

Traditional Tongan medicine and the role of traditional Tongan healers in New Zealand

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Abstract

The aim of the study was to investigate the role of traditional Tongan healers in New Zealand. Qualitative interviews were carried out with twenty nine healers who were contacted through community networks. Every healer was unique in the kinds of ailments they treated which included fakamahaki (spirit related illnesses), lavea (physical injuries), hangatamaki (a wide group of traditional illnesses) and mahaki (non specific symptoms). Healing was seen as an act of love and service for the community for which it was inappropriate to charge. Healing skills and powers were passed on within families through the use of special rituals. The nature and attitude of the healer was regarded as being very important; the efficacy of the healing was seen to be more a function of the healer than the treatment used. Referrals to other healers and general practitioners were common. The healers expressed concern about the lack of understanding of their role by the western health system. There is a need for an increased understanding of the cultural basis of all systems of health care.

Introduction

Traditional healing is an integral part of the culture from which it emerges¹. To understand the significance of traditional medicine within the Pacific and the pivotal role played by traditional healers in health care it is necessary to step outside the culture of western medical science.

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Definitions of health and illness are not universal 'facts' but rather are social constructs that have meaning only in the context of a particular social group^{2,4}. The nature of what health is believed to be about and how societies arrange activities around it is at once social, cultural, economic, political⁵ and in the Pacific, religious³. What it means to be sick is also culturally defined². From a sociological perspective sickness is said to be something that people do rather than simply something they have. Being sick involves interpretation, choice and action. Being sick has a meaning⁵.

Disease is also culturally defined although in the Western world it is usually the culture of the dominant paradigm namely objective science and western medicine that controls the definitions^{3,5}. Medical theories and descriptions of disease are simply forms of language, which provide an interpretation of the world⁵. There are no 'facts' but only interpretations.

The first records of Tongan medicinal practices were made during the visits of Captain Cook¹. In both the older and more modern writings the critical role of the world of spirit in understanding a Tongan approach to life and health was emphasised⁶⁻¹⁰. Healing in Tonga¹¹ and other parts of the South Pacific¹²⁻¹⁴ was intricately associated with two related Polynesian concepts *Tapu* and *Mana*. A skilful healer was believed to possess *Mana* that enabled her or him to heal patients. *Mana* could be both acquired or lost. Any actions contrary to sacred beliefs could result in a loss of *Mana*. The supernatural origin of illness and its integral link with culture is found in all the Pacific systems of traditional healing.

In Tonga today two systems of medicine exist side by side. One based on sickness *mahaki faka-Tonga* (traditional Tongan medicine) and one based on disease *mahaki faka-Palangi*. (Western medicine). Tongan people have adopted this dual system and for diseases thought to have been introduced by Europeans eg diabetes mellitus, western medicine is usually sought and for traditional Tongan illnesses treatment by a *Kau Faito'o* (a traditional healer) is usually sought⁹.

The research presented in this paper is part of a larger study concerning health care decision making by Tongan people in New Zealand. We are interested in when and why a Tongan person chooses to visit a traditional healer

and/or a western doctor. The discussion in this paper concerns the role that traditional healers play in New Zealand and issues that arise from this for western health care practitioners and policy makers.

Methods

Community consultation began some 12 months before the major interviews for this study were carried out. Meetings were held with a number of senior Tongan people within the Roman Catholic and Methodist churches, the health field and the community. Pilot interviews were conducted in both Dunedin and Auckland. These experiences informed the decision to use research procedures that were as much as possible in keeping with traditional Tongan cultural practices.

Qualitative in depth interviews were carried out with twenty-nine Traditional Tongan healers aged from 30 to 70 years. There were six men and 23 women. Second interviews were carried out with 12 of the participants. The beginning of each interview was unstructured and allowed for each person to 'tell their story' in their own words. A checklist was used to assist in eliciting information that was not volunteered during the initial part of the interview. The checklist included the history of healing within each participants family, their training as a healer, illnesses treated, medicines used, referrals, time commitments, spiritual beliefs and illness, 'Ofa (koha) and tapu (restrictions). Interviews varied from 45 minutes to three hours in length, and were carried out in the healers own homes in the presence of support persons. These included family friends and patients for the healers and ministers of the church or senior family members for the interviewers. In all situations the interviewers were unknown to the healers they were formally introduced by their support persons.

The healers were found by community networking which included word of mouth, personal contacts, friends of friends and Tongan radio. Healers also referred the interviewers to other healers.

The Tongan language was the primary language of the study. The ideas for the research along with the detailed research aims and protocols were conceived within the Tongan language. All interviews were carried out in Tongan. Interviews were audio taped and then transcribed in Tongan and later translated into English. The major analysis of the interviews was with the Tongan transcripts and was facilitated by the use of the Nud*ist computer programme. This analysis was then translated from Tongan to English.

Results

The role of traditional healers in New Zealand

Traditional Tongan healers in Auckland are called *kau faito'o* and their practice is called *faito'o*. Initially healing is not a learned skill but an acquired energy. It is understood as a power, which enables healers to treat and cure illnesses. Healers refer to this power as a gift from God. The power is traditionally passed on within families from generation to generation through the ritual of *fanofano*. "The ritual of *fanofano* is a respectful way of passing on the Godly gift of healing. It is passed on and received with a loving and helpful heart." Receiving the power through *fanofano* is regarded as a blessing. Rarely people who were the patient of a healer may receive the power through the *fanofano* ritual. Prayer is an important part of treatments and also of the ritual of *fanofano*.

Healers spoke of the differences and similarities between *mahaki faka-Tonga* and *mahaki faka-Palangi* (western diseases). Most healers were quite specific in what their ailment was and therefore what they were willing and able to treat with their *faito'o*. Referrals between healers were common. Referrals to general practitioners were even more common. Because the healers felt uncertain of their standing in New Zealand with respect to the western health system most did not like to start treating a patient if they had not recently seen their GP. Most healers wanted their patients to continue with their medication from their doctor. A small number insisted that no other medication be taken during their treatment because either the western medicine was seen as being of no value for a spiritual illness and/or the medicine was likely to interfere with the traditional treatment.

Each healer was unique with the abilities for treating ailments being different in different families. The healers described themselves according to the ailments that they treated. We have combined these ailments into the four major categories described below.

Spiritual healers

Spiritual healers treat spirit related illnesses. Tongan people have a strong belief in the after life and this is a major part of culture and tradition. The illnesses treated are the result of interactions of love, anger or cries for help from the spirit world to a particular individual. Breaking of traditions and customs is a major cause of spiritual illness. The illnesses are not considered to be associated with God's wrath but rather the healing is associated with God's power and love expressed through the healer. The healers described their abilities to closely associate with the worlds beyond the physical plane. Their practices are viewed as very sacred and sensitive and in the Tongan

world are accorded with great respect.

Herbs are commonly used by spiritual healers and these include lautolu, mo'ota, uhi, nonu and fiki. The medicines are usually prepared from the leaves and may be in the form of vai (a liquid medicine), or vali (an ointment). The preparation of the medicine involves specific rituals and incantations. Each practice has its own unique and strict set of protocols for the preparation of medicines and for the behaviour of both the patient (and their household) and the healer. The protocols include special restrictions (tapu).

Kau Faito'o Lavea - Injury healers

These healers treat major injuries like fractured bones (fasi), and also twisted and sprained ankles (tapeva) and strained muscles (uoua). Treatment involves massage of various types, namely fota, tolo, amo, mili and moloki. Massage is the major component for injury treatment although sometimes further medicine may be required. Vai kafo is the most common medicine for these kinds of injuries. Vai kafo may also be taken by people doing strenuous work as a preventive medicine. Most of the patients treated by kau faito'o lavea were young and their injuries arose from car accidents, rugby, other physical games and work involving hard labour. Treatment can be extremely painful and is regarded as part of the faito'o.

Kau Faito'o Hangatamaki

This represents the largest group of healers that we interviewed practicing in Auckland. They treat traditional metabolic and internal disorders covering a wide range of illnesses. These include mavaeua (ailment of the fontanel), tapitopito (ailment of the naval), pala (ailment of the skin) and kete (abdominal problems). Many of the patients treated by these healers had previously been in hospital before seeking assistance.

Kau Faito'o Mahaki

Illnesses with no apparent traditional causes are treated by these healers. Usually the illnesses themselves have no name and are described according to signs and symptoms.

Service as a healer

There is no charge for traditional treatments. The motivation for undertaking this work is the privilege of being able to help and serve their community. Healers are bound not to charge people for their faito'o, patients may, however, of their own free will offer gifts. There are two types of traditional gift offerings concerning traditional treatments tukuto'o and tofoto'o, which are offered respectively before and after the treatments are com-

pleted. Several healers mentioned that now a days the tendency is for small gifts to be offered at any time. These gifts are not viewed as payment by the healers for their services but as part of a customary act where love is exchanged with love. The tukuto'o may also be looked at as part of the treatment itself and as an indication that the patient is willing to go through the treatment. The tofoto'o can also be viewed as a sign of gratitude and sincere thanks for curing the illness.

Healers practice in their own time and at their own expense. No appointments are required; patients are treated at any time. Choosing the appropriate time to see a healer is entirely up to the patient. A common characteristic with traditional faito'o is that practices are carried out in sets of three nights or five nights depending on the faito'o involved. The length of time for the treatment however depends on the severity of the illness. The treatment is regarded as complete not when the patient is obviously cured but when the sets of faito'o nights are over.

The end of treatment is marked with a ritual called kaukau tuku where the patient is bathed by the healer in medicine or water with a drop of medicine. This ritual is viewed as very important for spiritual, hangatamaki and mahaki patients and to a lesser extent with injury patients. A treatment ended without the kaukau tuku is incomplete and the patient has not been completely cleansed of the illness. If the ritual is not carried out the chance of a relapse is regarded as very high and that treating the same illness again is more difficult and takes longer to treat. The ritual itself can be looked at as the last or end treatment and not just a boundary stone demarcating the end of treatments.

Tongan people place great value on the skills of traditional healers for traditional illnesses and the healers continue to play an important role, in the health care of many Tongans living in Auckland.

"It is very important that the Palangi know that our *faito'o* is real and working." "Mofi 'uto was quite common last year and I really did not know between the hospital and my home who had more patients.... My busiest year was last year ... my house was full and people would be waiting outside."

Efficacy and practice

The effectiveness of the faito'o depends a lot on the healers and patients attitude towards it. The more committed the healer and the patient the more effective *faito'o* is going to be. In many ways the efficacy of the treatments used is seen to be a function of the healers rather than the treatment used. The person carrying out the treatment is the important ingredient of the faito'o.

The medicine may be ineffective without the right person to deliver it. Different forms of massage are common to the majority of *faito'o*. The touch of the healers hands is regarded as a vital part of the treatment.

All *faito'o* have more or less strict instructions which the healers must observe. These include practices that the healers must observe and can include rituals of how to prepare and take care of medicines. They inform the healer that they must not practice for wealth or fame but with love and a helping heart. Disregarding the instructions may result in the *faito'o* not working, the patient and/or the healer getting sick and the loss of *ivi* (power) of the *faito'o* so that the healer will be unable to practice. Families help a lot with the *faito'o* by supporting the healer economically and also physically where a lot of strength is required for the treatment. For most healers family responsibilities have to come second to the *faito'o*. The healers also spoke of the importance of their attitude and state of mind to the effectiveness of the treatment.

Any healer who charged or made appointments would not be regarded as a true healer as such activities would indicate a lack of knowledge as to how Tongan *faito'o* work.

Discussion

In our experience the use of traditional medicine by Tongans and other Pacific Islanders living in New Zealand is widespread. The ailments treated by the *kau faito'o* in New Zealand are similar to those previously reported for Tonga^{1,9}. The literature also describes fortune tellers who use cards, faith healers, who spontaneously acquire healing powers and traditional birth attendants. We did not encounter any fortune tellers or faith healers. One of the healers we interviewed was a traditional birth attendant but she was not practicing that particular skill in New Zealand.

There is no universally accepted system of classification of the healers or the ailments that they treat. Bloomfield¹¹ adopted the categorisation of traditional curers, religious curers and readers of cards. Whistler¹ categorised *kau faito'o* into five groups: pediatricians, midwives, masseuses, bone setters and general practitioners. For the healers we interviewed we adopted a four fold classification however it is important to appreciate that although we have a specific category called spiritual healers, the world of spirit was still very important in the lives and practices of the other healers as well. The named spiritual healers were those with recognised additional abilities. There are many similarities between traditional Tongan healing practices and those in other parts of the Pacific eg in Samoa^{4,12}, New Zealand^{13,15-17} Fiji^{18,19}, Tahiti and The Cook Islands^{2,10}, Hawaii¹⁰, and others¹⁰.

Given that systems of medicine and healing are embedded within a particular cultural framework it is perhaps not surprising that traditional health practices are little understood by western health professionals trained within a totally different cultural system. In addition the often unacknowledged bias²⁰ inherent within positivistic science that there is only one method to the path of truth, namely objective science, further constrains serious consideration of the importance of 'other' systems of medicine and healing. For Tongan people however the existence of two systems is a 'fact' of life^{2,9,10}.

The effective delivery of health care requires policy makers and practitioners to acknowledge the cultural origins of the systems they plan for and implement²¹. New ways of thinking are needed so that different health care systems may coexist to better suit the needs of Tongans and other Pacific Islanders³. In the Pacific Islands western medicine has dominated the modern health care system until the recent emphasis on traditional medicine²². This has begun the movement of "the practice of traditional medicine from the backroom into the front line of legitimate practices"³. Our interviews would indicate that this move has not as yet happened in New Zealand. Practitioners of traditional Tongan medicine in New Zealand have received abuse from western health professionals and even when they recognise that a Tongan person has been misdiagnosed by western medicine feel unable to provide the necessary treatment for a traditional illness when that person is in hospital.

Often the first question that is asked by those trained in science of practitioners of 'other' systems of healing is to 'prove' the effectiveness of their healing system. The unspoken assumption is that the tools of objective western science should be used to assess efficacy. What is not widely understood however is that these tools may not be the most appropriate and may well be inappropriate for assessing a healing system grounded in the world of spirit. We would endorse proposals that suggest that systems of evaluation should acknowledge the holistic nature of traditional medicine, and its embeddedness within a particular culture. The starting place we believe should be the views of the consumers. Finau [3] argues that the ultimate yardstick for assessment of a system of health care must be the ability of the system to restore functions and to enable individuals to fulfil their obligations to themselves, each other and society.

In the mid 1990's came the first official acknowledgement of the inadequacies of the western public health system in meeting the needs of Pacific people in New Zealand²³⁻²⁵. These reports addressed *mahaki faka Palangi*, the system of treatment of disease by appointment, spoken in English in a clinical environment that requires travel and money to access. To further compound the health care difficulties of Tongan people in New Zealand

their traditional system, mahaki faka Tonga is familiar, does not require money, may not require transport, is in their own language, happens in the home of the healer and the whole family is involved but is understood by Tongan people to be 'disapproved' of by the western health system. This disapproval is part of the nature of social control exercised, but not commonly acknowledge, by the western health care system⁵. This control serves to further the interest of western systems and undermine traditional systems. In many parts of the world including New Zealand, Tonga and other Pacific Islands traditional medicines and healing practices were actively discouraged with the advent of western medicine^{1,2,9,26}. In addition the western medical system tends to report negative rather than positive outcomes of traditional healing practices²⁷. All of these activities serve to undermine the practice of traditional healing.

Finau²⁸ writes that if Tongan people are to be themselves then they must be the custodians of knowledge and information about themselves, including the right to freely choose without prejudice the most appropriate health care assistance according to their own cultural understanding. While we have interviewed only Tongan healers the principles addressed in this paper we believe are of relevance to many Pacific Island cultures who wish to have their systems of healing accorded the same respect western health professionals accord their own.

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