, mavae'ua in babies and other applications.

Speaker (V): Massage along here[5] gently with the index or middle finger or both. This amoamo helps heal the split in the head. It will be done daily for

about five days depending on the severity. The baby's head, or maybe the whole baby, may not be bathed for about six days while the treatment is being given. When this happens, the baby is then bathed in tanetane leaf mixture as a final treatment to ensure the mavae'ua will not return to the baby.

or,

Speaker (H): When I visit the hospitals in New Zealand [as a Church minister] I know the Pālangi babies suffer from this sickness too. The Pālangi doctor does not know this condition. I feel sorry for the Pālangi babies but I can do nothing for them. I cannot interfere. When I bless Tongan babies I feel if they have the mavae'ua and treat them without the Pālangi knowing, to help the baby. [V. was both a minister and a healer]... But the Tongans in New Zealand come to me with their babies. Also some Pālangis and Maoris too... For the healing to work you must also have much faith. For this [condition] amoamo is used ...

Belief in the 'cure' is recognized as an important ingredient, no matter what type of healing practice is being applied, western or non-western.

Amoamo is also used in ngalo'afu.

Speaker (V): The lump is in the throat. This sickness is often in families [mahaki fakafāmili]. Or it may come from eating salty food or sweet food or fatty food and so the person with ngalo'afu is told not to eat the food that caused it. They are given the massage ... down the side of the throat. If the ngalo'afu is not treated it may obstruct the throat and the person may die.

Amoamo in its most gentle mode is extremely soothing and as has been mentioned, may result in the sick member falling asleep.

In Tongan society, amoamo is reportedly the only form of massage which is accompanied by the verbal act of laulau. Laulau is a form of incantation which the healer 'says' but is inaudible to the sick member. It is considered the secret knowledge of the healer. An example of a laulau was recorded as follows.

Speaker (V): The faito'o will say something like, say a person is choking

> Choke, pity on the person that chokes. Whatever he chokes on, fall. Give strength to the person that chokes. Whatever he chokes on, fall.

This secret chant or statement made by the specialist is seldom revealed to other members although members knew that laulau was used by many, though not all healers, on occasions. Today Christian prayers may sometimes be used as well as, or instead of, laulau.

Laulau is used frequently in instances where objects (foreign bodies) become lodged in some part of the body, for example, the eye, ear, throat, ... The following speaker reported an instance where he had swallowed a fish bone which had obstructed his throat.

Speaker (V): The faito'o will often mutter or speak silently to the bone in the throat, entreating it or ordering it to move into a horizontal position and move out of the throat. He may even speak to the bone by name ... [that is, the Tongan name for the particular bone].

Another account of amoamo and laulau being used for obstruction of the throat by a fish bone was given.

Speaker (V): For fishbone in the throat, massage with firm but gentle downward strokes of these fingers ... [index and middle finger] ... which dislodges the bone. The healer may also talk to the bone ...

Interestingly an account was also given by a healer who reported the possibility of massage being applied 'from a distance' or indirectly to a sick person.

Speaker (H): Suppose the healer is the brother of a sick woman. It is tapu for the healer to touch his sister. If the girl develops a sickness and her brother is good at healing they can overcome the difficulty ... He does amoamo and laulau, outside [the fale, house] moving his hands as if touching his sister. In many cases a cure is effected ... Also this [doing therapy from a distance] may arise where the healer is very old and cannot travel. The healer turns to the direction where the sick person is... towards the village or house. She would concentrate and practice the faito'o where she is. In most cases a cure is effected ...

Massage may be applied as a therapy, or an aspect of a therapy, in any type of Tongan sickness, that is, the āvanga, fasi, hangatāmaki, and mahaki. In āvanga massage may be vigorous and soothing (fotofota, tolotolo and amoamo) and may be applied to the whole body or part of the body, such as the head. For the conditions of hangatāmaki and mahaki, massage is usually confined to the affected area of the body and is often confined to amoamo whereby the body tissues, inflammations, swellings, pain, ... will not be aggravated. For the conditions of fasi the type of massage chosen is likewise selected according to the complaint. One member who participated in the study, reported having had several episodes of backache which was classed as a fasi disorder.

Speaker (V): ... Backache. They use all types of massage for this, tolotolo, fotofota, amoamo, ... and often pele and herbal remedies are used.

In the case of fracture, massage, manipulation and herbal remedies may be used. In one instance of a fractured rib the healer applied warmed Tongan oil using the technique of amoamo, then tolotolo, then amoamo again. Following the massage the healer removes the excess oil from the skin with a steam towel [a strip of towelling soaked in boiling water and wrung dry]. A villager explained what the healer (a relative) was doing.

Speaker (V): The hot cloth encourages the blood to flow after the massage which breaks down any blood clot in the area [tapuni 'o e toto]. It also wipes off the extra oil from the skin.

In another instance, a boy with a fractured wrist had warm Tongan oil applied and again amoamo and tolotolo were applied. Following gentle but firm manipulation, where the healer eased the displaced bone back into position, the steam towel was again used. Splinting of the limb is infrequently used for fractures of the arm, but is occasionally used for severe fractures of the leg to immobilize the fracture.

Speaker (V): The faito'o fasi ties the sticks on to hold the bones in place. The boy will come every morning and night [evening] for treatment [gentle massage with warm Tongan oil].

The manipulation of a fracture is performed gently but firmly, slowly working the bones back into alignment where displacement has occurred.[6] The healer is frequently guided by the degree of pain experienced by the ailing member, as to how long he will massage and how quickly he will manipulate a fracture.[7] Some healers will apply ice, if they own a refrigerator, and

it is acknowledged that this will numb, or partially anaesthetize, the area prior to manipulation.

Members suffering from the fasi disorders will often return for treatment once or twice a day and therapy may last for several years, though usually only for several weeks. One boy I observed being massaged for a dislocated hip had been attending therapy daily for approximately two years. As the western doctors had reportedly suggested that a previous dislocation of the hip may become troublesome when the boy reached middleage, the faito'o had decided to massage the boy's hip daily.

Speaker (V): This boy is my nephew. He was struck in the hip by a car two years ago. He did not go to hospital and after a week he was still suffering with pain. He could walk but was feverish. The boy was taken to the hospital for fever but they did not diagnose the dislocated hip. The family took him from hospital to S. who made the diagnosis and put the hip back. A while later a New Zealand orthopaedic specialist was at Vaiola [hospital]. He said what S. had done was good. The X-ray showed the hip joint had been damaged and although he could now walk properly the doctor said he might have pain in his hip when he became an elder. So he has been coming every evening to S. for massage to prevent trouble in the boy's old age.

Where certain fasi conditions are accompanied by wounds these are also treated by the healer (faito'o fasi). In one instance a youth with a compound comminuted fracture (western definition) had come from the hospital to the healer for further daily treatment. To the boy's family this was a sensible, (rational) course of action to take. When I saw him he had acriflavin over his wound as applied by the hospital staff, herbal leaves over this applied by the healer, bound

up with a crepe bandage supplied by the hospital.

The hospital staff are aware of the combined western and Tongan practices but are unable to prevent the latter where they disapprove of the therapy.

Massage may be applied with the hand(s) or the foot.

Speaker (V): If I have haukiva'e, the faito'o will ask me to lie down and she will put the corner of the mat over my soreness, the affected part, and will gently press with her foot. This is another way they will massage.

Indeed as has been shown, massage may require the use of one finger, several fingers, the finger(s) and thumb, the hand(s) or ball of the foot. The latter is thought to be preferable in some instances and is said to prevent bruising occurring.

The Tongan oil which is used in massage is prepared, Weiner tells us,[8] by pounding the endocarp of the nuts of Aleurites moluccana with the leaves or flowers of Melastoma denticulatum, Decaspermum fruticosum, Cinnamonum Spp. and Coleus amboinicus to which is added the oil of grated coconut flesh. The following day the Tongan oil is compressed and strained from this mixture. However, I spoke to the member of the King's household who is the specialist in preparing Tongan oil for the Royal family and she reported making many types (ingredients) of Tongan oil for body decoration and perfumery as well as for massage. Her recipes are a part of her esoteric knowledge (not everyday).

Lay members of Tongan society use oil for massage and also for body decoration. However should a container of Tongan oil be 'blessed' by a minister of religion, then that oil may not be used for general massage or

decorative purposes. Instead the 'blessed' oil is used only for 'special occasions'.

Speaker (V): If the oil is blessed you can only use it for special occasions such as when a member of the family is very sick. We believe the oil, when it has been blessed, will help that person recover.

2. THE MEDICINES: VAI AND VALI

The term vai refers to water and hence the vai's, or vai faito'o, are the fluid medicines and the vali's are the ointments, creams or poultices.

Speaker (H): In most of the traditional medicines there are only one or two herbs used for each. One of the herbs is the active herb, tamotamo, uhi, and so on. The second or perhaps third herb has no medicinal value to the cure but is called fakafāmili. It accompanies the active one and acts as a sweetener or flavouring, but not like sugar sweet. It covers the nasty flavour of the active ingredient. Tongan healers know only one of the ingredients is the active one. They know too, that too many herbs mixed together will neutralize each other, cancel each other out.

This healer is referring to both the vai preparations and the creams or vali. He was distinguishing what he called the specialist 'healers' practice from what he called 'the modern vai haka'. The 'modern vai haka' is reportedly,

Speaker (H): ... lots of leaves, boiled up and put in bottles to sell. Sometimes they are sold at the market. They are made by anybody ...

These market medicines are held in low regard by (legitimate) healers who show resentment toward those

who try to 'fool the people for money'.

Speaker (H): They just don't work. People try them but they don't make them better. [sai, meaning 'well' or 'better].

The vai medicines are used in healing practice more frequently than the ointments. The vai (meaning water) has water as its main transporting substance. There are three forms of vai, the infusion or vai mafana, the decoction or vai haka, and the macerate or vai momoko.

The Vai Mafana (literally warm water or medicine):
Speaker: We collected several of the lautolu and lau'uhi leaves and placed them in a tin with boiling water. It was used [as an inhalation] by covering the person with a blanket. But we could also have it [the infusion] to smear on the walls of the house or hang the leaves up at the window or door. Also they [the leaves] could have been wrapped in a cloth and put in the corner of the room. They would have chased away the spirits too. This medicine has a strong smell. The spirit hates it.

In this instance, the vai mafana was used as a medicinal preparation to 'cure' a person 'possessed' by a spirit. The speaker went on to describe other preparations that could have been used to 'remove' the spirit's presence. Apart from an inhalation, the herbs would have been considered effective as a mixture to paint the walls with, or in their natural state as leaves hung by the windows and door or wrapped as a bundle and placed in the room. However when the latter techniques are used, a vai is also required (in cases of spirit 'possession'). A faito'o āvanga may paint or smear the 'possessed' person's body with the preparation, massaging it into the body. The vai may also be used as a tulu'i (drops) as will be discussed.

The Vai Haka (literally water that has been boiled, or medicine):

The vai haka or decoction consists not of boiling the leaves and/or barks, but rather putting them into hot or boiled water and leaving them to cool. The ingredients are then squeezed out and the juice is applied to the affected area of the sick person. Some members said it may be drunk by the sick member if so prescribed by the healer. Other members said this is the preparation used in cases of āvanga and is applied as described in the account of āvanga above.

The Vai Momoko (literally cold water or medicine):

The vai momoko or macerate is reported to be most commonly used and requires the marination of medicinal herbs in cold water. These herbs are then squeezed out and the juice is drunk or applied. The traditional mode of squeezing or straining medicines has been to use the coconut mesh or spathe called kaka. This is still commonly used, however, today a clean (ma'a) (often white) cloth is sometimes used, or unbleached tapa called la'i feta'aki.

Speaker (V): We used this [vai momoko] for burns. The faito'o put the leaves in cold water and applied ... [it]. Sometimes the leaves are put in coconut oil but it depends on how serious ... [the burns are].

Another condition or sickness for which a macerate was reportedly given was mavae'ua.

Speaker (V): The treatment for mavae'ua ... get three voluvalu leaves and break each in half. Throw away three halves and grind the other three. Mix these in a juice [cold water] and give to the baby to drink. Massage the head gently, under the foot and also the stomach [abdomen].

Thus a vai may be consumed, massaged onto the body exterior (part or whole of the body). A vai may also be applied in the form of a po, puhi, or tulu'i.

The term po here refers to the dabbing of the vai (or any wet preparation) onto a wound or burn. The technique of puhi may also be used to administer a vai such as to a burn, or to a baby.

Speaker (V): The medicine is blown or squirted from the mouth and is fairly commonly used. A mother may chew medicinal leaves and blow the juice into the open mouth of her child if the child has an inflammed mouth, like pala ...

The other mode of application of a vai is that of drops or tulu'i. This form of treatment was discussed in sickness talk relating to the āvanga.

Speaker (V): This medicinal preparation is applied in solution as drops, those nose, eye or ear or mouth drops. This is used most for the [treatment of] āvanga.

or again,

Speaker (V): A woman with the tulu'i applies it and the person recovers. The aim of the tulu'i is the treatment of āvanga ... the evil spirit. They bring those medicine leaves as it is said that the evil spirit hates them. That is its aim. Because these leaves are poisonous, strong smelling, the evil spirit hates its smell. When the medicine is applied the person is healed.

It is the medicine that is said to work 'against' the spirit. Some members believe the bringing of the lautolu or lau uhi leaves alone will 'get rid of' the spirit and that no healer is needed. Most members whose

accounts I recorded believed the healer was needed. The healer will often speak directly to the spirit ordering it to leave (while administering the medicine). The healer may beseech the spirit to leave the sick member or may combine these approaches. The healer does not enter into a trance to do this and there is no religious exorcism invoking God's powers, or other spirits, to remove the possessing spirit. Neither are benevolent spirits called upon to cure, or assist in the cure, of any sickness. Spirits were described, in the sickness talk recorded for this study, as being causative agents, but not remedial agents.

As a medicine the tulu'i is dropped into the eyes, ears, nose and mouth (the orifices) of the member 'possessed' by the spirit. Although I recorded no statement of how spirits were able to enter a member's body (by what route), it seemed clear to members that the eyes, ears, nose and mouth were the appropriate routes for the medicine. However there were also instances where the leaves (medicine) being present in the sick member's room seemed a sufficient remedy. These apparently contradictory accounts seemed to refer to differences in preference and in severity of the sickness. Whatever technique was used, all members were certain that the spirit objected to or 'hated' the medicine and this drove the spirit away. Of course, there was no question of the spirit being killed or destroyed.

Speaker (V): The spirit hates the lautolu and nonu and struggles within the person to avoid contact with the medicine. The spirit often makes the person struggle violently and swear and run out of the house to escape it. The spirit hates the smell.

or again,

Speaker I (R): How does the medicine make the person well?

Speaker II (V): It makes him better [sai].

Speaker I (R): But how?

Speaker II (V): Like your Pālangi medicine. It is good for him.

Speaker I (R): How is it good for him? What does it do to the sickness?

Speaker II (V): It drives it away.

Speaker I (R): So the person gets better because the medicine drives away, goes against the sickness in some way?

Speaker II (V): Yes, it is good for the person because it is bad for the sickness.

The point was never clarified and it would seem that the details of the manner in which cure is effected is not only obscure in everyday knowledge, but is also unimportant. Everyday knowledge contains the belief that 'it works'. That is, people are seen to be sick, are seen to be treated, and are seen to recover. What better evidence is there to most people, that a therapy is effective? Exactly[1] how it works is not important. In spirit possession it is quite clear, the tulu'i is applied, perhaps the body is rubbed with the leaves and oil, perhaps the room, bed, walls or person is decorated with the leaves ... Whichever technique is applied, it is clear that when the tulu'i is applied, the aberrant behaviour of the possessed member 'disappears' (usually instantly), and the person becomes 'himself' or 'herself' again. The difference is easily recognized by all concerned. The cure works.

Apart from tulu'i being a technique for medicinal application in āvanga sickness, a tulu'i may also be applied as fakatafe.

Speaker (V): Fakatafe is another form of tulu'i but is not applied in āvanga sickness. It is applied to things like boils, or infected cuts. A heated stone is wrapped with medicinal leaves and the juice which drops is dropped directly onto the infected wound or boil.

Thus, the vai's as medicines prepared from herbal plants (leaves, barks, roots) and water are made in three ways, an infusion, a decoction, and a macerate. Application of these medicines include ingestion; rubbing, placing or dabbing(po) on the exterior of the body; squirting as puhi, and dropping as fakatafe or tulu'i.[2] One member reported a vai as a bath.

Other preparations include the vali which means to smear or paint, an ointment or poultice or cream. This is usually prepared by the healer chewing the leaves. Today, the herbs and barks are often ground with a stone. Sometimes the leaves may be simply warmed, steamed over a fire and applied directly to a wound.

There are numerous other preparations and techniques for treating sickness. I have included only those recorded for this study, through general discussions about sickness. Individual accounts were given of therapies which no other members reported, such as,

Speaker (V): I remember my father had a headache that would not go away. The healer used a short brush of coconut fibre, like we use in making our brooms. This was used to hammer a shark's tooth, to make small holes, about ten or so holes in his forehead, to let the blood out. His headache went after a few days.

Another member reported a statement using the equivalent of a 'sitz' bath (therapy used in western obstetric and gynaecological nursing).

Speaker (V): It hurt me to pass water after I had my little girl. The faito'o made a medicine for me to drink. She also made a steam bath in a basin with the medicinal leaves and I had to crouch in the basin. It really worked. I did this every-day for over a week. The faito'o cured me.

Other accounts of medicinal 'baths' are recorded.[3]

Treatment for toothache is also recorded,[4] however, the following account is a remedy for 'extreme difficulty' in teething of a small child.

Speaker (V): The man cut T.'s gums with a seashell to let the teeth come through.

Many other treatments are recorded[5] including the burning of coconut spathes for eye ailments, gargles or mouthwashes, staring at sticks for eye complaints. The preparation of medicines can also include the use of fruits[6] and not only leaves and barks. A preliminary medicine may be given as a 'test' to assess the condition and value of further treatment (vai 'a 'ahi).[7] Medicines may have to be taken by the healer as well as the sick member.[8] Other features of therapy may include the requirement (tapu) that treatment be applied, or mixed, before sunrise or when the rooster crows,[9] etc.

Other therapies may include the exhumation of deceased kin with the cleansing, scattering or replacement of bones.

Hence the list of specific cures is potentially limitless. What is of concern in this study is not so much what the therapies consist of, but rather what they mean to the people as the total intersubjective experience of healing and I will return to this in the next section on cure as explanation.

The discussion on 'types' of remedy, as therapy, must not be interpreted as 'a descriptive classification of treatments with an apparent failure to analyze the process of doing therapy', for the whole study is an analysis of doing sickness, the healing act, therapy. The analysis of therapy is the analysis of the act of problem identification and problem resolution, that is, diagnosis, remedy, explanation (as well as doing sickness as kinship and as healer).

A part of therapy as explanation is located in the notion of tapu. I will discuss this notion next as it relates to treatment.

III TAPU

The principle involved in tapu is expressed in the following phrase.

Speaker (V): No cure is without tapu.

Many members expressed this association between tapu and treatment. Most of the speaking about tapu and the cure for a sickness appeared to reflect the notion that the two are 'naturally' correlated, that is, that infraction of the relevant tapu influences the very nature of the cure, as a principle or law of nature.

Speaker (H): After the infusion, the healer may say, 'take this vai and hang it up and never let sunshine touch it. If the sun touches it the patient may die'.

Apart from noting that the sick person was referred to in the western term 'patient', as this healer spoke English, the speech reflects the relationship of tapu and its effect on a therapy as a natural relationship between elements of nature.

In practice, I have seen treatments applied to the sick where no tapu has been 'given' to the sick member 'to keep'. However this grammar or rule is reflected in members' accounts of the appropriate, conventional, manner of doing sickness as therapy. The grammar is displayed in speech whether it is adhered to in every instance or not.[1] The practice is idiosyncratic though the sickness talk reflects this form-of-life, convention, grounded as Tongan tradition.

A tapu is usually prescribed following a treatment, or concurrent with it. It may involve the elements of food, drink, weather (such as avoidance of the sun, wind, smoke, ...) and on rare occasions social behaviour

may also be tapu.

Speaker (V): The faito'o told me, 'do not speak to anyone on the way home from your treatment'.

or again,

Speaker (V): He [the faito'o] may say to the sick person, 'do not go near a graveyard on your way home'.

The tapu is understood in its context by the relevant members as being logically derived from the sickness condition itself. Members 'know' that the tapu they must keep, as prescribed by the healer, is directly related to the sickness condition and has a direct influence upon that condition. Tapu is part of the sickness explanation.

The tapus are often food tapus based on the principle that particular foods, or over indulgence in one food type will cause sickness, that is, recognition of the food-sickness relationship.

Speaker I:(A) For all the mea sicknesses you treat, what are the tapus?

Speaker II:(H) Those that I have mentioned. The two main tapus are overindulgence in sweet things, also of salty things ... Say salt. Sometimes you eat more salt than you need. Perhaps you can't control it, you go for your taste ... not realizing the damage it could do.

These are examples of tapu associated with therapy, that is, after sickness has occurred. However there are also tapus that are intended to prevent sickness, deformity and death. For example, there are many tapus surrounding pregnancy where the life and wellbeing of mother and child are precarious. In Tonga, pregnancy,

as in most cultures, is an esteemed state but one involving many ritual performances. In societies where tapus are explicit, there are many behaviours limiting the activities of the pregnant woman. In Tonga, infringement of the tapu is considered the woman's 'fault', a source of shame, and thereby she is accountable for subsequent sicknesses or defects in her child. Such tapus are common knowledge.

Speaker: If she steals or hides a piece of coloured material or a piece of property belonging to someone else, in her dress, while she is pregnant, the baby will be affected. There will be a dark mark [naevus, melanoma, ...] at that place on her baby's body. If she eats a roasted chicken with its legs broken, her child will be deformed like this ... [imitates clubfeet] ... clubfeet isn't it?

Here the result is understood as bearing a likeness to the tapu statement. It is through supernatural means that these ailments were traditionally believed to occur. While the tapus persist today, the reasoning, the assumptions of spirit activity, the grounds, have often been forgotten. Sickness talk seems to reflect today a notion of natural, rather than supernatural relationship.

Speaker II: The expectant woman should not sit under the eaves of a house, to avoid the child being misshapen like this ... [stooped]. Crustaceans are tapu for a pregnant woman to eat or the baby will salivate too much [the crab froths when boiled].

Speaker III: It was tapu for her to cut her hair, to cut anything or pull anything to pieces as her baby would get ... what you call ... a cleft lip or palate. Neither must she mention other person's blemishes or her baby will get those. If she strikes her husband, if she slaps him, the baby

will have a birthmark there [where she struck the man].

Speaker IV: Also she mustn't lie in one position all night. The baby might be flat on that side. I have also heard the husband must not sleep with her near the time to give birth, or else the baby will come out covered in grease.

Speaker III: If the mother stands too near a fire, like the haka, the baby's skin will peel.

I was also given a form[2] listing other of the pregnancy tapus as follows:

1. One must not eat from a coconut that is slashed open as the child will have a wide mouth.
2. Must not sit in an open doorway as the child will have a prominent suture line across the top of the head.
3. Must not sit beside or tend an open, smoky, fire as the child will have a flaky skin.
4. Must not eat standing up as the mother will wish to move her bowels during labour and/or childbirth.
5. Must not slice off the legs or head of a chicken or use a knife in a similar way as the child will have bands on its arms.
6. Must not eat octopus as the child will have an itch.
7. Must not eat 'kele'a' as the child will be over-active and jump around.
8. Must not eat 'lomu' as the child will have a running nose.
9. Must not wear a scarf or necklace around the neck or hang up washing in such a manner as if to make it hang under the chin, as the child will have the cord around the neck.
10. If the mother talks about or jeers at a person with a clubfoot, the child will have a clubfoot. (This applies to any kind of disability).

The logic implicit in these ideas (grammars) is grounded in the Tongan form-of-life. While the concept of tapu has usually been regarded as a religious expression, in terms of therapy, this researcher can only interpret 'religious' as referring to moral, rather than sacred, metaphysical, supernatural.[3] While sickness causation is still frequently expressed as a supernatural event, the activities of doing sickness praxis need not be understood as containing elements of religious ritual. Sickness praxis as a human activity is, however, deeply imbued with a sense of the moral. Whether through tradition, or as a phenomenon of social change, members participating in this study did not (to this researcher) express a supernatural link between the breaking of a therapy tapu and the negative outcome. Many members with whom I spoke, expressed the belief that there was no such thing as the āvanga. For them, sickness was a natural event, yet tapu was still accepted as an appropriate feature of therapy. This argument is elaborated in the following section on explanation.

It is suggested here that tapu in relation to therapy expresses moral imperatives usually in the sense of practicing restraint, conforming to 'good' community practices, such as, 'do not overindulge in eating or drinking, or selfish practices'. However, some gain their reason from causal notions of the food-blood relationship.[4] Pregnancy tapu associated with prevention of sickness or deformity of the baby in utero, can also be seen as being related to social obligations and parenthood. Infraction of tapu associated with pregnancy has a one-to-one relationship with notions of deformity, for example, the gaping coconut and the baby's wide mouth. Tapu associated with therapy does not have this correspondence of like-for-like, but has the same result in each case, that is, failure to cure with the possible outcome of death.

IV Re-viewing Therapy

Tapu, as a rule of doing therapy, shows the contingency of 'successful' cure, recovery. Tapu as provisional (contingent) rule is not seen here as a contingency plan, an excuse, for the failure of a remedy, (that is, 'the person has to keep the tapu if the remedy is to be effective') but as signifying the gravity of the situated relationship of certain members, a healer and his charge (the ailing member). Tapu signifies the particular manner in which the relationship (membership, community, communal relating) is enacted by, recognized by, and acceptable to, the participants.

Tapu relates the seriousness of the occasion of doing therapy. Tapu reminds the sick member of the special nature of the therapeutic act and lends authority, acts as a warrant, to the relationship of healer member and sick member. Tapu is a sign (symbol, metaphor) to the ailing member to heed the special-ist speech, special speaking, of the healer. Tapu is the legitimation of the account through the (legitimate) speaking of the member as healer. Therefore the sick member has to 'keep the tapu if the remedy is to be effective'. This is why the sick member must believe in and respect the explanatory account or knowledge. This is not to reify 'knowledge' as if the 'knowing' is more important than the cure or recovery from sickness, not at all. Rather the acceptance of the explanatory knowledge refers to the importance of member's acceptance of legitimacy, legitimate accounting of sickness and its cause, sickness explanation, cause-effect accounting. If there was no sense of authority lent to accounts, then any account would be as 'good' as any other.[1] Therefore none could be accepted as the appropriate, the 'correct', strategy for recovery, because one's action (therapeutic action) would be arbitrary and therefore for-all-intents-and-purposes 'useless' because there

would be no 'good' reason (legitimate) to act. Thus, tapu requires respect, not for the person of the healer, nor for the therapy as 'thing', but for the epistemologically privileged status given to sickness explanation. As religious knowledge is an elaborate explanation of 'man's' enigmatic existence and is stamped with the warrant of divine legitimation, evidenced in ritual, special acts, so medicine as healing practice requires elaborate explanatory accounts of 'man's' enigmatic (ailing, aberrant) condition and has a warrant of legitimated accounts evidenced in special acts.

Tapu as an aspect of therapy is part of the explanation, the causal accounting of why a member is ill, why 'this' member is ailing, why a therapy (remedy) may not have been successful. Tapu in relation to remedy is a part of the explanatory account of sickness.

As diagnosis as the first therapeutic act assigns a label, typifies, attributes a category of aberration to the flux of sickness phenomena, therapy as remedy becomes the strategy to overcome aberration.

From the perspective of the surface accounts, that is, taking the speaking (sickness talk about therapy) as concrete, factual, surface appearance, therapy (faito'o as remedy) is commonly understood as the curing of something. In western terms, therapy is expressed as being, 'the treatment of disease or of any physical or mental disorder by medical or physical means'.[2] That is, a concrete, factual, 'thing' (given a sickness label, name) has developed in a person's body which needs to be treated or dealt with in a direct, physical manner. Members get rid of the thing, the sickness, by applying some 'thing' else which is said to counteract it, overcome it, fight it, destroy 'it'. As Tongan sickness talk says:

Speaker (V): When the medicine is applied the person is healed.

or

Speaker (V): If they are not given the medicine the person will die.

Sickness talk says that sickness and therapy are to be apprehended as objective facticity, are contained within the thing-ness itself. The sick person is cured or recovers because of the remedy. When sickness talk is analyzed in terms of what it shows, that is, in the grammar of speaking, therapy emerges as an intersubjective relationship, where members attempt to 'undo' the 'process' whereby 'things' went wrong, resulting in the thing-hood of sickness. Therapy as remedy is the strategy to 'undo' the process of aberration. Members take action to unravel, reverse, negate, not a 'thing' but a process which has come to be experienced as a trouble. Hence the logic of confession and forgiveness is an attempt to undo a moral trouble; manipulation, to un-do, un-break, a broken bone; tulu'i to turn out, un-do the process of possession ...

Therapy is the logic of the determined construction, the construct which has been determined as 'that' sickness. It is the undoing of 'that' diagnostic construction, objectivation. The general rule of therapy is here proposed as being the strategy to 'undo' the assigned aberration. The strategy is to overcome the constituted difference of the condition of sickness as process, or flux.

The sickness talk shows the reason-able, rational, rules of doing therapy as remedy. The strategies are logical to the theoretic community of Tongans who ground such reasoning in their cultural form-of-life. The members of that community, know there are rules

for doing therapy and while not knowing the specific rules that healers hold as esoteric knowledge, lay members still know there 'are' rules and recognize that they are being done, recognize therapy as an ordered, an ordering, activity.

Many accounts of cultural healing practices whether medical, anthropological or sociological accounts, have emphasized the significance of therapy in its surface, concrete appearance.[3] In such accounts, therapy as remedy has been emphasized as the centre of the sickness experience, doing sickness as healing activities. However therapy as cure is not seen here as the most significant aspect of the healing act. Therapy is dependant on, is a consequence of, the problem identifying, labelling, constructing act. Therapy as remedy is, in this sense, secondary to diagnosis. Therapy (remedy) has its social significance in the human need to act as social beings, humanly relating with one another, as community member, doing membership.

The topic of therapy is not abandoned here but will continue to be discussed through the remainder of this study.

Thus far diagnosis and therapy have been shown as displays of explanatory accounting, when seen as grammatical disclosure of auspices. The following section develops further the grammar of sickness explanation.

FOOTNOTES: HEALING ACT AS THERAPY

I EVALUATING THERAPY AS INTERSUBJECTIVE ACTIVITY

1. The value of therapies has been seriously questioned on many occasions, e.g. Hippocrates' approach to healing was firstly; i) regimen - what and how we eat, rest, work, relax, ... and only if regimen failed should man be allowed to interfere through, ii) medicine, or iii) surgery. Thomas Sydenham, a pioneer English physician in the seventeenth century argued that a physician should use the simplest of remedies only when absolutely sure what was wrong with the patient. When the physician did not know what was wrong, which was frequently the case, he was to observe the person closely and use no remedies at all. Dr. H. Rathner currently editor of 'Child and Family Quarterly' U.S.A. points out that 'cures' or 'therapies' were originally devised only for the unusual, rare case, but have become common practice, e.g. bottle feeding, tonsillectomy, hysterectomy, hyperalimentation, ... and all drug therapy. Beiler (1973:7) argues that even the 'so-called' miracle drugs such as antibiotics are killing people and one person in ten are now 'sensitive' to penicillin. He argues that antibiotics are becoming useless as well as harmful. See also Beck, 1961; Kiev, 1966; Bieler, 1973; Illich, 1977; who expand on these themes.

2. An arbitrary figure but one supported by Beck, Kiev, Bieler, and Illich, cited above, and Rathner (op. cit.). Illich argues that for all our western notions of health and therapy, the populations of the western world are not getting healthier. Bieler (p. 4) mentions that approximately 40% of American youth were judged unfit for military service in World War II and over the last decade military physical fitness requirements have had to

be lowered three times. He also reports that disorders such as cancer, heart disease, diabetes, arteriosclerosis, nephrosis, etc., have increased eightfold in modern countries (p. 39).

3. One of the most significant challenges to western notions of disease causation has come from the eminent microbiologist, René Dubos, who wrote prolifically on the equivocal interpretations of disease causation (see Dubos in Landy, 1977: 34). Here Dubos asserts, that stallwart of western disease aetiology 'Germ Theory', must be questioned and re-evaluated.

4. Schutz, A., Vol. I, 1973.

II TONGAN TYPIFICATIONS OF THERAPY AS REMEDY

1. In that my concern was to record everyday sickness accounts and not to concentrate on the numerous therapies utilized by Tongan members. This section includes most of the 'types' of therapy used in Tongan society today. Other specific remedies will be found in Volume II or referenced in the bibliography to this study.

MASSAGE:

1. Massage is used over a far wider range of healing situations in Tonga than in western healing practice.

2. In western society, this is not the objective of the technique as occasionally applied in physiotherapy. However in the Tongan healing situation it is considered an important aspect (of massage).

3. In the western classification this condition would be referred to as a pilonidal sinus, anal sinus or a boil. There is no precise translation.

4. A tapu for hila 'aki may be that the sick member is not permitted to take a bath while undergoing treatment.

5. Along the sagittal suture of the cranium and over the fontanelles.

6. Unlike the single violent or abrupt manipulation practiced by western healers in the case of fracture or dislocation.

7. On the whole, westerners are not taught to tolerate pain as members of some 'traditional' societies must. Analgesics are widely available in the west.

8. Weiner, 1971.

THE MEDICINES: VAI AND VALI:

1. These are western questions, grounded in the western scientific form-of-life.

2. While there are hot, warm and cold preparations in Tongan medicines there is no relationship between this and the notions of 'hot' medicine for hot sicknesses and 'cold' medicine for 'cold' sicknesses as in the Cook Islands (Baddeley, J., 1978), Rotuma (Howard, A., 1979), and in Latin America (Landy, D., 1977).

3. Collocott (1923) reported the 'mixing up of bones' and the pouring of boiling water over the deceased, as therapy.

4. Volume II, Appendix C, D.

5. Volume II, Appendix C, D.

6. Volume II, Appendix C: 22.

7. Volume II, Appendix C: 14.

8. Volume II, Appendix C: 11.

9. Volume II, Appendix C: 14.

III Tapu

1. See therapies and tapu in Volume II of this study.

2. Prepared for Peace Corp Volunteers working in the health services in Tonga, to assist their understanding of cultural practices.

3. I have avoided adopting Durkheim's categorization of 'the moral' as part of 'the sacred', religious mode of life. Durkheim, E., 'The Elementary Forms of the Religious Life' (transl., 1971).

4. See Chapter I; II, of this study.

IV Re-viewing Therapy

1. There is also legitimacy or authority lent to the person of the healer in his power to heal. Note last chapter of this study.

2. As the W.H.O. 1978, concluded.

3. Cf. Turner, W.T., 1964; Louden, J., 1976; Landy, D., 1977.

HEALING ACT AS EXPLANATION

I EXPLANATORY MODELS

If diagnosis is concerned with the aetiology of sickness, can the diagnostic procedure not be seen to encompass the explanation of sickness phenomena? Does not diagnosis as problem identification and therapy as problem resolution, fulfil the cycle of the problem solving process? Why should there be any requirement to explain further? In what sense are explanatory models developed beyond what has already been dealt with in the preceding sections of this study?

Such questions have been posed in an attempt to remind the reader of the general assumption made, that sickness is dealt with by making a diagnosis and obtaining medicines (a cure) per se. Members of western society, lay and professional, tend to forget that while attaching a label to a sickness and obtaining a 'cure' are the most conspicuous, apparent, features of the sickness activity, an equally significant feature of sickness praxis is the conversation generated by that 'happening'. Numerous accounts are given by lay and professional alike as to the reasons for sickness, and in a particular sickness incident, everyone seems to have their own account of the reasons why someone 'got' sick and what should be done about it.[1] This aspect of sickness talk, the sickness chatter, is an important aspect of sickness talk, the whole therapeutic process, and is itself a part of the methods by which members create and maintain order.

In separating, theoretically, explanation from diagnosis and 'cure', I have attempted to emphasize this fact, that the meaning of sickness experience comes from more than the 'label' and 'cure'. Meanings are accrued and come to constitute explanatory models within

a cultural form-of-life. As there are no absolute truths, a priori knowledge, available to us about sickness states, all knowledge is derived from cultural constructions.[2] Within any culture, the explanatory model allows for more than the initial identification and labelling of the trouble with its subsequent program for action. This is partly because the trouble of sickness is not a concrete 'thing', present for labelling, remaining stable in the one form until death or recovery. The phenomenon of sickness is amorphous and continuously in a state of flux, sometimes with visible manifestations and at other times with no apparent sign other than the ailing member's report and behaviour. The trouble of sickness is constantly changing and often requires re-definition.

In addition, much of the sickness process remains enigmatic, particularly when the action taken to overcome the trouble proves ineffective as neither resolution nor death occurs, and the situation demands explanation. Here the rule or grammar of all cultural forms of sickness explanation can be interpreted as possibly being a universal rule, that is, the greater the enigma, the more complex the explanatory model and therefore the wider the range of causal accounting necessary.

In this section what is accepted as actual and relevant to the Tongan form-of-life as sickness explanation will in some aspects be compared with what is actual and relevant in the western form-of-life, in order to display (conventional) modes of knowledge in each.

Again, I will conclude this section with a re-view of the concept 'explanation'.

II THE TONGAN EXPLANATORY MODEL

In some respects the explanatory models of both Tongan and Western sickness accounting are similar although the content sometimes differs markedly. The difference in the content of causal explanation is displayed in the following accounts of Tongan sickness talk.

Speaker (V): Yesterday I lifted the haka [cooking pot] and some way I pulled the muscle here ... The fasi faito'o will fix it with the massage.

Speaker (V): The āvanga is inside her. The āvanga doctor will come and make the spirit go away.

Speaker (V): If you take salty food, too much salty food, or strong food, that will cause the mea ...

Speaker (V): She must have taken something that belonged to someone else because if you look, the baby has a mark on it's leg there. The mother, she must have done something like that when she was pregnant.

In the first example, the cause was understood as being a natural cause. That is, the strained muscle (in the person's back) was seen to be directly caused by the lifting of the haka (cooking pot) from the fire in such a manner as to inflict muscular strain. In Tonga, the fasi disorders are most readily accepted as having a 'natural' or 'accidental' cause. The relationship between the action and the injury is, in this instance of accounting, the only cause-effect relationship involved. This is not to say that all members causally interpret such incidents in the same manner. As was recorded in this study, members reported that 'others' do believe the āvanga cause all the fasi afflictions and indeed all afflictions. However in spite of this statement, I was never able to interview one of these members who personally

believed the āvanga caused all the fasi afflictions. I did meet one member who was uncertain as to whether her grandson's broken leg, that is, the fall from the mei tree from which he sustained the injury was indeed accidental or caused supernaturally.

The second speaker expressed the common knowledge that where spirit possession occurs, the spirit enters the victim's body. Most commonly there is an accompanying indirect cause of a misdemeanour by the member or his kin which is reported by members as having initiated the accident.[3]

The third speaker attributed the sickness to a direct relationship between food and blood, that is, 'wrong' foods 'naturally' cause sickness. There is no supernatural influence related in this account.

The fourth example of causal accounting has been mentioned earlier in the text (p. 175) as expressing natural causation. The link between the mother's action and the outcome of the affliction is a direct one. For those members who may believe the āvanga ultimately cause all afflictions, then this must include the afflictions caused by breach of pregnancy tapu. However the members with whom I spoke, did not appear to make a supernatural linkage. For most members it was only the incidents of āvanga as spirit possession, that clearly involved the āvanga. It is suggested here that what is being disclosed is the phenomenon of change in social ideas as part of the continual reconstruction of ideas as reality. That is, sociological studies have frequently discussed how reality as social order is maintained but seldom of how social order is modified or reconstructed.[4] While members discussed, through sickness talk, their notions that 'other members' believe all sickness deformity, misfortune, is to be attributed to the supernatural order or spirit world, they did not themselves believe,

or, know the world to be this way. I would not dispute the possibility that a researcher who may study sickness talk of Tongan members on the remote islands may well record accounts of belief in supernatural sickness causation as the causal model of all sickness (explanation). I would propose however, that this belief would be idiosyncratic to certain members, even perhaps the majority of members in a remote village, though I would doubt, all.

It would seem that there is a gradual movement in (Tongan) thought away from the belief in the power of the spirits (āvanga) to inflict disease, misfortune and death, and in many instances lay theorizing seems to be ommitting the intermediary step (in their interpretive schemes) of imputing supernatural forces as a link in sickness explanation. This alteration in theorizing sickness would seem to be an urban phenomenon which, in time, filters to the more rural, isolated, areas.

At the level of idiosyncratic belief, it would seem members become unsure of past modes of accounting or explaining and will say 'others say such and such ...' or 'maybe ... is the reason', that is, tentative explanations are given and depending on how these explanations are received, the member may be prepared to shift to the alternative explanation. This may be seen in sickness talk, such as,

Speaker: ... S. has the sickness ... someone said there was a sausau on the land where he crossed.

Speaker : The boy has the pala ngakau. I don't know how he got it, but the father does not go to church. Maybe it is because of this ...

These accounts are significant to the researcher when compared to the 'certainty' of accounts in general, that is, members' speaking shows members express themselves as 'knowing' the way the world is. Members

express their constructed realities as concrete, objective, factual, certain. When members speak, their speech is not a series of hesitations or tentative assessments. Speakers (must) 'know', must define the situation in order to be able to 'act' meaningfully in the world. While accounts may display uncertainty for several reasons, one reason may be that the speaker is uncertain as to which (alternative) explanation is to be applied, especially where traditional alternatives may no longer seem plausible or relevant. Whether the above sickness talk is an example of this, it is not possible to determine. However, it is reason-able to suggest this possibility in light of the fact that when social ideas change, members do not adopt 'new' ideas dogmatically, but rather, ideas become modified. Elements of 'new' ideas are adapted and absorbed into the traditional and therefore it is probable that elements (aspects of) traditional ideas are ommitted or forgotten, or displaced, by the 'new'. It may well be that in Tongan lay sickness theorizing, aspects (linkages, associations, elements) of traditional thought are being ommitted or displaced, such as, supernatural associations with tapu and therapy, or tapu and prevention (through pregnancy tapu).

Occasionally Tongan members who are familiar with what I have referred to as 'western sickness theorizing' will not speak in terms of 'Tongan sickness theorizing' but will give western causal accounts of sickness. More frequently, members utilize an admixture of Western and Tongan explanatory modes, as has been frequently displayed in the sickness talk presented in this study. When this occurs it must not be understood as either Tongan or Western, as the admixture 'is' the contemporary vernacular. In this study, sickness talk shows western concepts (starch, health, patient, thermometer, glaxo, nutrients, ice to reduce swelling, devil, infectious, nutrition, hygiene, ...) punctuating Tongan sickness theorizing. Western sickness talk is

grounded in the biological model of explanation as its conventional form-of-life, whereas Tongan sickness talk is grounded in a social (kinship) model of explanation as will become more apparent nearer the close of this study.

The causal accounting given thus far, is not the only mode of causal explanation to be disclosed in Tongan sickness talk. Explanation is also given in terms of motive or reason and such motives and reasons may be evidenced in notions of, i) character or personality traits, ii) moral judgements, and iii) time and place, applied as grounds for causal statements in sickness explanation.

Personality or character traits are shown in such sickness talk as,

Speaker (V): The spirits would attack those who are not polite and respectful to the graveyards.

Here lack of politeness and respect could be seen as sufficient cause for a spirit to induce sickness in the offender.

In an interview with a woman in her eighties who had been a Tongan midwife (ma'uli), explanation was given that her mother before her had been a faito'o and had passed on her skills. I asked the woman if she had in turn taught one of her daughters. The daughter herself replied on her mother's behalf.

Speaker I (V): I can't do it because I'm nervous and she [her mother] is brave, for a midwife should be courageous.

Speaker II (V): I had the courage and I liked doing it.

Speaker I (V): ... she was also kind and gentle.

Character or personality attributes like those depicted (nervous, brave, courageous, kind, gentle, ...) are often used by Tongan (and western) members as motives or reasons as to why something was done, or what caused a person to act in a particular manner.

Speaker III (A): So you were courageous, interested and also you loved them [the people] ...

These motives formed part of the causal explanation for this woman practicing her art as a midwife. Such personality traits are often displayed in everyday reasoning (in both Tongan and western speaking). However such concepts are applied in contexts which differ according to cultural relevances (cultural forms-of-life).

Speaker III (A): Don't you wish this kind of skill you had [making vai fua medicine for pregnant and labouring women] should somehow be preserved?

Speaker II (V): For whom shall I preserve it?

Speaker III (A): So it can come down with your children.

Speaker II (V): They are lazy [fakapikopiko].

Speaker I (V): She [speaker II, her mother] was courageous.

Speaker II (V): I delivered my own babies [thirteen children]. Didn't need a midwife, nor a doctor. I had the courage. I delivered my own, then my husband arrived and helped and tied the cord. I had a baby once ... my husband was in the bush ['api uta] ... he arrived to find the new baby wrapped up ... [laughter] ... It's true!

This explanatory speaking, emphasizes the notion of courage as an attribute of the person who practices midwifery. In western imagery however, an individual who practices midwifery would never be described as being 'courageous'. The concept 'laziness' may be

applied in western language usage to personal attentativeness to one's occupation, for example. However this relationship of concepts would not be relevant in Tongan society. The concept 'laziness' is part of Tongan language usage but is applied in relation to that particular community's relevances, in the sense of 'doing community'. For example,

Speaker (V): How lazy people are today. Not caring of the old people. Somehow they do not seem to be strong like in the old days. People stuck together and brothers cared for their sisters. They were generous toward their sister's children.

'Laziness' is spoken of in terms of social relationship, kinship obligations, while 'strength' is related to strength of character and 'caring' and 'generosity', also related to important (relevant culturally) kin duties. 'Generosity' is not a material or monetary symbol but refers, in this context, to helpfulness in chores, kindness to a sister's children, allowing a sister to select the best quality fish from the catch, assistance at funerals, etc., ... These are the cultural relevances which language usage reflects. The contextual relevance involved in interpreting the use of (application of) such grammars is apparent when a comparison between different cultural forms-of-life is made.

The character or personality traits people attribute to others[5] are a parameter expressing the speaker's values. The actual behaviour being so labelled (by a positive or negative personality label) is of course unaltered by this post hoc mode of describing Other.[6] The labels which are applied show the speaker's own relevances.

Apart from character traits being assigned in causal explanation as motives and reasons, moral

judgements are also assigned according to cultural relevances. Such relevances are learnt by members as part of their membership in a particular society. Moral judgements are an essential ingredient of our 'recipe knowledge' in the social construction of order. Members stratify each other morally in terms of their perception of 'good' sickness behaviour. In defining sickness situations a member attempts to 'make sense' of, or make rational, his or her account of the situation. Examples in the western idiom, such as those that follow, show moral judgements as well as personality traits.

Speaker: If only I hadn't neglected mother she wouldn't have deteriorated so quickly. Now it looks like she might die. But, you see, she was also so bossy and had to dominate all conversation, that I just couldn't get on with her. I stopped seeing her. I should have taken more care of her I suppose.

or,

Speaker: She was such a caring, loving mother. It seems so unfair that Johnny should be dying. Yet you see mothers who don't really care for their children. They're neglected and dirty, yet those kids seem to get through alright. It's just not fair.

or,

Speaker: Well he was quiet and reserved at school but always striving, even then. By the time he was working he became so ambitious. It's no wonder he's got stomach troubles.

or again,

Speaker: Well you'll have to take things more easy in the future. Don't work as hard as you've tended to do in the past. It's all very well to be conscientious but ...

These uses of personality traits and of moral judgements would not be relevant in Tongan society and therefore while such expressions are not unfamiliar to western members, such speaking would not be heard in Tonga.

Example one, shows the moral expectation that an individual 'should' have concern, if not direct caring action, for his, or her, parents. The example shows rights and obligations integral to the relationship as the grounds which make the statement sensible in the first place. The 'obligation' to care for one's parents has a different meaning in western society from that in Tongan society where kinship networks still form the most important (relevant) relationships.

In the second example, there is the moral expectation that 'good' motherhood is correlated with 'clean children' in western society. The statement would not be sensible or rational in a society where the speech was grounded in a different grammar or rule, such as, in Tonga.

Moral judgements, directly attributing praise or blame to self or others, is a universal form of causal accounting although the content varies with different cultural forms-of-life. Moral judgements can also take the form of 'natural' causal talk. That is, it is thought that certain phenomena occur in 'that' particular form and not another, by their very nature. For example,

Speaker I: Why is it the women tend to take care of the sick and the elderly.

Speaker II: Well, they're home most of the time ... while the man's away. But it's their job isn't it! I mean, it's natural for them to do the nursing ... tending to the sick and that ...

This differs from the preceding accounts of moral judgement as motive, as here is a moral judgement which does not imply motive but is given as a reason. In this account, the reason is given that women are more suited to nurse the sick and elderly by their very nature, (implying instinct or genetic endowment). The reasoning is however grounded in culture, not nature.

Another moral judgement which does not imply motive but is given as a reason is in sickness talk which proposes religious explanation as appropriate sickness causal accounting. A simple example is attributing cause as being 'the will of God' and so forth. Thus it is possible to locate moral judgement as motive[7] and moral judgement as reason. These are applied in sickness talk to account for situations which require the reiteration of cultural relevances, appropriate social behaviours, the maintenance of social order. Such moral judgements and the attribution of personality traits as motives and reasons allow members to explain what they could not otherwise account for. They can explain actions or events as being 'natural' or morally 'good'. Thus motives and reasons are often used in lieu of other forms of causal accounting. These are human constructs which, in this language game of sickness, allow members to explain 'why' sickness occurs and takes the form it does, and 'why' people (must) act the way they do. This is part of the grammar of all social groups.

Moral statements in Tongan sickness explanation are shown in the following examples:

Speaker (V): There are those who are good and those who are bad ...

Here the concepts 'good' and 'bad' were being applied to kinship obligations. Such personality attributes and moral assessments are also attributed to the spirits.

Speaker (V): Well, the spirits are jealous of beautiful people, men or women ...

However, moral judgements such as 'dirty' would not be heard in Tongan speech as this is a western stratification which shows the biological model as its ground.[8]

In Tongan sickness explanation there is much moral talk. Moral statements are spoken in terms of, i) kinship rights and obligations, ii) what is 'right' by its very nature, iii) what is 'right' in terms of religious beliefs. However, underlying such expressions (as auspices or grounds) of what is deemed 'natural'[9] and what are religious beliefs, are notions of appropriate kin relations as social order. Religious talk is grounded in social order as social mores. Where religious explanation is given it is confined to moral talk about social obligations usually as kinship. For example, moral talk about 'respect to graveyards', that is, deceased relatives; 'attendance at church', that is, showing community membership. Hence moral talk expresses social order. Sickness talk about where a member goes to, or, what happens when a member dies, is minimal. As the majority of Tongans regularly attend church, it is common knowledge that there is a Christian heaven to receive one's soul or spirit. The funeral rites assist the transition of the soul to the afterlife and only improper conduct at a <u>putu</u> (funeral) can jeopardize that transition. This may result in the spirit returning to affect the living (social) order,

as may premature death, a restless spirit, or an angry one. However there need be no confusion here between Christian and ancient Tongan religious beliefs. The people have retained aspects of Tongan religion which are relevant to the explanation of contemporary sickness and death situations.

Tongan members use religious talk as moral statements, selecting from both religious modes (Tongan supernatural and Christian supernatural) of explanation. Religious talk is employed as moral statements of the same occasions (death, dying, sickness, diagnosis, explanation, ...) as do western speakers who have their healing practice grounded in a scientific (biological) model.[10] I would argue here that while a number of writers[11] suggest that 'medicine' is grounded historically in a religious paradigm, and then makes a transition to a scientific paradigm, that this is not so in Tongan sickness practice (medicine), at least. I would also suggest that religious talk does not 'die away', as it were, once a healing practice becomes grounded in a scientific model. I suggest that (in Tonga) there is a minimum amount of religious talk in relation to the amount of kinship talk, that kinship is the paradigm of reasoning upon which sickness explanation is grounded. Where religious talk arises, it expresses notions of kinship and social rules in the form of moral talk. 'Spirits' are discussed not in a religious context but rather in relation to kinship, family talk. Where social mores are expressed they are founded on social relationships in the form of kinship. Kinship grounds not only sickness and healing practices but also political, economic, religious, and other themes of talk, or language games, in Tongan society. The dominance of kinship in doing sickness will be discussed in the following section. Sickness is related to kinship rather than to religious explanations of supernatural, cosmic or divine forces. Kinship provides the means and grounds of much of the Tongan social construction of sickness.

Thus far, discussion in terms of causal explanation in sickness accounts has been in terms of attempts to explain sickness incidents per se. However there are also causal statements displayed in sickness talk which 'explain' why certain decisions are taken, to act in 'this' way and not 'that' way. For example, an explanation of why an individual resorts to one type of practitioner and not another, may be seen in the following account.

Speaker (V): Most Tongan mothers prefer the Tongan midwife, like yourself, mainly because they don't use a light. You understand why. They hate going to hospital because it seems to be open to anyone [the patient is exposed]. Do you believe this [agree with this point]? If mothers take the Tongan midwife then she would be the only one [present] and when it is the right time she would just fāfa [feel] without a light.

A further explanatory account of why a faito'o may choose his profession, includes the attribution of motives.

Speaker I (A): Why do you think there are so many faito'o when they get so little payment for so much hard work.

Speaker II (V): ... Perhaps because they just feel they ought to do something to help others if they know a little more than others. Perhaps because they feel people will look up to them. Perhaps because the tofoto'o and tukuto'o is giving them things they would not otherwise get [a meal, a cigarette, ten seniti, a fala (mat) .... and so forth].

However, asked why he took the time to 'heal' the sick, one faito'o replied.

Speaker (H): It is still very important for me to do it. It's love. My love goes out to the needy.

I feel this is the best I can do. I don't count my time wasted, for though it does waste my time, it's needed by others.

Here different motives are given in causal explanation by 'Alter' and by 'Ego'. Whether the healer did indeed practice his art 'because' of his love for his people is not important here. It is the motive given. It is the motive he chooses to give as an account of, or reason for, his action. The motive selected is both plausible and rational. It is reasonable when understanding the man as a social member.[12]

Explanation in sickness talk is an important mechanism for reaffirming social order. Motives and reasons, personality traits and moral talk, are an integral part of the therapeutic process as are diagnosis and 'cure'.

There remains another dimension of sickness explanation which sickness talk shows, that is, motive and reason in association with notions of time and place. The following are examples of how time and place are disclosed in western sickness accounting.

Speaker: I still have my rash. I've been taking the tablets you prescribed ... Is there anything else that can be done?

This type of statement reflects time as duration of signs and symptoms in relation to duration of treatment. Persistent sickness signs and symptoms require explanation in terms of redefinition or chronicity. Classification and interpretation occurs, and is altered by notions of acuteness, non-acuteness and chronicity.

Speaker: Now, Mrs. S., you must try to relax more. I want you to take these tablets. They will help you do that. They may make you drowsy so you mustn't drive ...

This type of speaking shows time in terms of time for healing. However such medications, with their acknowledged side effects, may be prescribed as therapy because it is considered the healer does not have the time to assist such clients to make changes in their lives necessary for the reduction of anxieties, or stress, and so forth. These notions of time for appropriate healing measures,may be linked with the rule of 'time is money'. In traditional healing practice the healer takes the 'time to heal'. Healing practice is not limited by the ethic of time being equated with money. Time has other meanings in Tonga as will be shown.

Time as a factor of relevance is also evident in the context of sickness consultation in western healing practice. An individual may feel 'social pressure' to 'not be sick in office hours', or, 'not to be sick in the weekends' when it is difficult to locate one's own General Practitioner, or again, 'not to seek consultation when the doctor is about to leave his surgery', etc. These are not factors of relevance in traditional sickness consultation, that is, where traditional healing practices are sought. Here, 'time' and 'doing sickness' are phenomena related to a cultural form-of-life.

The notions of 'place' and 'sickness' are also linked by the phenomenon of relevance and require interpretation in terms of cultural forms-of-life. An illuminating western example is given in Tuckett and Kaufert[13] where pain is rated by hospital staff as being of varying importance depending on the client's distance from the delivery suite in a maternity hospital. That

is, a woman in pain in the first stage room awaiting delivery of her child was considered of less consequence than if she were in the actual delivery room. A woman in the preparation room was given a less consequential pain rating than the woman in the first stage room and so on.

The significance of place was also apparent in the above example of sickness being inappropriate within office hours. Where a person becomes ill can alter the interpretation made of their presenting signs and symptoms. If an individual becomes ill at work, can it be interpreted that they are feigning illness in order to gain sick leave with pay, or compensation? If a woman becomes ill while a housewife at home, is she more liable to be interpreted as being 'neurotic' than if she were 'working'? Here place has its social significance in the 'doing' of sickness.

Time and place are significant social parameters which influence interpretations of sickness experience and are fundamental to the understanding that all meanings or interpretations are contextually derived.

Time and place are related to causal explanation in sickness and are assigned (meaningfully) in contexts according to different cultural relevances. I now wish to discuss some of those relevances in relation to Tonga.

Not only are time and place relevant as historical time and geographical place, such as, Tonga being part of Polynesia and therefore their healing practices show similarities with other Polynesian practices, but sickness talk also reflects other aspects of social time and place.

> Since all social relationships occupy some point in time considered as relative to the sequence of events in social life,

> and since ... place often has a temporal reference, time here is the time of society that is locked within the socio-cultural frame of reference which is the focus of interest.[14]

Thus time and place can be seen not only as empirical facts or even simply as abstractions, but they are also relevances which ground meanings applied to social events. Time and place in Tongan sickness experience make the practice of faito'o (healing practice), putu (funeral rites), pongipongi (mourning ceremony on the tenth day after a funeral) possible in the first instance. The time taken to practice the healing art differs from that in western society. It takes considerable time (as duration, horological time) to collect pertinent medicinal plants, prepare the medicines, conduct consultations, massage as therapy, ... as a peripheral social activity, that is, incidental to one's formal occupation, or family life. For a hypothetical example, should two factories be erected on the island of 'Eua where the potential workforce could be fully employed, one could theorize that the extensive practice of traditional healing would diminish markedly. That is, once time becomes commodity ('time is money') peripheral time consuming practices tend to give way to monetary interests. Western technology and economic practices are associated with still other values which affect the healing situation, such as sickness and what is to be considered 'legitimate' healing practice.[15] The sick individual's preference may no longer be considered.

The faito'o does not practice his art as a full time occupation as does the western healer whose practice is sold on the market as commodity. Time is associated with a different labour value in each case.

Time and value are also differently associated in Tongan society where members are permitted to absent

themselves from their formal occupations for kinship matters such as birth, first birthdays, and marriages, but also for serious illness of relatives, funerals (the putu lasts several days) and the pongipongi (usually held about ten days after the putu). However it is already apparent that in the capital city, western economic values promoting higher productivity and consumerism are leading to reduced attendances of members at funerals for example, especially of the more distant kinsmen of the kāinga (extended family).

As has been previously mentioned, time as stages of an individual's development influences the classificatory scheme applied in sickness diagnosis and explanation. That is, different classifications will be made of the signs and symptoms (faka'ilonga) appearing in the young, to those appearing in the adult, or the elderly.

Time also influences decision making in the 'doing' of sickness, not only in the initial diagnosis (as in previous examples), but also in diagnostic redefinition and explanation as in the following example. Here, time acts as a rule in the grammar of making classifications and establishing meanings.

Speaker I (A): Wait please E., let me repeat [what you just said]. Someone gets sick, you take them to the doctor. If it takes longer to cure than it should, then you turn [make the decision to seek cure/remedy elsewhere]. Why turn? What makes you turn?

Speaker II (V): As I mentioned before, we can't just ignore our faito'o faka-Tonga.

Speaker I (A): What I mean is - when one gets sick you go to the doctor, then you decide to turn. Does this represent the doctor has no knowledge of the disease or perhaps has reached his limitation, or,

you made up your mind to turn because you have reached a stage that you could pick up [diagnose, problem identification] it is a Tongan sickness. Can you follow? The point of turning is important to me. I think it is important to us Tongans that we are able to make this decision, say, we take the doctor's side [the toketā] and no turning back, or, you start off that way [with the toketā] then you turn. We must consider this carefully because life is very important. Again, what is likely to be the reason for turning? Is it because you feel the doctor cannot do more, or, perhaps you have seen symptoms which prove that it is a Tongan mahaki?

Speaker II (V): Do you mean, like diarrhoea such as it affects babies ... ?

Speaker I (A): Yes, Okay, diarrhoea ...

Speaker II (V): For diarrhoea, usually you're given tablets and after three or four days the child still suffers, then you have the right to think it is a pala.

Speaker I (A): Do you often get diarrhoea for pala?

Speaker II (V): Yes, and once a Tongan medicine is applied, the disease is cured, so it explains it.

The cultural expression above, 'and after three or four days ... then you have the right to think ...', firstly shows a particular rule as 'time' and secondly shows rule as 'one's right' to make the decision to change (diagnosis and/or healer). The remedy is expected, even in contemporary sickness praxis, to be effective within approximately three to four days if it is the 'appropriate' treatment. Failing this, a member is considered, by social consensus (agreement, rule), to have the right to redefine the situation. This is of course related to Garfinkel's indexical time[15] where the situation is to be judged at that particular point in

time according to situated factors and relevances present.

Thirdly, by the time redefinition has occurred and further therapy established, six or seven days or more may well have passed since the original sickness episode. At this stage several Tongan and Pālangi explanations and therapies may have been proffered. When recovery seems imminent, cure is normally attributed to the therapy currently in progress, in the above case, faito'o faka-Tonga. This influences future classifications. Actually, neither therapy systems may have assisted recovery, the body's natural recuperative abilities having sustained life. In spite of the fact that members are usually not able to 'know' (truth) which of these probabilities is the case, everyday knowledge contains the assumption that the therapy in progress, when recovery is ensured, is the one to be attributed as being effective and appropriate. This would seem to be so in most societies.

Lastly, time in relation to social change is a further relevance. It is not possible here to predict how long, or to what extent, western medical values will continue to be adopted in Tonga. This depends on the changing language games and hence cultural mode of living, which will inevitably occur in this Kingdom. Meanwhile, time and social change are reflected in sickness talk which expresses motives and reasons in criticism and approval of the balance between western and Tongan healing practices (and the accompanying values, relevances).

Like notions of time, place becomes relevant in making the diagnostic classification in traditional Tongan healing practice. Such meanings, as are derived from the grammar of time and place, differ between western and Tongan concepts because of associated cultural forms-of-life which in turn ground these concepts.

When an accident or sickness onset occurs, the venues and time-related incidents preceding a sickness event may give rise to different meanings. This difference was evident in western accounting and, in Tonga, a sudden onset of sickness near a cemetary or at sea, for example, gives rise to other cultural relevances which pertain in Tonga.

Place is further related to healing practice where, for example, it becomes difficult for Tongans to retain their own healing practices in an alien culture, such as New Zealand, although habituation provides a considerable incentive to maintain customary, familiar, practices. This is even more apparent when it is recognized that the experience of sickness and healing practice is not only integrated with other cultural practices but is inextricably linked. However the likelihood that second generation migrants will maintain the healing (and other) practices of their parents is reduced, as all of these practices are influenced by the 'new' culture.

In sum, the concepts of motive and reason were shown to be related to the concept of 'person' in the causal explanation of sickness. Causal speech was shown to reflect part of everyday causal speaking which becomes magnified when the enigmatic phenomenon of sickness arises. Members apply such grammars to clarify their situations, that is, through causal speech of past, present, and future causal relations. People do not allow action to remain unexplained, unaccounted for, enigmatic. Attributing motives and reasons to others, making moral judgements, formulating notions of place and time ... such conceptions, or constructs, help members to create order in the world. It is precisely this concentration on causal talk which 'shows' the ontological nature of sickness explanation, the existential nature of sickness, explanation which must account for our 'here and now' Being-in-the-world

in our (sickness) state. Throughout the whole troublesome process of sickness, causal statements are applied, to order the experiential state of sickness, to convert the experience into symbolic reference in order to 'understand'. When members feel they can 'understand' what is happening, they feel they 'can be', and indeed 'are', in control of the situation. This is an important aspect of human intersubjectivity.

III Re-viewing Explanation

In terms of what sickness talk 'says', that is, the concrete, factual appearances of sickness explanation, members treat explanation as the determination of cause, causal accounting. In this study, members' sickness talk showed causal accounts of sickness as the determination of the condition of 'sickness' as well as the determination of the outcome of treatment. Explanation, accounts for both. Through explanation, members create 'facts' out of uncertainty, 'knowledge' out of existential Being-in-the-world.

In terms of what sickness talk shows as grammar, sickness explanatory talk discloses what may be explicated as the general rule of 'rationalizing enigmatic effects', that is, rationalizing the effects of sickness and treatment. Explanatory models show contingencies for any outcome, for all sickness processes and for recovery, death, or chronic illness, as the outcome of therapy. In one sense it may be asserted that explanatory models are more effective than the 'cure'. While a remedy or 'cure' may only be effective sometimes, there is always an explanation that can be applied no matter what the outcome. Explanatory accounts are however, rational accounts, in that they are (reason-ably) derived from the cultural form-of-life which grounds their relative perspective.

The particular rules of Tongan sickness explanation were shown in the grammars which expressed cause as motive, personality, place, time and not least, natural and supernatural sickness causation. Such rules were shown to relate to relevances of this particular theoretic community as expressed in their language game of sickness. Thus Tongan members are seen to speak in a similar way to each other. Their speaking is rational, reasonable, as they share common

grounds of thinking and acting. Their speaking is understandable, is commonsense, within that communal way of speaking (about sickness) because of their common grounds of living.

Thus far, diagnosis, therapy (as remedy) and explanation have been described and discussed in terms of what sickness talk says and also analyzed in terms of what sickness talk shows. The analysis has been in terms of analyzing rule(s) or members' methods of ordering sickness through the assignment of meaning, the grammar which is grounded upon a particular form-of-life, and the theoretic community which constructs and maintains such explanations. In these three sections of the study, the language game of sickness has been disclosed and enhanced by making some comparisons between two forms-of-life, as Tongan and western culture.

In the following two sections, discussion of the healing act is continued through a shift in emphasis from sickness talk, to doing sickness, as it relates to the family and as it relates to the practitioners or healers themselves.

FOOTNOTES: HEALING ACT AS EXPLANATION

EXPLANATORY MODELS

1. Including what is referred to under the gloss 'old wives tales'.

2. As Wittgenstein asserted, what we 'know' rests on convention, what we accept as 'facts' rests ultimately on convention.

3. Refer to the section on diagnosis of the āvanga for the 'reasons' given as to why spirits possess members (their motives).

4. Cf. accounts Loudon, J., 1976; Landy, D., 1977; Howard, A., 1978; and other structural-functional accounts of ethnomedicine.

5. Cf. McHugh (1974: 7: 25) on motives and reasons which shows personality traits as an attribute of the speaker, not the person to whom the label is being applied. McHugh argues that personality is a social, rather than a psychological quality.

6. Does any one particular behaviour mean a person is shy or moody, sociable or flirtatious, industrious or self-centred, ambitious or an achiever, sensible or conservative, radical or a thinker, thrifty or a miser, ... ? Such personality traits will be assigned according to the speaker's values and what he holds as relevant in his own life.

7. What Schutz, A., 1973, Vol. I, referred to as the 'because' and 'in-order-to' motives.

8. In Elizabethan times for example, the concept 'dirty' would not have been a relevance in sickness talk as a moral judgement of persons in western society either. The scientific discovery of microbes made such discussion at an everyday level of sickness talk, plausible and possible in the first place.

9. This does not mean that there are no grounds as nature, as indeed nature is a form-of-life which grounds such speaking. I refer here to sickness talk which proposes that it is 'natural' for women to care for the sick or it is 'natural' that a brother should heed his sister, or that a family respect a mehekitanga ... and infringement of such 'natural' 'laws' can bring sickness or even death.

10. That is, westerners employ both paradigms in their sickness talk.

11. For example,(Landy, 1977: 1-2) groups theories of disease as having either a religious or a scientific base. Rivers, 1927, one of the first authors in ethnomedicine, asserts in his book 'Medicine Magic and Religion' that 'medicine' has first a magico-religious base then progresses on to a scientific-biological one. See also Kiev, A. (ed.), 'Magic Faith and Healing', New York Free Press, 1964; Ackernecht, 'Problems of Primitive Medicine' Bulletin of the History of Medicine, 11: 503-521, 1942; Middleton, J., 'Magic, Witchcraft and Curing', Garden City, New York, Doubleday Press, 1967.

12. However if there were also practitioners of 'black medicine' in this culture (sorcerers, witchdoctors, ...) and if this man practiced that profession, he would not have given the same motive, not in accord with membership rules in his society (the public criteria, Wittgenstein). Thus the healer's motive is valid in relation to the public criteria of what is plausible and rational and shows the healer's membership in his talk.

13. See also Rosengren W., and De Vault, S., 'The Sociology of Time and Space in an Obstetric Hospital' in Tuckett, D., and Kaufert (eds.), 1978.

14. Oppenheim, R.S., 1976: 303.

15. Such as, what mode of healing practice is deemed appropriate to getting a man back on the job ...

16. Garfinkel, 1967: 5.

DOING SICKNESS AS KINSHIP

The sickness talk recorded for this study disclosed kinship talk as being related to the grammar of sickness explanation as aetiology and related to the grammar of sickness action (doing sickness).

The grammar of sickness talk showed, what in western (social scientific) terms is sometimes referred to as, the 'rights and obligations', associated with kinship. Such 'rights and obligations' are expressions of the ideology of doing 'good' kinship (and doing 'good' community) relationships. This kinship ideology was supported by members' speech through reference to sanctions which display a notion of doing 'prevention' through the observance of tapu or of custom.[1] Kinship talk in this way reinforces the (social) explanatory model of sickness causation.

The second aspect of 'rights' and obligations' in kinship ideology relates to the (actual) practice of 'doing sickness', that is, the activities involving kinfolk when the phenomenon of sickness arises.

Thus while 'sickness' is a metaphysical expression of ideological support for social (kinship) order, there is also the practical expression of kinship ideology disclosed in the doing of sickness. Both of these aspects were expressed in the everyday knowledge of members (their sickness talk) as recorded for this study. For example,

Speaker (V): Things change, but still there are tapus which we must teach the children ... We still believe, if someone is sick, maybe it is because he has not done his part, say a son does not show respect to his father ... or we do not keep other tapu ... this is what we believe ...

This speaking associates sickness with tapu, however as will be shown, there is also an association between sickness and custom (without tapu).

However, it is not 'sickness' which provides the grounds of doing kinship, rather, it is kinship which provides the grounds of doing sickness. Kinship is not explained by reference to sickness, rather, sickness is explained (where natural or accidental causes are not acceptable, reason-able) by reference to kin relationships. To elaborate, members do not maintain family relationships for the purpose of avoiding sickness, that is, sickness is not the reason or warrant for kinship order. When sickness arises though, causal explanation is often sought in (infractions of) the 'moral good' of kin relationships.

Past literature on Tongan kinship makes reference to sickness as sanction to tapu involving the father,[2] the father's brother,[3] the brother-sister relationship.[4]

While several members reported that sickness can (still) result from a person failing to keep the tapus associated with kinship, I was unable to locate specific instances among sick members which were directly attributed to this cause.

It was within the brother-sister relationship that this grammar (expressing the metaphysical relationship of sickness as sanction to tapu, or custom) was most frequently expressed, such as:

Speaker I (A): Why don't a boy and girl, who are going out together, hold hands?

Speaker II (V): You know it is not right. If a sister met her brother in the street and she was holding a boy's hand, it would bring shame. Some do it today, but it is very bad. The brother and sister would not be able to face each other.

Speaker I (A): What would happen?

Speaker II (V): You mean ...? It would cause shame, ... something might happen ... later ... something might go wrong ... a sickness maybe ... this can happen of such things ...

However it was another aspect of this brother-sister relationship which was most frequently referred to. The position of mehekitanga (a man's sister) was shown to be exceptional, in that she alone was reported as having (supernatural) power to generate sickness in others, over and beyond that as sanction to the tapus of this relationship.[5] The example given in Chapter I: 3 will illustrate this,

Speaker (V): Sometimes a child may be sick and they find out the aunty [mother as mehekitanga] did not get to name the child ...

This example is not an instance of a breach of tapu as it is not 'tapu' for someone other than the mehekitanga to name a child. It is her customary 'right' as accorded her position. Members reported, that if the mehekitanga was 'angered' or offended by not being given her right of naming the brother's child (faka-fotu), particularly the firstborn, she could bring sickness to the child.[6] While most members reported their familiarity with the idea of the mehekitanga having the (mystical) power to make others sick,[7] today parents, particularly those in the urbanized areas, frequently choose to name their own children.

While the mehekitanga is superior in rank to other family members, the fahu is a member who is ritually superior to all other (family) members on specific occasions such as when acting as fahu at feasts, weddings, funerals, ...[8] While the fahu holds superior rank on such occasions, she is not thought to have the attribute of mystical powers attributed to the

mehekitanga.[9] It would seem that the 'malevolent power of cursing' (to use Roger s' term) is attributed to the mehekitanga alone.

When the mehekitanga dies, the neices and nephews 'liongi' whereby they wrap tattered mats around their bodies and perform the subservient tasks at the funeral. Those inferior in rank must liongi when a particular family (kāinga) member dies.[10] Failure to liongi brings censure and reportedly, increases the likelihood of the spirit of the deceased returning to manifest itself through sickness and misfortune among the living.

Speaker (V): If the family do not do their part when someone dies, that person may come back afterwards [their spirit] ... If someone gets sick you may know this ... you may even see them ...

While this possibility reaches its potential with the mehekitanga, its possibility is latent in all relationships with those of superior rank. Any member of superior rank may return after death to manifest itself, in some form or other, to those of inferior rank.[11]

However, the sickness talk recorded for this study showed that it was only the mehekitanga (in her lifetime) who was thought to be able to (potentially) exert her 'will' to bring sickness upon others if customs were not adhered to.

In discussion, it seemed to be generally agreed that a mehekitanga would not use such powers frequently and indeed some of the women with whom I spoke said they have never, and would never, 'do such a thing'.[12] However, the general rule of 'sickness being caused by disharmony in kinship relationships' whether as breach of tapu, or simply of custom, was part of the everyday knowledge of the members who participated in this study.

Associated with this knowledge is the activity of confession and forgiveness as an integral part of kinship sickness praxis. This knowledge of what causes 'sickness' is related to the doing of sickness and as was mentioned in the chapter on therapy, family relationships are often restored in times of sickness as an aspect of doing therapy.[13]

The second aspect of kinship ideology as 'rights and obligations' arises when family members are involved in an individual's sickness experience. Duties or obligations are assigned, partly, according to sex and, partly, according to position (and competence) as a family member.

Firstly, there is within the division of labour by sex, a grammar linking the notion of 'woman' and the notion of the 'nurturant' duties of doing sickness. This linkage between the concept of 'woman' and the concept 'nurturance' has been noted in more than one cultural form-of-life. These concepts have been seen to be linked through explanatory models which express the correlation as being 'natural', 'good', or morally 'right'.[14]

Speaker I (R): Why is it the women tend to take care of the sick, the elderly, ... ?

Speaker II (V): Well they're home most of the time ... while the man's away. But it's their job isn't it! I mean, it's natural [fakanatula] for them to do the nursing ... tending to the sick and that ...

In Tonga, the grammar of 'woman' and 'doing sickness' expresses a general rule that women are 'naturally' suited to the nurturant aspects of caring for the sick. This rule, like all others, has its exceptions in alternative practice, such as, where a man may occasionally 'nurse' the sick. However, caring

for the sick as part of the nurturant ability of women is displayed in the grammar of sickness talk. Women remain the predominant caretakers of sick members.

Members also reported that visiting the sick and giving appropriate gifts was a particular obligation of the fahu and mehekitanga. Often the mehekitanga, most concerned with family matters, would participate in the physical and mental care of the sick member, especially where the illness is considered to be serious. It was reported that the fahu or mehekitanga are (still) frequently the major participants in the act of exhumation of relatives when the sickness experience indicated this therapy was in order.

Speaker (V): It is the fahu, it is she who would collect the bones in the tapa cloth [ngatu] and return them. She then discards her clothes into the sea and is given a fresh set of clothes by the family. If she kept those clothes then another in the family may suffer from the disease.

This speaker used both past and present tenses and later in the discussion asserted that this practice was the duty of the fahu still today. However, other speakers felt this was not necessarily a fahu obligation and still others felt the fahu is today frequently neglectful of her traditional duties toward the sick.

Speaker (V): Nowadays the fahu doesn't always do her duty to the sick. She used to go and visit and take food but now many of them wait until he [the sick member] is dead, still expecting gifts of ngatu, dress materials and things [at the funeral where she presides and often directs the gift exchange].

While the female person as fahu and as mehekitanga has obligations to the sick, it is primarily the

obligation of the woman, as mother, to perform most of the nursing tasks.[15] It is the mother who carries the broths, makes the bed (changes mats, sheets, ...) calms and encourages the sick member, removes excreta, vomitus, sputum, ... and other such doings of sickness relegated as women's work.

When the parents are ill, or the mother is ill, an elder daughter may perform such tasks. It is usually the female most closely related to the sick member and most competent to perform the tasks, who will 'nurse' (act nurturantly) toward the sick. However when a man is sick, he will not usually be attended by his sister.[16]

Today, it may be the mother, or, the father who organizes the ritual activities such as making arrangements with healers, paying for services, or preparation for burial, ... It has also become the mother who may make decisions regarding initial sickness labelling, the order of curative resort, procedures to be taken to promote recovery, ... aspects of sickness care which have traditionally been the 'right' and 'obligation' of the father and mehekitanga. The mehekitanga and the (biological) father were reported as being the family members who still made most of the important decisions over courses of action to be taken when a family member appeared to be seriously ill.[17]

There are also other aspects to the doing of sickness, apart from the practical duties of caring for the sick.

Traditionally it has been the women's task to report the 'doings' of sickness to relatives and friends. These are the kinship stories which account for sickness, including the recalling of past sickness events in the family and up-to-date accounts of the progress (or

deterioration) in the present sickness experience. While men may render such accounts, if topical in specifically male circles (e.g. faikava) or to the landowner (Noble) who may wish to be informed of a 'worker's' illness, it is primarily part of womens' mundane (everyday) affairs. Through these kinship stories of sickness, explanatory models are elaborated and contribute to the maintenance of constructed meanings of sickness, the 'reality', the ordering, of sickness experiences. While the stories may appear to be 'merely gossip' wherein women exchange childcare stories, or neighbours discuss hospital visits, grandfather's latest operation, or Mataliki's boils, ... such sickness talk ensures members share in the updating and broadening of the everyday stock of knowledge about sickness.

A kinship story:

Speaker (V): If, say, the father has a pale [floral decoration often on a short pole][18] which when he is buried sticks into his chest, then the son may get an illness. My father had a pale pressing into his chest when he was buried and my brother had a heart attack. If we had dug up my father sooner we could have saved my brother.

or a family story as a neighbourhood story:

Speaker (V): There was a Tongan woman living in Hawaii. She had severe pain in her leg and the doctors couldn't cure it. So they [the family members] dug up her mother's bones and found a breadfruit tree starting to grow by the same right shin, here, ... [indicating aspect of leg]. They removed the plant and buried the mother's bones again. The pain stopped [in the Tongan woman's leg].

or again, another kinship story:

Speaker I (R): How did you know T. was the father of K.'s baby?

Speaker II (V): Well when she said he was we asked him and he said 'no!' She was very pretty and we thought he must have been telling the truth when he denied he was the father and didn't want to marry her. Anyhow, when she was due for the baby, one night T. woke up in the morning with severe back pain. The mother and father [of the young man] went to the hospital and K. was giving birth to the baby. They went home and asked T. again if he was the father [because both T. and K. had back pain simultaneously]. He admitted he was. He had just wanted to run around with all the girls and not get married. The backpain, it showed him, he should tell the truth....

Speaker I (R): Was his backpain caused by spirits do you think?

Speaker II (V): No [puzzled]. [It was] ... because he was the father.

While these examples show kinship stories of sickness, they are also instances of kinfolk initiating their own diagnoses, therapies and applying explanatory models. Thus among kinfolk, sickness decisions are made, situations defined, courses of action planned, sickness experiences interpreted, communicated, explained.

Sickness talk has disclosed the grammar of kinship as a ground to sickness (causal) explanation and as a ground to sickness action. This is not to say kinship order is created to avoid sickness. Kinship order means kinship or family relationships. Such relationships make life meaningful. It is the assignment of meaning to relationships, events, phenomena, ... that gives

rise to the order(ing).

Kinship ideology shows the grammar of respectful conduct accorded members of superior rank (in life, or, in death) with tapus and customs sanctioned by notions of sickness and death. For most offenders, there are established avenues for encouraging the return to family and community as a repentant member. On occasions of sickness, the confession and forgiveness of misdeeds may be seen as the final avenue for reuniting, rehabilitating, such a member. Where accident or natural sickness causation is not accepted as causal explanation, kinship disharmony may be looked to as providing sickness explanation (as aetiology).[19]

In spite of the fact that Tongans are considered to be a profoundly religious people, the Christian ideology has not been adopted as an explanatory model of sickness, such as the notion of a vengeful God bringing sickness or misfortune as retribution for human error. Although the Christian Bible reports plagues, sickness, devil possession, pestilence for misdoings, these themes have not been widely adopted as the Tongan explanatory model of sickness.[20] Throughout the fieldwork conducted for this study, no ailment was reported as being a visition from God or the Devil, nor a punishment for 'sin' or a trial of one's faith; ideas prominent in some Christian movements.

The ideas expressed in most sickness talk are the traditional ideas which express sickness experiences, coherent and logically related to the rationality of this particular social order. While kinship decision-making develops rules of indexicality applicable to the situated context,[21] there are other rules grounded in tradition which become the grammar of the language game of sickness. What is 'right' and 'good' about sickness praxis is legitimated by what is 'right' and

'good' about kinship praxis. Thus doing sickness is not intentional behaviour to appease the Gods or spirits. Its aim is the recovery of the sick member and the restoration of everyday life. While a healer may deal with the āvanga, he or she does not do so for the benefit of the spirit world but for the benefit of the human world. Thus the repetitive sickness stories are about kinship relationships and remain a means of constructing and maintaining a 'reality' grounded on that form-of-life.

Hence kinship stories often related the notion of tapu or custom, in the sense of 'sickness prevention' which has its logic grounded in the Tongan social model of sickness explanation. Tapu, here, is not signifying the legitimacy of the 'special' speech and act of therapy, nor the 'special' state of pregnancy. Rather, tapu is here signifying the 'special' nature (legitimacy) of certain kinship relationships in terms of the rights and obligations of kinship. The 'rightness' or 'goodness' of those kinship relationships show, in the grammar or rule of sickness talk, as part of the activity of ordering the world.

FOOTNOTES: DOING SICKNESS AS KINSHIP

1. Other notions of doing 'prevention' were discussed in Chapter I, in relation to i) tapu and mores, ii) food and susceptibility, iii) Tongan foods and future sickness, iv) Tongan therapy and future sickness.

2. Gifford (1929: 18) records that traditionally the biological father (tamai) was believed to have considerable mana and his children were not to touch parts of his body, his belongings, or conduct themselves in certain ways when in contact with his person. He asserts, infractions of these tapus invited sickness and even death. Such results could only be prevented by the father stroking the offending child's head, throat or stomach as was pertinent to the infraction. However a child need not observe any tapu in relation to the maternal or paternal grandparent (kui) with whom he reportedly shared almost equal status.

3. The father's brothers, also called tamai (father) were reportedly given much respect, particularly if the man was an elder brother of the father (op. cit.). Rogers (1975: 264) records that while changes are occurring, open defiance of the father is rare. Rogers records an occasion when a young man actually struck his father publicly. However this was in accord with the man's acute embarrassment at learning of his sister's dishonour by another male relative. The brother-sister relationship is one of avoidance, the relationship of maximum respect. Gifford (ibid.: 21) speaks of the brother-sister tapu as being signified by faka'apa'apa, meaning 'to reverence, to respect, to honour'. The mother and mother's sisters are of lower status than the child and therefore the relationship is not limited by tapu (threatening sickness as punishment for infringement).

Likewise, the mother's brothers as 'male mothers' or fa'e tangata or tu'asina, carries low status unsupported by tapu (signified by respectful conduct).

4. There is an exogamous tapu between all members calling each other 'brother and sister' and only occasionally may second or third cousins marry.

While the avoidance relationship between uterine brothers and sisters is most pronounced, first and second cousins called 'sister' and 'brother' observe the tapu to a lesser extent. A boy soon learns to show respect to his sister and to adhere to the many tapus and customs which restrict action between them, such as never being in the same room together, never walking the same path, never joking or alluding to sexual matters where either may be in the group, never dancing (traditional or modern) dances together (or in the same team). Neither may a sister serve kava to her brother at a faikava, or go to a movie theatre, or a disco with him, or fraternize in any other way. The brother will protect his sister's 'honour' and must 'fight' or leave a gathering if his sister is insulted. While Bott (1958) and Rogers (op. cit.) noted changes in brother-sister relationships such as the riding of horses, or bicycles, together, the codes are still largely maintained. Such tapus and customs have been, and still are, reported as being maintained and infringements potentially punishable by sickness misfortune or death. However while members reported such ideas as part of their everyday knowledge, and most knew of kinship stories reporting such happenings, none could direct me to a current incidence of this.

5. Rogers (op. cit.) describes the mehekitanga as being, most importantly, the father's own sisters

(siblings) especially the eldest sister. The position of mehekitanga extends to the father's female first (parallel) cousins (as sisters) but not to the second cousins. That is, the father's sisters and first cousins (sisters) are called mehekitanga by the father's children, while the father's second cousins (sisters) are called fa'ē, mother, by his children. It is the mehekitanga who behaves with authority toward her brother's children which differs from her behaviour toward her sister's children. Like the father she has authority over the man's children, however, Rogers tells us, her authority has traditionally been greater than the father's. Of all the members in the kinship group, the mehekitanga commands maximum authority, deserving the greatest respect. It is often she who teaches the Tongan customs, appropriate moral conduct and good bearing to the neices and nephews. Her influence over these children has been considerable and traditionally included deciding who a child was going to marry. Potentially, the mehekitanga could punish (supernaturally) a couple who arranged their own match (Rogers: 1977) though today couples will elope or arrange their own marriages, especially in the more urban areas where traditions are changing most.

6. Bott (op. cit.); Rogers (op. cit.) refer to this. In private correspondence with Tavi (Tafahi Island), 1979, this was confirmed as a part of everyday knowledge in the northernmost islands of Tonga. Cf. Shore, B., (1966) on similar notions in Samoa; Baddeley, J. (1978) on the Cook Islands,

7. Rogers (op. cit.: 226) describes such a situation in relation to a mehekitanga and the potential use of mystical powers in connection with prolonged childbirth. See description also in Chapter I: 3 of this study.

8. Occasionally the fahu is the daughter of the mehekitanga though as Rogers says (op. cit.: 168)

> ... a person and his fahu should be linked through the second or third ascending generations on the father's side, rather than through the first ascending generation or simply be sister's children.

Gifford (1929: 23); Kaeppler (1971: 177); and Goldman (1970: 292) followed Baker's definition (1897: 32) of fahu as meaning 'above the law', ritually superior. Gifford (op. cit.) states, 'the child is fahu (above the law) to his mother's brother', and thereby applies the term in a non-ceremonial capacity.

9. Rogers (1977: 177) proposes that mystical powers i) descend in a matriline and are exercised over members of the ascending patriline, ii) that males inherit the mystical powers but are unable to utilize or transmit them. Whether supernatural powers are the prerogative of the mehekitanga, or whether they are present in all living family members, though dormant in males as suggested above, it sould seem that Gifford and Rogers' notion of 'the malevolent power of cursing' is used to invoke sickness, from which the victim may or may not recover. The fahu, who on occasions of ritual, ranks superior, does not seem to be able to exert this 'power of cursing'. Gifford links this notion of 'cursing' to the traditional priestly activity of 'soul catching' of murderers, thieves, etc. Associated with this practice, Gifford asserts, was the ability of a person (of superior rank) to 'pray' a person (of lower rank) to death.

10. See Rogers (1975: 280).

11. Bott (ibid.: 8) reveals this potential support of kinship rights and obligations (expressed through tapu and custom) in her summation of kinship rank.

> For a man the relatives who are higher than himself are his father, including his father's brothers and cousins, his father's sister, his father's sister's children, and his older brothers, including cousins. The relatives who are lower than himself are his younger brothers, his mother's brother, his mother's brother's children, his own children, and his brother's children (including the children of male cousins). The relatives with whom there is a relationship of equality are his mother, including his mother's sisters and cousins, his grandparents and his grandchildren.
>
> For a woman, the 'high' relatives are her father, including the father's brothers and cousins, the father's sister, the father's sister's children, and her older sisters including cousins. The 'lower' relatives are her brothers, her brother's children, her younger sisters, her mother's mothers (including her mother's male cousins) and her mother's brother's children.
>
> The relatives with whom there is a relationship of equality are her mother, including her mother's sisters, grandparents and grandchildren.

With the complexity of kinship relationships and Rogers' observation that potentially all Tongans are related, it is not difficult to understand the significance of the tapus (upheld by sanctions of sickness, or even death) as part of kinship ideology. Bott (op. cit.) reported the extent of kinship networks visible at such occasions as first birthdays and funerals where a member can see relatives (kāinga) numbering anywhere between fifty and five hundred persons. Bott (op. cit.: 19) noted funeral attendances numbering two thousand members and reports a putu (funeral) where approximately three hundred kinsmen remained at the house for five days.

12. Rogers (1977) asserts that such powers can probably be applied in a constructive, as well as in a destructive manner. Whatever this constructive application might be, it is not the 'power to heal' as will be discussed in the following section of this study.

13. The forgiveness of misdeeds and restoration of kin relationships is a common therapeutic practice in many cultures. The 'confession' of breaches of moral conduct, as partial or total therapy, is a positive act wherein subsequent forgiveness allows a 'willingness' on the part of the sick member to recover and return to social (kin) membership. In a community, such as Tonga, where sickness provides sanction to tapu and custom, the significance of this activity is enhanced.

14. Cf. Johnson, B., 1975; Duff, B., 1979; who argue that the concepts of 'childbirth' and 'nurturance' are both a part of the grammar of 'woman'.

15. Or wife, or grandmother, or aunt (mother) who may have charge of a child. The interchange of residences is a flexible arrangement. A child may even be permitted to choose to live with his aunt (mother) for example. Adoption of children is also a common practice (see Urbanowicz, 1975).

16. Gifford (ibid.: 22) supports this notion as a traditional practice. It was reported that if a brother or sister is a healer, they can 'cure' their sibling by 'therapy at a distance'. See section on Therapy in this study.

17. In western society, sickness decision making is almost the exclusive realm of the mother (or wife) who is often the 'actual', although not the 'figure' head of the household and is thereby the major decision maker in all matters concerning family 'wellbeing'. In Tonga the mother, traditionally, had no crucial decision making

power in family (sickness) matters. This is still common today, as I was able to observe.

18. Western version would be a wreath or a cross decorated and lain with the deceased.

19. Therefore notions of equating 'health' with (kinship) order and 'sickness' with disorder is not proposed here as a possible analysis of Tongan healing practices.

20. There is, however, a charismatic healing movement, initiated by the healer Sentuli over the last five years (approximately), near Nuku'alofa. This healer broke away from the established church and began a religious healing movement with a few followers. The theme of the movement asserted that all sickness was due to the lack of observance of 'God's law' and that cure could only be obtained through the 'living Christ', faithful prayer being the means for this. Here religious explanation has been adopted as 'the' (only) explanatory model of all sickness. The number of followers has grown and in 1979 established a large and powerful politico-economic group, the Mama Fo'ou, with influential business interests, including a travel bureau in Nuku'alofa.

21. As understood and elaborated by the ethnomethodologists.

DOING SICKNESS AS HEALER

Although it would seem that in ancient times, the priest healer mediated between the sick individual (victim) and the gods or spirits, the healing practice of the faito'o has developed a secular approach with direct intervention between the member's illness state and the possible outcome of death.[1] For the majority of sickness states, (mahaki, hangatāmaki, fasi) there is no medi ation required. Therapy is secular and direct, through application or ingestion of medicinal preparations, manipulation,or massage. It is in cases of āvanga-induced sickness, perhaps mea, lo'oa or 'possession' ... that some aspects of therapy may appear to approximate religious ritual. While some faito'o āvanga apply only massage and the introduction of lautolu, lau'uhi, or other medicinal plants known to 'cure' possession, others use the 'laulau' (incantation) or direct verbal challenge to order the spirit or sickness away.[2] However, the faito'o āvanga is seldom an interlocutor in the literal sense. Although such therapy sessions may have remnants of (possible) religious origins, the practice of the faito'o āvanga is not a religious one. The exception to this would be in the case of the faith healer whose practice is totally religious as the intermediary between the sick member and the Christian God.[3]

As to the 'personality' of the faito'o, no particular characteristic appears to set them apart from other members of the community. Perhaps one feature may be discernible and that is their normality. That is, the faito'o appear to be particularly stable, tidy, orderly, sensible, conservative, members of Tongan society. Perhaps, 'the exemplary citizen'. While there is considerable variation on this theme amongst actual faito'o, it can be said that they are infrequently radical or extreme in any way, unlike the description of healers in Spencer's article on Fijian

healing practices.[4] Their lack of 'peculiar' or 'neurotic' behaviour, terms applied to traditional healers in other ethnographies[5] seems correlated to the degree of responsibility assumed and accredited to the faito'o. The faito'o did not choose his or her career out of frustrated ambitions, drives for power and prestige ... but usually out of interest and admiration for the skills of their kinsman or kinswoman from whom they learned their art.[6]

Speaker (H): ... I learnt from my mother. I admired the way she could help people. She taught me all she knew of the faito'o.

Sometimes, the skills were learnt out of sheer propinquity, rather than active interest. However one must 'want to', 'have the desire', to be a faito'o, to continue to practice the art, to use time and energy to attend to the misfortunes of others.

While the faito'o appears to be directed by empathy, the faito'o does receive respect from those who are aware of his or her artful practice and this respect, plus the enjoyment or satisfaction of 'successful results', is a reward for the practitioner's labour.[7] The material reward (tofoto'o and tukuto'o, yet to be discussed) and the status and prestige awarded by social members are minimal however. The faito'o believes in his skills and power to heal (fanofano) and this reinforces the continuance of his practice. As the faito'o's reputation stands or falls on his or her management alone, there is reportedly no reflection of failure (or success) on other family members or related faito'o.

Speaker I (A): If a faito'o is not good at his work, is not able to cure the people, does this affect his reputation or that of his family?

Speaker II (H): If his faito'o does not work, people will not come to be cured ... but this does not mean they will not like his family. If his father was a good faito'o, and he is not, well that is upon him alone ...

The sense of responsibility assumed by most faito'o is reflected in the fact that most practicing faito'o are in their thirties, or older, and continue to practice until some infirmity, or incapacity, limits their ability to continue.[8] Whereupon the faito'o will pass on their skills and their power to heal to another relative.

Positive regard for the healer also arises from the custom that healers do not traffic with both good spirits and evil spirits as happens in other cultural forms-of-life.[9] Instead, healers practice only for constructive purposes, that is, theirs is always a supportive and not a threatening practice.[10] The intrusion of the faito'o into the affairs of the sick member is also seldom, if ever, malicious.

The attributes of the healer are important even if the healer does not command a particularly high rank in Tongan society,[11] that is, the 'condition of the performer' (to use Malinowski's term). In Tonga, this 'condition of the performer' is recognized by the members. While occasionally applying herbal remedies or massage without referral to a healer, members mention the limited effect of their healing because they do not have the legitimate 'power' to heal.[12] The 'spell', as laulau, is not often an essential part of the cure, and while it usually accompanies amoamo (gentle, stroking massage) it is not always an integral part of the practice. The medicinal plants used to cure a particular illness are various and are important in healing. They contain ingredients which are 'active' in combating the sick member's condition.[13] However it is also that legitimate 'power' to heal, that is a significant aspect

of curing.[14]

This 'power' is transferred from healer to healer by the act of fanofano. Idiomatically speaking, a person does fanofano to another, or the two people fanofano'i.[15] It is this ritual act of transferring power (as fanofano'i) that is used to transfer the power to heal from one faito'o to another. By the time this ritual takes place the novice faito'o has usually spent several months, or years, learning the skills from the experienced faito'o. Frequently, the power to heal is transferred through the ritual of hand washing. An example of this ritual act was reported as follows:

Speaker (V): Mohokoi leaves are put into a tin containing water and both the healer and novice wash their hands in the water. The power [fanofano] is then transferred. The faito'o will make a statement such as

> 'I will transfer this fanofano to you with all my strength. All my power I had I will give to you fully ...'.

Other members said the ritual of handwashing is unnecessary. Usually the senior healer will cease the healing practice from that time on and the new healer will take over the 'clientele' receiving due respect from the members who previously sought her mentor's help.

The ritual of transference of fanofano is usually a private affair between the two people concerned. Usually a faito'o transfers the power to one person only. Reportedly, no prayer or chant is ever said, the healing practice is quite a separate phenomenon from religious matters, in that there is no exhorting of the gods or spirits to 'bless', 'strengthen', or do otherwise to the recipient.

A second, less frequently sought, way of gaining the power to heal is that sought by a member who wishes to practice the healing art but has not been formally taught and therefore not empowered to perform.

Speaker (V): The person who wants to be a healer may try so hard to heal the sick people. But it will not work until they have been given the fanofano. The person may go to a healer's grave, especially one who was popular and very good at healing. That person will beg the healer's spirit to transfer the power to her.

This can only occur if the healer has not already bestowed her power on someone before her death. The supplicant will ask the deceased healer to transfer the power so the healing work may continue. The spirit may then appear in a dream and may subsequently assist the healing practice which is revealed through successful healing.

Speaker (V): ... however it's more important to transfer the fanofano while the healer is still alive. If it is transferred after death then only half the power is transferred. You can see they [the practicing faito'o] aren't as good, the cure isn't ...

There is reportedly a third instance where the skill and the power to heal may be transferred. This is where a member does not wish to practice as a faito'o but simply wants to continue treating a family member at home, such as, where it is too far for either the healer or the sick individual to travel between villages. The faito'o may agree to reveal his knowledge and impart the power to continue the therapy in his absence. The power ceases when the therapy is no longer continued.

Speaker II (H): ... Well, if you want my faito'o, you have to ask me and if I'm willing I'll fanofano it to you ... I will hand it to you. I'll say, 'I'm giving it to you'.

Speaker I (R): Just a saying? No other behaviour?

Speaker II (H): Just in words.

Speaker I (R): Oh ...

Speaker II (H): I will explain everything as you watch while I treat my sick person. I recite something [laulau] while doing the faito'o. This is what I got from my mother. I recite it. Not like our having a conversation. I recite it in my heart silently. So if you ask for the faito'o, I will do the fanofano ... You just come to me and ask, and I agree. This is followed by the fanofano'i and I will tell you the laulau as I do it. You don't let people hear it. [The therapy tapu would already be known].

This particular faito'o believed the fanofano'i could be performed using words alone. This was not reported as being the most common mode. Although occasionally members acquire the power to heal on a temporary basis, for a particular case, in most instances the faito'o either goes to the sick person's home or when possible, the client attends the faito'o. Because healers of the most commonly occurring sicknesses are already resident within the village, there is seldom need to travel outside one's own village to obtain a healer's expertize.[16]

Speaker I (A): Do people come to you for treatment or do you go to them?

Speaker II (H): ... they stay at their own home. I, myself, have to take the round. For one round it can take two hours. It doesn't worry me at all ...

Even when referring a sick member to another healer because the sickness is 'not my mahaki', the appropriate specialist is usually locally situated.

Speaker I: Does it often happen that patients come to you and you turn them away, before or during treatment, because you don't think they have your mahaki? Or do you say you can pick out your mahaki at the very beginning?

Speaker II: Well at the consulting stage.[17] I can easily pick out mine. I wouldn't apply anything [treatment]. I usually suggest who to go to, or even suggest the hospital. I will not treat. After explaining [the explanation given by the sick member and family of why they have come], I see it [the condition] and I can easily tell what to do. If to send her away to someone else. I can do that alright ...

Associated with this rule that a healer may select his or her client is the meaning of the acceptance of the tofoto'o, the first gift associated with healing services. Acceptance of this 'request for services' carries with it the responsibility to use one's healing power to the best of one's ability. The second gift is the 'payment for service' the tukuto'o signifying the discontinuation of services by that particular faito'o. The tukuto'o may signify recovery of the sick member, failure to respond to therapy (after 3-5 days usually), acceptance of a chronic ailment, or death of the sick member.

There are two main theories regarding the meaning and value of the material gift exchange, the tofoto'o and the tukuto'o, associated with the healing practices. The first theory that the tukuto'o is an expensive gift is reflected in Murley's account and Lātūkefu's account.[18]

The opposing theory states that while kava, a plant of considerable significance ritually, was often presented with the verbal request as tofoto'o (occasionally a small gift may also be given during the treatment process), the final gift, the tukuto'o, was minimal and indeed, it had to be so. I recorded the following account for this study:

Speaker II (H): An expensive gift takes away from the powers of the healer. If they [faito'o] exploit their gift [power to heal] for personal gain, it will be taken from them.

Speaker I (R): Who by? How?

Speaker II (H): By God. In the old days they thought the power to heal came from the gods, or the spirits, but since the missionaries came we know the power comes from God ...

or,

Speaker (H): ... the tukuto'o is only a small gift, ... otherwise the faito'o will lose his power to heal.

Speaker (R): How is it lost?

Speaker (H): It just goes away.

Many speakers gave such accounts of the tofoto'o and tukuto'o being of little monetary value, by necessity. Greed on the part of the healer was reported on several occasions, to result in the diminishing of his power to heal. Not all respondents explained this result as being due to action taken by the Christian God. Many did not know how the fanofano'i became ineffective, only that it could.

Even today, it is sometimes the greatly valued[19] kava root which will be taken to the tofoto'o to request the services of a faito'o. Historical records

suggest Kava was the tofoto'o of choice in the days of the priest healers.[20]

Members reported that the tukuto'o is usually of greater value than the tofoto'o depending on i) the success of the cure, ii) duration of the therapy, iii) how much the members want to 'thank' the healer, that is, 'how it feels in the 'heart'', iv) whether it was thought death would have occurred if the faito'o had not 'cured' the sick member, v) if the gift is not only payment for service but also a sign of repentance.

However today, even with the rising cost of living in Tonga and the growing awareness of Pālangi monetary values, twenty or fifty seniti (twenty-two or fifty-four cents (N.Z.), approximately) or a couple of cigarettes, may well constitute the tukuto'o. Larger gifts may be given such as fala (mats), food, baskets, garments (tupenu), while cigarettes are, throughout Tonga, used as a substitute for money.

The art of healing is not undertaken as a full time occupation by Tongans. Such skill is perceived to be an ability which one should not exploit for personal gain but to be offered as assistance for those in need. This sentiment may be expressed in religious or secular terms.

There is an assumption that having sought the services of a faito'o, a particular outcome ought to occur, that is, a cure. This assumption serves as the warrant for the action taken of requesting such services and also for subsequent action of choosing to remain with the faito'o when a 'cure' has not been obtained after three or four days, or choosing to seek the services of another faito'o.[21] The action taken is reportedly-correct-and-rational according to the conceptual rules which produce such a substantive rationality.[22]

While the healer has the 'right' to choose which members (conditions) he will treat, (provide diagnostic labels, therapies and explanations), so members have the 'right' to determine the value of the tofoto'o and tukuto'o; refuse to give a tukuto'o for failure to cure; and perhaps remonstrate the healer if deterioration of the sick member's condition is thought to result from improper practice. Only rarely does conflict occur between healers and community members. Few people question the activities of the healer precisely because it is a rule-guided activity and participants in the 'game' know the rules as part of their everyday knowledge. The grammar of sickness talk shows the rules which assign meaning (definition) to the sickness situation, whereby members recognize which other members are to be considered as healers, and recognize that the practice of healing is being done. The practice of healing is organized upon a set of rules expressing the rationality of the language game of sickness. The regularities which arise in the speaking and doing of sickness is possible because the language game is grounded upon a form-of-life as culture, as well as, the form-of-life as nature.

FOOTNOTES: DOING SICKNESS AS HEALER

1. See Appendix A for historical notes on the two types of healing practice.

2. The faito'o do not employ modes of dance, chant, or employ beads or other religious artifacts. See Volume II, Appendix C, for therapies using laulau.

3. Members reported that over the last few years faith healing has emerged in Tonga. The faith healer perceives Christianity as a religion of healing, both of the spirit and of the flesh. The physician is the servant and instrument of God. Prayer is necessary for cure. The cure of the sick is seen as a Christian obligation, where medical care is not medicine. Christ did not cure using medicines.

4. Refer Appendix A.

5. For example, Geertz, C., 1960.

6. Usually a male faito'o has learnt the healing art from his faither, grandfather, or perhaps an 'uncle' ('father') and the obverse applies for a female faito'o. However there are exceptions.

7. See member's accounts of this, Chapter III: I.

8. Note the ages of the faito'o in Volume II.

9. For example, in Malaya, Indonesia ... see Landy, 1977; Spencer, 1966; reports this in Fiji and Kinloch, P.; reports this in Samoa (private discussion).

10. Gifford (1929) suggests some form of witchcraft may have been practiced in the past. Indeed it may occasionally be practiced in some parts of Tonga today, although members said this was not so.

11. Clifford Geertz (1960) asserts there are three elements to the curing process: i) the medicine, ii) the spell, and iii) the condition of the performer (Malinowski's term). In Trobriand

curing and sorcery, Malinowski argued that the 'spell' was the essential element and he called this (magical practices). Evans-Pritchard, among the Azande, emphasized the 'medicine' and in Java, Clifford Geertz holds that the 'condition of the performer' (his consciousness) is the most crucial element.

12. A few members did state that they could have the same effective results to their own healing attempts, as that of a 'bona fide' healer. Instances given most often related to the faito'o ā̄vanga. In private correspondence with Tavi, it was reported that members of the community of Tafahi Island 'know' that anyone can cure ā̄vanga sickness (as 'possession').

13. Some of these 'active' ingredients have been recognized by western science as being effective. Cf. Weiner, 1971; Croft and Tu'ipulotu, 1980. Also refer to Appendix D, Volume II, of this study.

14. This power to heal seems to have been related in the literature to the notion of personal power or mana. Mana was believed to come to a person from the favours of the original gods, in Tonga, called tupu'i 'otua. 'Ghosts' or spirits of ancestors did not bestow mana in Tongan society (Gifford, ibid.: 326). Gifford writes that mana could be inherited father to son if the son were to follow his father's 'good' conduct, Gifford also asserts that in his time in Tonga, mana was thought to attach to 'good Christians' especially faifekau (minister of religion).

> A man, poor but a good Christian, who is quickly blessed with plenty, has had mana bestowed upon him by God (op. cit.).

In other words, Gifford is suggesting the presence of mana may have its visible manifestation in an abundance of worldly goods. Mana could also be apparent when a person used his mana (power) against another, Gifford suggests, such as if a father were

angry at a son over an extended period, the son may sicken and die. Only forgiveness and the father touching the son with the hands could allow the son to recover. Gifford postulates that anger from any relative of superior rank could have the same effect. However people were not the only possessors of mana. Objects such as weapons of war could contain this special power and the weapon could be lent to another person in order to transfer this power. This transference of power was called fanofano.

> The method of lending was to lay the weapon across the open palm of the recipient's hand, the owner crushing and rubbing a piece of banana stalk on the weapon over the open palm of the other man's hand. This ritual act was called fanofano (op. cit.).

Gifford asserts that war-throwing clubs could be so full of mana that they could not stay still and would be permanently restless.

15. Fanofano, means, to wash one's hands. The power to heal is of a different order from that of the mystical power of 'cursing' which is an inherited power (Chapter IV: II:216).

16. Male and female healers treat both sexes. There have been, and are today, male midwives. This is unusual among Polynesian people, e.g. the Samoan healers tend to specialize in treating members of their own sex, unless small children (Heath, T., 1973).

17. It should be noted that the terms 'consulting stage', and doing 'rounds', are western notions employed in this member's speaking which reflect the western (scientific) form-of-life.

18. Lātūkefu, 1977, says, 'At every visit to the patient, the practitioner was richly rewarded with a feast and a portion would be sent to his family. It was believed that by doing this the medicine man's powers of healing would be more effective'. Murley (in Gifford, ibid.: 343) had previously described

the tukuto'o as being 'substantial' and suggests it may be given for three reason, i) payment for services, ii) remorse for the behaviour that caused the sickenss, iii) prevention of the recurrence of the sickness. Lātūkefu makes reference to Murley's interpretation of the value of the tukuto'o as supportive of his own value.

19. By greatly valued, I infer the social significance of kava and not that it is an 'expensive gift' (value). Each family grows their own kava.

20. Gifford, ibid.: 307, says, 'kava would often be made in front of the god's house as an offering to a god to procure a cure, the priest, as the god, drinking the kava'.

21. There are two further alternatives, that is, to seek western services or market remedies which consist of a number of popular medicinal cures bottled and sold in the market place. These are not frequently sought as most Tongans still prefer legitimate faito'o. The western toketā is perceived as an alternative when distressing signs and/or symptoms persist.

22. As described in Chapter I: II.

CONCLUSION

Although my objective has been to record sickness talk for analysis, I have also brought to the discussion, observations I have made as a participant-observer in a number of 'sickness' situations. In addition to a familiarization with the Tongan language, this allowed me some qualitative evaluation of my recordings and analysis. It has not been my objective however, to make a conclusive, definitive, study of 'all' forms of sickness talk, therefore this study addresses the instances of sickness talk recorded. I acknowledge the omissions of 'material' which I did not 'collect' and which may, or may not, alter the interpretations to be derived from Tongan sickness theorizing.

I also acknowledge the reading of myself (my tradition) into the 'material' and the analysis of the grounds which make that sickness talk possible. Therefore the reader is obliged to seek, in turn, the grounds which make my speaking (my theorizing) possible.[1]

I have written this work as a beginning, as a 'difference' from conventional forms of analysis as presented in medical, anthropological and sociological research, in that this is my way of demonstrating the possibility of studying everyday sickness theorizing in terms of what it says and also in terms of what it shows.[2]

Conventional approaches (research methods) would have led me to a discussion on the 'products' of the community under study, such as describing sickness types, myths or beliefs thought to be associated with them, therapy classifications including materials used, and roles of the healer and 'patient', that is, a

discussion approximating the 'structure' and/or 'function' of a medical 'system'.

Instead, the approach taken in this study allowed me to take such 'products' as a starting point in members' discussions and through the discussion of the 'products', treat the speaking about sickness as a display of the process of attributing meaning to phenomena and events in accord with the tradition(s) which ground members speaking.

In treating sickness talk as factual accounts of doing sickness in a particular community I have recorded the descriptions of healing practices and initially analyzed these descriptions to indicate the constitutive process of doing sickness (constructing phenomena and events into something meaningful to the community). This initial analysis has shown:

i) While the process of problem solving (defining the (sickness) situation in preparation for action) may be a universal cognitive process, the content of that 'thinking and doing' differs according to each form-of-life. A different 'factual', 'objective', 'rational', 'reality', emerges.

ii) At the level of intersubjectivity, the healer and sick individual already experience each other, and the sickness situation, differently in Tongan and western society. Hence there is a difference between Tongan and western notions of healer-sick member dialogue, responsibility, accountability, body values ... as well as a difference between the notions of sickness, non-sickness, life, health, ... in each form-of-life.

iii) In addition, each form-of-life constructs different formulations of sickness (types) through their respective ways of perceiving and selecting central criteria (faka'ilonga, signs and/or symptoms) out of the array of transient (sickness) phenomena.

iv) The rationality of doing sickness (problem identification) and the formulation of a strategy to overcome the sickness trouble (problem resolution) leads to regularities in therapy as types of remedy.

v) Explanatory models display the tradition(s) which ground such theorizing. The forms-of-life show through the sickness talk which generate different ways of construing what is to be accepted as 'real', 'factual', occasions of sickness.

Furthermore, when sickness talk was analyzed, not as 'factual' accounts of healing practice, but as 'grammatical' accounts, the sickness talk showed that where members see diagnosis as the analysis of sickness facts, it is possible to show diagnosis as construction (synthesis) through the assignment (rule) of 'aberration'. Where members see therapy as the 'curing' of 'some-thing', it is possible to show therapy as an attempt to 'undo' a process (no-thing). Where members see sickness explanation as 'describing' the 'cause' of some sickness 'fact', it is possible to show explanation as the 'rationalizing of enigmatic effects' of the sickness trouble and the therapeutic outcome, as part of the social construction of the 'reality' of sickness.

Sickness talk also shows that diagnosis, therapy, explanation, doing sickness as kinship and as healer, are not different parts of 'doing sickness' but are moments of the whole healing act, therapy as a whole.

Diagnosis, therapy and explanation were analyzed in terms of i) rule, ii) grammar, iii) a theoretic community for whom such knowledge and action is meaningful. What appeared to be accounts of factual differences in the sickness experience were shown to be grammatical instead. Through the analysis it was shown that an attempt could be made to retrieve the tradition, grounds, forms-of-life, which make that difference in speech (grammar of Tongan and western talk) possible in

the first place.

Thus grammar was shown to reflect (cultural relevances of) the forms-of-life which ground such speaking, presenting it as logical, rational, reasonable speaking. This rationality has been shown as something which is produced in the very act of speaking about sickness as a public and rule-guided activity. However, as Silverman[3] and McHugh[4] have argued, the search for rules of this rationality is a task which can never be completed and never fully explicated. Nevertheless the task is an important one for social theorists as it recognizes that regularities in human behaviour are generated, not through roles, norms, laws, mores, codes, customs, ... as have been traditionally credited, but primarily in the un-recognized, non-reflective, un-conscious practice of assigning language (meaning) to experience. The rule which assigns meaning to experience (or phenomena) is the first step toward rule-guided action, the regularities or patterns in human activity. The roles, norms, ..., etc., are only the products of that process. Members create and maintain regularities (tradition) through that assignment of meaning everytime members speak.

This study represents my way of seeing rule as tradition, or auspice, in the grammar of speaking. I have tried to show rule, not as a figment of my imagination, but as being evidenced in the grammar of members' speech.

In studying sickness talk in this way, I have not tried to assert that the phenomenon of sickness is solely a social phenomenon, for indeed it was shown from the beginning, that the phenomenon is grounded upon forms-of-life as culture and as nature. I have argued, however, that the meaningfulness of sickness 'is' a social phenomenon.

Finally, the difference in approach to this study has generated a difference in analysis. The meaning which this analysis has for the reader, depends on the reader's (consciousness of the) tradition that makes his or her reading (writing, speaking, thinking) possible.

FOOTNOTES: CONCLUSION

1. Refer Addendum, 'On Reflexive Sociology'.

2. My theorizing here was grounded on the tradition which has also given rise to the 'reflexive' writings of McHugh, P. et al., 1974; Sandywell, B. et al., 1975; Raffel, S., 1978.

3. Silverman, D., 1975.

4. McHugh, P., 1974.

ADDENDUM: ON REFLEXIVE SOCIOLOGY

The essential theme of reflexive sociology would seem to be the radical inquiry into the grounds of any position (sociological theorizing), an inquiry into the processes constitutive of unreflective life.[1] In view of the fact that there are many ways to achieve this task and that the approach requires that the theorist avoid (or abandon) the use of 'a Method', it would seem that each protagonist must develop and present his or her own version of 'doing reflexive sociology'.

However, there is a problem with advocating reflexive theorizing, for as Filmer says,[2]

> ... to be interested in the essential reflexivity of sociologists' accounts would be to be doing reflexive sociology and thus not doing the practical sociological inquiries constitutive of sociology (which is not reflexive). That is to say, it would not be doing sociology as it is traditionally understood, precisely because to be doing reflexive sociology is to be rendering problematical, and thus the central topic of inquiry, that very tradition in whose (unexplicated) terms sociology is understood as what is.

That is, to be 'truly' reflexive, the social theorist could not accomplish any study of the Life world without being overwhelmed by a heady self-examination (knowledge - critique). Indeed most writers who advocate a reflexive approach do so programmatically and have not applied their theoretical postulates to any 'practical' study.

In making reference to certain reflexive writers in this study[3] the reader may have come to expect that throughout this study I would have constantly examined the grounds of my own theorizing. For those authors

who have most closely approximated the reflexive task they have theorized one or two particular concepts, that is, have attempted a conceptual clarification in terms of the search for the grounds or tradition(s)[4] which show through the speech or grammar of the concept(s).[5]

This study addresses, not one or two concepts, but the complexity of the everyday, Life world, of members facing the phenomenon of sickness. To the extent that I have attempted a hermeneutic - phenomenological approach[6] to the fieldwork and analysis, as well as conceptual grounds (in re-viewing the concepts diagnosis, therapy and explanation), this study is (to a greater or lesser extent) a contribution to reflexive sociology. It is my way of seeing the possibility of reflexive theorizing in a 'practical'[7] study.

What has been omitted from the analysis of Tongan and western sickness theorizing is, however, the analysis of my own theorizing which becomes the task of the reader. As all writing (must) finally present 'descriptions', 'statements', 'findings', 'analyses' and so forth, all writing can be seen as an authoritative account of the writer's own stratifying practices. The 'adequacy' of any writing becomes (from this perspective) how a text 'fits' into the tradition of the reader. The writer 'establishes the conditions for the reader's decision'[8] and therefore, the reader must seek the 'fit' of this study.

FOOTNOTES: ADDENDUM: ON REFLEXIVE SOCIOLOGY

1. Refer Gouldner, A., 1971.

2. Filmer et al., 1973: 122.

3. Habermas, J., 1971; Gadamer, H.G., 1960; McHugh et al., 1974; Blum, A., 1974; Sandywell et al., 1975; Raffel, S., 1978.

4. I use 'tradition' in the sense Gadamer (1960) defines it.

5. Such as McHugh et al., 1974, on the concepts of 'motive', 'bias', 'art', 'snubs', 'travel', etc., or Raffel, S., 1979, on the concepts 'observation' and 'event'.

6. Hermeneutics provides the central grounds (theoretical tradition) for reflexive theorizing.

7. For some reflexive theorists, the (western) dichotomy of concepts, theoretical - practical, theory - method, subject - object, ... is an illegitimate form of sociology (socio - logos).

8. Blum, 1974: 4.

APPENDIX A

HISTORICAL DEVELOPMENTS IN THE ROLE OF THE TONGAN HEALER

I have avoided any attempt to provide historical details of the origins of Tongan healing practices.[1] My task has been to locate some elements of historicity[2] or tradition as expressed in contemporary accounting of an aspect of Tongan everyday life, namely 'doing sickness'. However, in an attempt to provide some historical perspective to the development of the role of the healer and healing practices, I have selected information from the few texts available on Tongan life.[3] As I have no other recourse to historical 'facts' about the traditional role of the healer beyond that of consulting a number of early European accounts, I have no way of ensuring the validity of 'facts' reported. Thus, in reiterating these authors notions of past Tongan activities, I am aware I may contribute to an ongoing distortion of accounts.

Perhaps one of the most accurate records of healing practices and the practitioners, is found in Mariner's account of his four year experience in Tonga as a shipwrecked seaman in the early 1800's. Mariner was taken into the care of the Chief of Ha'apai, Finau 'Ulukālala II.
Under Chief Finau's protection, Mariner was able to observe the range of everyday activities including sickness and healing practices.

Mariner classifies three forms of treatment given for sickness, viz. invocation, sacrifice, and external operations, adding that internal remedies (medications) served no purpose. Even the Tu'i Tonga Finau refused medicine for his dying daughter which in Mariner's view was indicative of the Tongans low regard for such plant potions. Both the preparations of medicines as well as the surgical techniques Mariner asserts, the

Tongans learnt in Fiji. However although their minimal surgical skill apparently delivered better results than their medicine, invocation and sacrifice predominated as the collective response to illness. Hence ceremonies of invocation on behalf of the sick were widely practiced throughout Tonga, according to Mariner. These included the aforementioned tutunima (elsewhere spelt tootoonima; Martin, 1827; and kau'inima, Lātūkefu, 1975), and refers to the amputation of a finger or finger joint, usually of a (child) and nawgia (spelt no'osia, Sparrman, 1944, referring to the strangulation of children) as a ritual sacrifice.

Anders Sparrman, the physican on H.M.S. Resolution with Captain Cook[4] reports tutunima was a sacrifice to the gods for invoking the recovery of a sick relative or chief and was frequently performed.

> In these islands we found scarcely one person of either sex or any age who had not lost one or more finger joints.[5]

Mariner witnessed two five year olds competing for the privilege of undergoing this ritual.[6] Gifford[7] reports that if a person was sick the relatives would amputate a relative's finger and take it to the priest or priestess as the earthly mouthpiece (taula, anchor) of the particular god whose powers were being sought. He states that sometimes the wrapping of the finger in unfinshed tapa (ngatu) was sufficient to effect a cure.[8] Sacrifice in Tonga was performed by the supplicants, they garotted (with strips of tapa) or amputated as momoi (offering or sacrifice). The victim chosen was of 'lower' rank than the sick individual. None of the priests of the gods seemed to have actually officiated at, or themselves performed, the sacrificing.[9] The supplicants would take the sacrifice to the priest or priestess who waited at the faletapu (consecrated or sacred house). Mariner reports, the priest would

become entranced and would sometimes convulse violently when the god he was invoking possessed his body and in this entranced state the god's will would be communicated through revelation and prophecy. Should such prophecies prove erroneous, it was thought that rather than the priest being mistaken, the god must have changed his mind or had intentionally deceived the priest.

Apart from the priests, animals, objects, or physical elements would be chosen by the gods to act as intermediary (vaka, boat or vessel) to communicate impending misfortune, illness, death, recovery or good fortune. Living representatives included the shark, octopus, sea eel, quail, lizard, and flying fox.[10] Other cosmological factors acted as agents of the gods, for example, the sun, moon, stars, also mountains, valleys, rivers, trees, leaves, wind, rain, and human thoughts, could act as omens to communicate messages of the gods or cause sickness itself.[11] The priests were often required by the gods to wrap smaller objects or insects which were the particular vaka associated with a particular member's sickness, in tapa cloth and smeared with enga (the yellow juice of tumeric). These artifacts were often kept in the god houses and displayed by the priest when worshippers came for prayer or offerings. It was not the faletapu but the falefe'ao or fale fakafe'ao (house for looking after someone) which the sick person was taken to.[12] It was situated near the faletapu (temple).[13] Gifford also says the sick person was taken on a litter or bier to the place where the supplicants were sitting and 'the patient would be massaged and anointed by the priest and would recover'.[14]

Thus, the priest as healer, acted as medium between the god(s) and lineage members and also between the members and their deceased member's spirits. Offerings were made to both the ancient gods and the recently deceased kin who also had the power to cause

illness. Should these means fail, more direct persuasion might become necessary in the form of retaliation. If the spirits failed to respond fairly, the grave of the offending ancestor might be broken open, the bones removed, beaten, and imprecations uttered. However in contemporary society, Tongans exhume graves for more benevolent reasons of alleviating pain and distress in the deceased and seldom to punish the spirit.

The priests were not only concerned with religious matters and healing but were second only to the principal chiefs in political significance exercising considerable power over the latter. The office of priest was hereditary in the upper classes, passing from father to son, although spirit possession could designate another from their ranks to be appropriated and the authorities could appoint him priest.[15] However the tu'a or commoners were not eligible to have any political or religious role whatsoever and led a life of servitude having no worth in their worldly existence and no soul to experience the afterlife.[16]

The priests were considered to be the 'real' healers of the sick. However other members learnt and occasionally practiced a few specialist healing skills. Surgical techniques, such as they were, were only practiced by those Tongans who had spent some time in Fiji where constant wars afforded opportunities to practice. The three operations most commonly performed were reportedly 'cawso' (paracentesis thoracis) often performed for extracting arrowheads; 'tocolosi' (an operation often performed for tetanus or abdominal injuries consisting of passing a seton through the urethra); and 'boca' (castration, sometimes also amputation of enlarged testicles (hydrocoele) as filarial complication, or for carcinoma). The surgical knife was usually a bamboo knife or sharp shells as used in scarification (for blood letting). Amputation of a limb was occasionally performed using an axe or

shells. At puberty, male circumcision was occasionally performed, however most Tongans were supercised as they are today. Again, bamboo knives or shells were, and occasionally are still, used for this act.[17]

Outside of the above observations of surgical techniques and the aforementioned observations by Mariner, there are no other recollections of significant modes of healing practices recorded by Mariner although he was in a unique position to make such observations and did so thoroughly on other aspects of Tongan social organization. These practices Mariner recorded, he attributed to Fijian medical practitioners from whom the Tongans learnt their skills. Given that Fijian practices have altered since the 1800's and given that European observers report their own classifications of what they interpret as Fijian medical practice, it has not been possible for me to confirm or deny that Tongan healing practices or practitioners' roles originated from that source.

Spencer's studies on the Fijian Medical System[18] allows no positive identification between the two systems. Indeed, in some respects the two forms-of-life are quite disparate. Such important ritual performances as the i mandrali, the thank offering to the gods,[19] the type of long term associations a Fijian healer may experience with one or more nitu (spirits) and the religious cults of the luveniwai associated with 'health'; the two categories of disease as mate vayano (diseases of the body) and mate ni vanua (diseases of the land); the propitiatory ritual of ne i soro;[20] the lifting of the tambu (tapu) associated with therapy; the unkempt, dirty, dullwitted though devoted attributes of the healer;[21] for example, are not at all similar to Tongan practice. While there are a number of typical practices common to both cultures they are features common to all Polynesian cultures and in some aspects common to New Guinea, African, and other non-western healing activities.[23]

Spencer's work was developed mainly among the Fijian hill tribe of the Namatake and says there is much variation throughout Fiji, a feature not so marked in Tonga. However other studies on Fijian practices (e.g. Thomson, B., and Hocart, A.M.) do not allow identification of the Tongan practices originating in Fiji either.

Given that Tonga's history demonstrates prolonged contact with Fiji and Samoa,[24] it is possible that healing practices may have been learnt by the Tongans in Fiji. However, whatever the facts are about the origins of traditional Tongan healing practices the Tongans have adapted, considerably, the practices of the 1800s and today give their own, peculiarly Tongan, renderings of the art.

However while the origin of the practices themselves is not known, the fact that one form of healing role emerged out of the other has been implicated. Mariner implies both a sacred and secular healing role existed by 1800, and Gifford wrote of healing practices mentioning the roles of both priests and lay healers (faito'o).[25] The lay healer seemingly, also had access to supernatural power but it was not power derived from engaging the assistance of the 'otua, gods, but came from 'fraternizing' with the spirits of the recently deceased, usually kinsmen of senior rank related to the families of the sick. Gifford postulates that through experimentation, initial trial and error, the faito'o learnt that physical remedies, with the sanction of supernatural powers, could assist the recovery of their fellow man. While initially the lay healers applied the explanatory model of sickness that the priests had employed, that sickness in the natural world resulted from disruption in the supernatural order as a repercussion from misdeed by individuals or their kinfolk, physical measures could be taken as well as the priest's religious rituals, to restore order. The faito'o

augmented his power through medicinal preparations, massage, blood letting and minor surgery. It appears that Tongan 'high society', at first, rejected the medicines and the most important therapeutic measures were the religious ones. The priests were more powerful and of a higher rank than the faito'o, who were, however, neither from the lower ranks. It seems that until the introduction of Christianity to Tonga, the priests of the 'old religion' were the main actors as mediators in times of sickness.

Thus, at the point of European contact, according to Gifford, the priest healers predominated. It is likely that the Tongan people, including the commoners, may have learnt some medical practices from sailors such as Mariner, beachcombers such as Brown and Singleton, and, in time, missionaries such as Vason, that is, from those individuals who befriended the Tongan people in a deep and lasting manner, who became immersed in Tongan culture. However scepticism amongst Tongans over the power attributed to the ancient gods to heal or provide any relief in times of illness or injury is reported as being evident as early as the fifteenth century when the Tu'i Tonga was himself wounded in battle and swore at the gods for their stupidity.[26] Mariner also refers to scepticism and irreligion in the days of Finau 'Ulukālala II in the eighteenth century. So already the grounds were laid for seeking alternative recourse to cures and relief from misfortune. While European contact may have accelerated this impulse, their influence was hardly conspicuous. While Wesleyan missionary movements of 1822 and 1826 laboured hard to overcome the failures of the L.M.S. movement in the late 1700s, their activities failed to impress the Tongan people for some time and reportedly[27] there was much suspicion as their prayers and writings were seen as a form of black magic; this view being propagandized by the beachcombers who resented their intrusion and the puritanical ideas the missionaries promoted. Rutherford[28] suggests it was

the Island missionaries and thoughtful beachcombers that influenced the Tongans acceptance of Christianity. However, as far as the missionaries introducing a widespread and comprehensive knowledge of medical and surgical skills, this was not in their repertoire. Lātūkefu[29] notes that the missionaries were unprepared for their fieldwork, for example, Lawry, Thomas, and Hutchinson each found themselves handicapped in a number of abilities including their

> ... lack of elementary or basic medical skills ... When Thomas failed to cure Ata's son, Mataele, from a serious illness from which he later recovered after being taken to a traditional god house, Ata took this to be conclusive proof that the traditional gods were true after all.

John Thomas wrote,

> If we could cure the bodies of the people of their various diseases, it would be a great recommendation for us to the attention of the people ... but we have neither the skill nor means for this ...[30]

However eventually missionaries arrived in Tonga who were apparently more medically skilled and Lātūkefu[31] adds,

> Afflicted with traditional ailments such as yaws and tropical ulcers, as well as new diseases introduced by Europeans, and lacking knowledge of either their causes or cures, the Tongans attributed these misfortunes to the anger of the gods or the displeasure of the spirits of deceased kin. Accordingly, they believed that there was a direct connection between the efficacy of medicine and the power and truth of the gods, whether the medicine was that provided by the missionary or by the heathen priest. Fortunately for the cause of the mission, the missionaries of Nuku'alofa were more successful in combating disease than John Thomas had been at Hihifo.

Interestingly, it was not so much the priests of the traditional religion that resisted the introduction of Christianity but rather the chiefs who feared for the loss of the customary privileges.[32]

Many of the chiefs seemingly had become disillusioned by what they interpreted as failure on the part of their own gods to help them achieve what they aspired to and thus began to question the validity and effectiveness of their traditional religion.

> To them the old cosmology was no longer adequate to explain the new technical age ushered in by European contact.[33]

With the incipient loss of belief in the old order came the reduced legitimacy of the traditional priests and the people supposedly turned more to the faito'o and their healing endeavours. If the gods were tardy or impotent in manifesting a cure then they had to take steps themselves to initiate therapy. This apparently led to the expansion of the role of faito'o although it was always to be a specialist role and never a general healing role as is the General Practitioner role in western society. The limited and largely ineffective practices of the faito'o who was previously shadowed by the divinely inspired priests now seriously strove to enhance their own healing skills.

Events occurred in the course of the missionary movement which continued to deter the people from adopting more widely the European world view such as their political, economic, kinship, health, ... institutions. As a chief became converted to Christianity so did all his people but the conversion process was not by any means voluntary

> ... murder and wholesale slaughter of the heathen occurred in the name of Christianity.[34]

As throughout the history of religious crusades conversions took place for various motives.

> The Wesleyans of the nineteenth century realized that material goods diffused much more rapidly than philosophical or ideological systems.[35]

Thomson[36] reports that by the end of the 1800s the practices of the faito'o were widely accepted. This is reflected in the story of the Tongan Queen's illness at this time. The Tongan Queen was gravely ill and although the King reportedly had faith in European medicine, the ladies of the court 'insisted upon administering nostrums of their own'. Only by Dr. Maclennan, the European physician to the Royal Family at the time,[37] creating a fuss could he get his orders obeyed.

> In surgery alone do the Tongans frankly admit their helplessness.[38]

Dr. Maclennan was also asked to treat non-human patients such as pigs, as do the faito'o even today often treat men, horses, and pigs if so requested.

Thomson greatly respected the nursing care given by the relatives of the sick member. He reports that

> the patient's relatives act as hospital nurses and patients requiring surgery for elephantiasis made excellent recovery in poor conditions, due to the care given ...'[39]

However surgery requiring dismembering of the body (apart from the previous ritual amputations) was generally refused.

> ... A boy who shot himself in the foot which became gangrenous requiring amputation and amputation was refused ... Great is the Polynesians horror of mutilation ...[40]

Thus, by the close of the nineteenth century the practices of the lay healer were preferred over those of the priests or Europeans. In the early twentieth century the priestly role had virtually become extinct and the faito'o's role was taken up by people of the lower (tu'a) classes.

Gifford[41] reported that during his stay in Tonga (early 20th century) he noted

> 'most of the doctors are commoners, and may be either male or female (tangata faito'o or fefine faito'o). They are not appointed by chiefs, but usually follow the practice of a parent, thus keeping the knowledge a secret within the family.'

Amongst many of the values and behaviours which were adopted from the European or papālangi some scattered knowledge of western healing practices were absorbed but although the faito'o were quick to adopt some western medical skills, what emerged was a set of beliefs and practices essentially Tongan (faka-Tonga) which remained logical and consistent with the other forms of institutionalized life. Hence there persists a number of traditional medical practitioners, each with their own specialty, numbering perhaps ten to a village, and actively practicing their healing art at the behest of their 'clientele'.

In sum, perhaps contrary to what may be seen as medical and anthropological expectations, what is understood as Tongan traditional healing practices, have not declined since western contact. Rather, they have developed from, reportedly, limited skill at that time, to an extensive network of healing practice today.

FOOTNOTES: APPENDIX A

HISTORICAL DEVELOPMENTS OF THE ROLE OF THE TONGAN HEALER

1. Historical details are usually presented at the beginning of a writing, however presenting historical details at the beginning of this study would have altered the reading of the text.

2. A term used frequently by the hermeneutic theorist, Hans Georg Gadamer (1960).

3. Scholars dispute the origins of the Tongan people and hence their customs, as arising possibly from South East Asia, Fiji, Samoa (Rutherford, op. cit.) and even South America (Werner, op. cit.). What is undisputed is that Tongans had many centuries of contact with Fiji and Samoa. Indeed Gunson (in Rutherford, 1978: 91) postulates most Tongan customs originated in Fiji although ...'cannibalism, tutunima, and others were ANCIENTLY practiced [in Tonga]' (emphasis original); 'tutunima being a form of sickness 'cure'. Tongans emigrated to Samoa, Futuna, Rotuma, Uvea, Fiji, and the Cook Islands; while immigrants came to Tonga from Fiji, Samoa, Rotuma, Tokelau, Tahiti, before the missionary period of the 1800s in Tonga. Niueans, Uveans, and Futuna immigrants arrived in the post-missionary period according to Gifford (1929: 12). First successful missionary movement, 1822 and 1926. Lātūkefu (1975: 16).

4. 1773.

5. Sparrman, 1944.

6. Mariner, 1971, 11: 22 note.. Mariner, 1971; Wilson, 1799; Cook, 1777, 1784, had all reported children competing for this dubious privilege.

7. Gifford spent nine months in Tonga as a member of the Bayand Dominick Expedition of the Bernice P. Bishop Museum at the end of the nineteenth century. Gifford (1929: 287-322).

8. Ibid.: 307).

9. Ibid.: 320).

10. Cf.Te Rangi Hiroa, 1935, for other agents.

11. See Gifford, 1929, on 'omens'. Every family clan was under the guardianship of at least one god who the family turned to in times of sickness. Most families had a totem which was sacred and could not be eaten without threat of sickness and death.

12. Gifford, ibid.: 342; reports that sons would leave the sickhouse of a diseased (sick) and dying man until he died and his 'dying house' would be burned after the funeral. The sons left their dying father for fear of contamination.

13. Gifford, 1929: 200).

14. Ibid.: 307).

15. Lātūkefu, 1975.

16. Gifford, ibid.: 288; describes Tongan afterlife as existing in a land called Pulotu, often designated as existing either under Tonga or northwest of Tonga somewhere near Fiji. In this mystical land there is the Vaiola, the water of life, now the name given to the major hospital in Tonga. 'It is said in the traditions that there is a country in which there is a fountain called Vaiola and the nature of this water is healing. If a sick person washes in it, he comes up healed. If a leper bathes in it he will be clean, if an old man, he becomes young, the blind see, the deaf hear, the dumb speak. People afflicted with any sickness need only plunge into the water to become well'. However only the souls of the upper class ever went to Pulotu.

17. While the Department of Health encourages supercision to be performed on infant boys at the hospital, supercision rituals are also conducted amongst villagers themselves on boys up to teenage.

Three members reported that eight years of age is the appropriate age.

18. Spencer, 1941, 1966; 2nd edition..

19. Ibid.: 12-13: 31..

20. Ibid.: 29.

21. Ibid.: p. 50.

22. Ibid.: 67.

23. Such notions as 'spirits' being a part, if not the whole, of causal accounting in sickness and therefore the therapies devised to appease, vindicate, expel ... such supernatural forces have their own expression in these cultural groups; the extensive application of massage as a mode of therapy; the expectation that medicines will be effective in 1-2 doses or 2-3 days; the acceptance of western medicines but not hospitalization; the use of local plants for the making of remedies; the notion that 'correct' burial is more important than 'cure' - these practices are common to Samoa (Heath, T., 1966), Rotuma (Howard, A., 1979), Fiji (Spencer, D., 1966), New Guinea (Lewis, G., 1976), Africa (Ngubane, H., 1976; Evans-Pritchard, E., 1937; McLean, V., 1966, 1969, 1976; Frankenberg, R. and Leeson, J., 1976).

24. Current studies on the origins of Samoan healing practices have revealed many skills and classifications were learnt from the Tongans, refer to P. Kinloch, Wellington, Department of Health, M.S.R.U.

25. Futa Helu, Director of Atenisi College, Tonga, proposes the term originated from the Tahitian to'o, a small figure carved from the toa tree (casuarina) bound with senit, painted with a face (black eyes and black oval mouth) with a girdle of red feathers. This to'o was wrapped in tapa and placed in the faletapu. The To'o was a Tahitian god, Fai means 'to do', that is, 'to do the god's work.'

26. Lātūkefu, 1975: 347.

27. Rutherford, 1977: 108.

28. Ibid.: 113.

29. Rutherford, ibid.: 119.

30. Thomas, Journal 8 June, 1829.

31. Ibid.: 123.

32. Ibid.: 347.

33. Ibid.: 125.

34. Ibid.: 347.

35. Urbanowicz, 1977: 250.

36. Thomson, 1902: 175-177.

37. The Royal Family today have their own western and traditional healers who are available when necessary.

38. Op. cit.

39. Collocott (1923) is not so generous in his appreciation of the nursing skills on Tongan kinfolk nor of the skills of the faito'o.

40. Op. cit.

41. Ibid.: 338: 148.

APPENDIX B

1972 - A Medical Officer's Table Estimating the Decline of Traditional Healing Practices in Tonga

TONGAN PRIMITIVE MEDICINE AND OLD TRADITIONAL RELIGIOUS BELIEF.	THE NEW FAITH-CHRISTIAN BELIEF. PEOPLE WHO BELIEVED THAT LOTU ALONE CAN CURE DISEASE.	WESTERN MEDICINE
	Before 1800	
100% of population still practised primitive medicine and Old Religious Belief.	No Christian Faith.	No Western Medicine.
	Between 1800 and 1900	
50% of population still practised primitive medicine and Old Religious Belief.	50% of population.	Western Medicine was first introduced towards the end of the 19th Century.
	Between 1900 and 1920	
30% of population practised primitive medicine and Old Religious Belief.	20% of population believed that Lotu Alone would cure disease.	50% of population. In 1909 Smallpox vaccination legislation passed.
	Between 1920 and 1930	
30% of population.	20% of population believed that Lotu Alone would cure disease.	50% of population.
	Between 1930 and 1940	
15% of population.	10% of population.	75% of population.

TONGAN PRIMITIVE MEDICINE AND OLD TRADITIONAL RELIGIOUS BELIEF.	THE NEW FAITH-CHRISTIAN BELIEF. PEOPLE WHO BELIEVED THAT LOTU ALONE CAN CURE DISEASE.	WESTERN MEDICINE
	Between 1940 and 1950	
10% of population.	10% of population.	80% of population.
	Between 1950 and 1960	
5% of population.	2% of population.	93% of population.
	Between 1970 and 1977	
Below 1%.	Below 1%.	Over 99%.

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