

Reconstruction and resistance: cultural responses to living the health transition in French Polynesia

Abstract: This paper highlights Tahitian healing in response to rapid cultural change in French Polynesia. First, I examine the reconstruction and adaptation of Tahitian healing to cultural, economic, political, and health transitions in the past 40 years. Second, I address the issue of resistance by non-urban healers to the transformations of Tahitian healing in the urban context. Specifically, I argue that the reluctance of village healers to collaboration, association, and government legitimation (urban transitions) suggests that the status of Tahitian healing is a contested issue. The experiences of contemporary Tahitian healers challenge the unilinear health transition framework, which suggests that indigenous medicine will submit to globalization pressures and absorb a biomedical epistemology.

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Introduction

French Polynesia, a territory of France in the eastern Pacific, provides an interesting case area contribution to the health transition literature in the Pacific. Within the past 40 years, the territory has experienced dramatic economic development, the proliferation of biomedicine, and a well documented epidemiological transition from infectious diseases to degenerative diseases as the major causes of morbidity and mortality¹. It has one of the highest standards of living in the Pacific Islands region. Many of the social and cultural consequences of globalization that drive shifts in population, mortality, and morbidity resemble those of the most wealthy and "developed" Western countries, which are assumed to have completed the health transition.

The health transition model privileges the use and acceptance of biomedicine and assumes that if services are available and accessible, local populations will use them².

Tahitians^{E1} are supportive of biomedicine and use health services routinely. Yet, the widespread availability and use of biomedicine is combined with the continued use of indigenous Tahitian medicine by rural and urban islanders³. In the midst of modernization, acculturation, health transition, and acceptance of biomedicine, Tahitian healing remains a valid choice in healthcare decisions.

The goal of this paper is twofold. First, I examine the reconstruction and adaptation of Tahitian healing to cultural, economic, political, and health transitions in the past 40 years, with the goal of improving the quality of life for Tahitians. Specifically, I discuss the cultural response to health transition by examining the reconstruction of local Tahitian healing by urban healers to meet the contemporary healthcare needs of islanders. Second, I address the issue of resistance by non-urban healers to the transformations of Tahitian healing in the urban context. Specifically, I argue that the reluctance of village healers to collaboration, association, and government legitimation (urban transitions discussed below) suggests that the status of Tahitian healing is a contested issue. The experiences of contemporary Tahitian healers challenge the unilinear health transition framework, which suggests that indigenous medicine will submit to globalization pressures and absorb a biomedical epistemology^{4,7}.

Background

The French Polynesian case is unique in its experience of a plural medical system. This uniqueness is embedded in the territory's political and economic history, which has played a major role in the shaping of contemporary institutions and Tahitian society as a whole. In the mid-1900s, it became apparent that the territory offered little economic potential in the world economy. Thus, the French government began a development program in the late 1950s designed "to redress the economic stagnation, soaring rates of importation, huge trade deficits and agricultural production declines that had characterized the regional economy after World War II"⁸. Development efforts began in 1962 when France decided to build its nuclear testing facility, Centre d'Expérimentation du Pacifique (CEP), in the Tuamotu Archipelago. In the following decades, abundant wage labor jobs and improved social services drew islanders to the capital city of Papeete from the rural, outer islands.

The experiences of contemporary Tahitian healers challenge the unilinear health transition framework, which suggests that indigenous medicine will submit to globalization pressures and absorb a biomedical epistemology.

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Table 1: Biomedicine and *Ra'au Tahiti*, by island of residency

	Preferred Recourse n=194		Preference n=196		Efficacy n=194	
	Papeete	Rurutu	Papeete	Rurutu	Papeete	Rurutu
Biomedicine (%)	55 (47)	61 (53)	31 (52)	29 (48)	33 (51)	32 (49)
Ra'au Tahiti (%)	20 (56)	16 (44)	27 (54)	23 (46)	29 (53)	26 (47)
Other (%)	21 (50)	21 (50)	n/a	n/a	n/a	n/a
Both Systems (%)	n/a	n/a	42 (49)	44 (51)	38 (49)	40 (51)
	$\chi^2 = .73425$ p-value = .69272		$\chi^2 = .35169$ p-value = .83875		$\chi^2 = .21012$ p-value = .90027	

Life in the city of Papeete is much different than living on the rural islands. While rural islanders have some amenities (electricity, telephone service, and television), they continue to subsist on fishing and farming and live surrounded by kin on familial land. Urban islanders tend to live within nuclear families and dwell on private land, bought or rented through wage income, rather than on inherited land. Urban residents work wage jobs to support a lifestyle of imported foods and consumer items.

In 1997-1998, I conducted research in both rural (the island of Rurutu) and urban (capital city Papeete on Tahiti) French Polynesia². One goal of this research was to create a profile of clientele for both biomedicine and Tahitian healing - to see if patterns exist between rural and urban patients. Table 1 shows Tahitians' acceptance and preference of biomedicine and *ra'au Tahiti* (Tahitian medicine) in relation to the urban or rural environment in which they live. (Table reads left to right.) For example, among Tahitians who would choose biomedicine when first becoming ill, 47% reside in Papeete and 53% reside on Rurutu. Among Tahitians who would choose *ra'au Tahiti* when first becoming ill, 56% reside in Papeete and 44% reside on Rurutu. Analysis of the chi-square statistic shows there is no significant relationship ($\chi^2 = .73425$, p-value = .69272) between preferred treatment recourse and living in an urban or rural setting. Furthermore, Table 1 shows there is no significant relationship ($\chi^2 = .35169$, p-value = .83875) between Tahitians' preference for either medical system and island of residency, and no significant relationship ($\chi^2 = .21012$, p-value = .90027) between the system of medicine Tahitians believe to be more efficacious and an urban or rural living environment.

These data show that Tahitians who would choose, or prefer, biomedicine to *ra'au Tahiti* live in both urban and rural environments. When asked about primary healthcare decisions, 60% of the respondents reported they would consult a biomedical doctor when a family member first becomes ill. When asked which system of medicine (biomedical or Tahitian) they prefer to treat illness and/or injury, 74% of respondents reported they prefer the biomedical system equal to and/or more than Tahitian medicine. Additionally, 74% of the respondents state that biomedicine to be equally and/or more efficacious than

Tahitian medicine. These data suggest a broad transition in attitudes is underway in French Polynesia.

In practical conditions, it is not surprising that Tahitians have accepted biomedicine as a healthcare option. Barriers such as cost, knowledge, and accessibility, which often restrict or deter other populations from using the biomedical system, do not present major difficulties in French Polynesia. Cost of biomedical healthcare is a minimal direct expense for Tahitians with jobs, and 100% free to those without jobs or those who earn less than a standard monthly income determined by the Territory. Knowledge of the biomedical system is widespread as a result of the territory's compulsory educational system. Although urban and rural access to biomedicine is not equal, even the most remote islanders have access to sophisticated technology and specialized doctors through the territory's evacuation program.

One response to these contemporary conditions is that many people use the system of biomedicine out of obligation to secure other services. Access to family welfare allocations, for example, is contingent upon regular checkups for children with a biomedical doctor⁸. Women also receive allocations during pregnancy for prenatal visits, which can be administered by a doctor or a nurse-midwife. The government has essentially forbidden any births to take place on rural islands and requires all pregnant women in their eighth month of pregnancy to travel (at the expense of the territory) to Tahiti for delivery in the hospital. Again, allocations are withheld from any woman who does not give birth in a hospital, thus non-hospital births are an exception. Additionally, school children and employed adults are required to obtain a note from a biomedical doctor for missing school or work.

The widespread availability and use of biomedicine is combined with the continued use of indigenous Tahitian medicine by rural and urban islanders³. Despite modernization, acculturation, health transition, and acceptance of biomedicine, Tahitian healing remains a valid choice in healthcare decisions. Islanders may choose from three different types of healers - a family member, who makes medicine for "little illnesses;" a healing specialist, who specializes in natural illness; and a *tahu'a*, who specializes

in supernatural illness. A healer, whether a family member, a healing specialist, or a *tahu'a*, may use one or all of the four main healing techniques — the preparation of *ra'au Tahiti* (herbal medicine), massage, herbal baths, and cupping⁶³.

Political, economic, social, and cultural factors all play a role in influencing the reconstruction of Tahitian healing. Since urban Tahitians have experienced the most significant changes in the past 40 years, this analysis focuses primarily on healing transitions in the capital city of Papeete. However, I also make comparison with rural healing practices to show the significance of transitions and adaptations to the urban environment.

Transitions of healing in urban setting

In the main urban center of Papeete, Tahitian healing is reconstructing as part of a wider cultural revitalization ongoing in the territory. The indigenous healing system is an integral part of the cultural revitalization movement, to the extent that the reconstruction of Tahitian healing has become a major component in developing a Tahitian cultural identity. Government support of Tahitian healing began in the early 1980s during the same era in which many Tahitian customs were actively reconstructed and revitalized. In 1980, the district of Papeete sponsored and organized a cultural manifestation, called "*Tahiti aux temps anciens*" (or Ancient Tahiti) where they invited the public to rediscover ancient Polynesian traditions, including Tahitian healing. Much support for Tahitian healing comes from OTAC (Office Territorial d'Action Culturelle), which works with the associations of Tahitian healers to organize healing expositions for the public. Each year, Tahitian healing is honored at the Territorial Assembly in the form of a three day exposition. Such expositions are held to reeducate the public on the methods of Tahitian healing and provide Tahitian massage therapy (and some internal medicine) to patients in need of treatment. By exhibiting Tahitian healing at the Territorial Assembly, healers provide a venue for the public to become familiar with the system of healing in an open environment. Although indigenous healing has persisted over the years, there are people (Tahitians and Europeans) who are skeptical of its efficacy and prefer to trust biomedical doctors. The expositions provide a venue for discussion, collaboration and education about the Tahitian system of healing for all Territorial residents.

Today, Tahitian healers continue to meet contemporary healthcare needs through newly formed associations. The South Pacific Commission encouraged the healers of Tahitian medicine to form associations to protect the

heritage of local healing, to ensure the authenticity of healers and their practice of local medicine, and to share information and healing techniques. A major supporter of Tahitian healing is the Minister of Health from 1987 to 1991 (Jacqui Drollet) who encouraged the promotion of Tahitian healing and the collaboration of local healers with biomedical doctors, as well as with other indigenous healers from other regions in the Pacific. He also encouraged healers to remain associated, as associations encourage Tahitian medicine to be practiced in public view. According to Drollet, opening the practice of Tahitian medicine to the public view provides an opportunity to "do the housecleaning," etc., to examine more clearly its good qualities and its potential problems, and to sort out the authentic healers from the charlatans⁹. Currently, there are three associations of healers on the main island of Tahiti, and at least six associations on rural outer islands (of which there are over 100 inhabited island).

Associations provide a venue for collaboration, cooperation, and innovation among healers. For many years healers were banned by the French government from practicing their ancestral medicine, yet they continued treatments in hiding. They constantly feared a visit from the police and others in opposition to their healing techniques. Associations now provide healers with the security of a group identity and the knowledge that arises from close collaboration. This ultimately provides better and more innovative care for patients. One healer explained that collaboration within his

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association has led to creative solutions for treating patients that are difficult to heal. Many healers will gather to discuss the patient's condition until they have compiled enough information to understand the symptoms and origin of the illness. They will then work together to prepare a medication. If this medication does not cure the patient, they will continue to collaborate until an effective medication is discovered.

Healers have expanded their knowledge of therapy by experimenting with treatments for newly introduced or acquired diseases. Not only have healers discovered treatments for illnesses that can also be cured with biomedicine, they also claim to have discovered treatments for those that biomedicine cannot cure - which include, but are not limited to: gout, arthritis, general muscle pain, back pain, sprains, asthma, infertility, diabetes, heart disease, and cancer. One healer told me that there is a Tahitian remedy for every illness imaginable, even if the treatment has not been discovered yet. Finally, because students of Tahitian healing are taught through apprenticeships, efforts to share knowledge of treatment procedures greatly benefit the education of future generations of Tahitian healers.

The associations of healers also work to inspire government legitimization and regulation. In 1988, healers proposed to then Minister of Health Drollet to establish a school of massage. Drollet was attentive to the preparations for the school of massage, and it was agreed that some regulation of this practice and profession would benefit the general public. Since Drollet's time (1987-1991), however, nothing has been done to realize the massage school. A conflict developed between the Tahitian masseurs and the biomedically trained physical therapists. The physical therapists argued that Tahitian masseurs did not have state approved diplomas to practice massage and therefore had no legal rights to practice. Healers appealed to the Minister of Health about the possibility of creating work certificates similar to biomedical doctors, but Drollet was opposed to this formal legitimization. Holding the opinion that Tahitian healers desired certification only to "play doctor," to copy biomedical doctors, he encouraged those healers instead to turn inward and examine their system of healing in order to improve it, not make it more similar to biomedicine⁹.

Another goal of associations is to protect the species of plants used to prepare natural remedies that are becoming rare. A major consequence of population growth, economic development and modern technology is the gradual extinction of many plant species, medicinal or otherwise. Besides clear cutting for construction projects, plants are being eliminated due to pollution and pesticides. Oftentimes healers must gather plants high in the mountains to ensure their quality. Some healers have begun to cultivate medicinal plants at their homes in order to ensure an adequate supply when needed. A unified concern is to compile information so healers have knowledge of who is growing which plants in case someone is in need of them. Ideally, each association would have available a parcel of land, in each district, designated for growing medicinal plants so that healers would have continuous and easy access to plants that are becoming rare, and to plants they know are safe from chemicals.

Rural/urban transitions

Although few rural islands have associations of healers, most do not – including the rural island where I lived and worked for 6 months (the island of Rurutu). Unlike urban healers who favor government level recognition and encouragement of associations, Rurutu healers are not associated and discourage further government intervention in their indigenous system of healing. Rurutu healers

believe that diplomas or any other forms of certification are not necessary. Healers told me that French doctors go to school to learn knowledge about healing and receive a diploma to show their achievement. Such process of education is not deemed necessary for Rurutu healers because their abilities are considered a gift, a gift of healing abilities that typically come from ancestral lore and God. Therefore, they perceive no need to certify their healing knowledge. One healer suggested that perhaps healers in Papeete might need a diploma, but not those on Rurutu. Her comment is significant in understanding the difference between rural and urban healing. It suggests that the *process* by which one becomes a healer in urban areas is changing to better suit the environment of healers in the urban capital of Papeete. In other words, this comment suggests urban healers are beginning to *choose* their ability to heal rather than *receiving* a gift, and that perhaps schooling and certification are becoming increasingly necessary in order to ensure proper regulation of the practice.

Rurutu healers expressed other concerns regarding associations of Tahitian healers. The majority of village healers, contrary to urban healers, consider the collaboration of knowledge to be a negative aspect of associations. They assert that if healers work in groups, arguments and jealousy could result if a healer does not approve of another healer's method. Some Rurutu healers even discouraged the scientific legitimization of their healing plants. Rurutu healers feared that attempts to scientifically prove Tahitian healing as valid and efficacious would simultaneously deny it a degree of mysticism considered essential to its success.

Additionally, Rurutu healers are concerned about the commodification of Tahitian healing. One example of this process came up in 1993, when two American food scientists were introduced to the *nono* plant and after three years of research and planning formed a company, called Morinda, to export the fruit to the United States. The *nono* plant, or *Morinda Citrifolia*, has been used medicinally for generations among Polynesians and is considered one of the basic or essential plants used in Tahitian healing, and across the Pacific. *Morinda Citrifolia* has recently attracted the attention of scientific groups worldwide who testify to its benefits in treating high blood pressure, menstrual cramps, arthritis, gastric ulcers, sprains, injuries, mental depression, senility, poor digestion, atherosclerosis, blood vessel problems, drug addiction, relief of pain and much more. Some Tahitians, healers and non-healers, argue that the exportation of *nono* is beneficial to the French Polynesian economy. The fruits

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are grown in the territory and the company Morinda pays approximately \$.60/kilo plus freight to the producers. Morinda then takes the fruit to a processing plant on Tahiti where it is weighed, pasteurized, and crushed into a puree to be exported to California for the final production process. Currently, Morinda's product, which they call Noni Juice after the Hawaiian term for *nono*, is sold in the United States, Canada, Taiwan, Jamaica, Costa Rica, and throughout the Pacific. Morinda has ten additional products that will be available in the near future, and they are confident that the demand for the *nono* fruit will continue; confident enough that the company has begun to make contracts with land owners willing to plant *nono* trees for future production.

Yet, despite some economic benefits, many healers consider the commoditization of *nono* to be detrimental to the system of Tahitian healing that is based on values of generosity and hospitality, and given to the Tahitian people by the grace of God. The majority of Rurutu healers fear that the buying and selling of Tahitian medicine, as well as plants, will eventually lead to the exploitation of Tahitian healing, and subsequently destroy its healing power. They believe that associations perpetuate and encourage the business potential of Tahitian medicine.

Although urban healers might consider Tahitian healing a profession, most agree that it cannot be considered a full-scale business. Two of the three associations of healers on Tahiti do not overtly charge patients for healing services. Rather, a donation box is visible when patients come to be healed, reflecting the gift character of the service. The third association charges a fee of \$10 for an herbal bath, \$5 for massage treatment and \$5 for internal medication that reflect local commodity evaluation of labor time. Members of all urban associations state that any money earned through healing is simply a means to supplement their household income. Healers are generally available to patients twenty four hours a day, and it is difficult to provide for their children and other family members while tending to the healthcare needs of others most of the day. Most healers agree that one cannot compare Tahitian healers, who typically earn small amounts of money from healing to biomedical doctors who earn substantial amounts of money and are among the highest paid residents in the territory.

Conclusions

I suggest that the reconstruction and revitalization of Tahitian healing pertains most significantly to the environment of healers on Tahiti, where rapid culture change has

affected the system of healing, resulting in efforts by healers to collaborate, associate, and raise their level of recognition and acceptance by the government. Tahitian medicine is culturally legitimated by its recognition, acceptance, and use by many residents of French Polynesia. Yet, this system of medicine remains outside the boundaries of existing laws in the territory. It is tolerated and authorized to be practiced within the "cultural realm," where it is located with other features of ancient Tahitian culture. However, associations of urban healers desire more for their system of medicine. Rather than simply being embedded within the revitalization of tradition, they desire to be included in the realm of health, under the Minister of Health, and recognized for their abilities to treat contemporary illness - illnesses that historically have not been treated with Tahitian medicine.

Although it is clear that urban healers are reconstructing the system of Tahitian medicine to adapt to pressures of culture change and globalization in Papeete, the status of Tahitian healing remains a contested issue. Rurutu healers are resistant to the reconstructions underway in Papeete. They have no desire to collaborate, associate, or to seek government legitimation of their indigenous system of healing. They contend that such changes would be detrimental to the success of Tahitian healing, which is based on values of generosity and hospitality.

Janes⁵ notes that indigenous medicines are facing a crisis in that:

"... the very same social and historical processes that produce the health transition also entangle indigenous medicine in social forces that seriously impede its ability to develop without complete accession to the authority of Western science. Nations with viable and well developed indigenous systems face the prospect of losing the core features of these systems, and in the process, losing the elements of diagnosis, treatment and care that have been argued to comprise the greatest benefit ..."

In other words, by succumbing to the pressures of globalization to become more like biomedicine, an indigenous medical system loses its epistemological significance that links health and disease to wider social and cultural phenomena.

The Tahitian situation presents a unique case for the health transition. Both urban and rural Tahitians accept and use biomedicine routinely. There is no statistical significance that urban islanders have more knowledge of or prefer biomedicine more frequently than rural islanders.

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I argue that both urban and rural healing is a means to express Tahitian cultural identity in the face of rapid cultural change and globalization. Yet, urban Tahitian healers are reconstructing Tahitian healing to become more like the biomedical system, and Rurutu healers continue to resist such changes. This contention challenges Caldwell's simplistic construction of markers of health transition². It illustrates the complexity of cultural responses to economic development, the proliferation of biomedicine, and transitions in mortality and morbidity.

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End Notes

1. Terms used to describe ethnicity in the islands of French Polynesia are multiple and convoluted. The islanders I worked with from Rurutu (a rural island) were extremely proud of their Rurutu heritage and often solely referred to themselves as *Rurutu*. Yet, they also frequently referred to themselves and aspects of their culture as either *Ma'ohi* (Polynesian) or *Tahitian*. For example, a Rurutu islander traveling abroad would refer to herself as *Tahitian*, because she knows the world is familiar with the island of Tahiti and its culture. In this paper, I use the term *Rurutu* when discussing solely rural, Rurutu islanders. I use the term *Tahitian* when talking about the islanders of French Polynesia in a general sense.
2. In 1997-1998 I conducted research on the rural island of Rurutu for 6 months and the capital city of Papeete on Tahiti for 6 months. I conducted 200 structured interviews (100 on Rurutu and 100 in Papeete) to gather information on healthcare options and treatment. Additionally, I conducted 30 semi-structured interviews (15 on Rurutu and 15 in Papeete) with healers and elders. This interview targeted information on the reconstruction of ethnomedical practice and treatments, as well as disease categories and causation, in both patients and healers.
3. For a complete description of contemporary Tahitian healers and their techniques, see Henry L. *The Reconstruction and Revitalization of Tahitian Healing*. Ph.D. Dissertation, Southern Methodist University, Dallas; 1999. For more general information on Tahitian healing see Ferdon, E. *Early Tahiti as the Explorers Saw It 1767-1797*. University of Arizona, Tucson; 1981; Hooper, A. Tahitian healing. In Parsons, CD (editor) *Healing Practices in the South Pacific*. The Institute for Polynesian Studies; 1985:158-198; Levy, R. Tahitian folk psychotherapy. *International Mental Health Research Newsletter*, 1967; 9:12-15; Levy, R. *Tahitians: Mind and Experience in the Society Islands*. University of Chicago Press, Chicago, 1973; Oliver, DL. *Ancient Tahitian Society*. The University Press of Hawaii, Honolulu, 1974; Whistler, WA. *Polynesian Herbal Medicine*. Everbest Printing Co., Ltd., Hong Kong, 1992. ■

A consultant is someone who saves his client
almost enough money to pay his fee.

Arnold Glasgow