THE GIFT AND THE ROAD: EXPLORING THE MEANINGS OF
HEALTH AND ILLNESS IN TAUTU, VANUATU

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By
Ashley M. Vaughan

Dissertation Committee:

Geoffrey M. White, Chairperson
Andrew Arno
Eirik Saethre
Lamont Lindstrom
Terence Wesley-Smith
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ABSTRACT

Based on 13 months of ethnographic research, this dissertation documents how the people of Tautu, Vanuatu incorporate the global flows of biomedicine and Christianity into their local knowledge structures and social practices and the resulting integration of biomedical, Christian, and traditional medical ideologies and practices. This integration is articulated in Tautuans’ theories of illness causation and categories of care; knowledge practice; diagnosis and treatment processes; definitions of health and illness; and healing narratives. At the center of this creative, integrative process are traditional social relations based on kinship and exchange and the related principles of pragmatism, “dividuality,” and reciprocity. However, Christianity—specifically “gift” narratives in which Tautuans explain that their healing knowledge and powers come from God—is the main discursive frame through which Tautuans create a middle ground between “traditional” and “modern/Western.”

These gift narratives serve multiple purposes. First, they allow patients and practitioners to organize their past experiences and to make sense of suffering. Second, in these “gift” narratives Tautuans authorize certain aspects of traditional medicine by reconstructing them as Christian knowledge. Third, through these narratives Tautuans are carving out a space where biomedical, traditional, Christian forms of healing are complimentary practices, as the idea that all types of medicine are “gifts from God” causes the categories of biomedical, traditional, and Christian to fall away and to be subsumed by the larger heading of “spiritual healing.” Fourth, these gift narratives are also religious narratives about salvation intended to convert people not only to kastom medicine but also to the Christian faith. Finally, these narratives are an attempt to
appropriate and indigenize biomedical ideologies and forms of knowledge production and to gain international recognition of the efficacy of traditional medicinal plants; these narratives, then, illustrate Tautuans’ desires to globalize their local practices and to engage with the modern world on their own terms.
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Introduction

Indigenous understandings of health and illness

  The integration of traditional medicine, biomedicine, and Christian spiritual healing

  Sociality as central to Tautuan medical thought and practice

  Proper placement: gendered “sides” and “safe spaces”

Tradition, kastomized Christianity, and the soteriological aspects of Tautuan medicine

The gift and the road as metonymic signifiers

Gift narratives and the medical imaginary

Agency and the future of Tautu and Oceania

Policy implications

Conclusion: a brief reflection on the research process

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Appendix A: Illness and symptom terms in the Tautuan language

Appendix B: Body parts in the Tautuan language
This project grew out of preliminary fieldwork conducted in June of 2007 and May-July of 2009 during which Tautuan community leaders and I discussed potential research topics and decided on the topic of malaria, a pressing health concern of the village. In deciding on a research question I considered not only the interests of the community but of the Vanuatu National Cultural Council, the Vanuatu National Ministry of Health, and various funding agencies. After meeting with representatives from these organizations and attending the National Science Foundation Summer Research Institute, I was able to identify an issue in which all parties were invested: treatment decision-making surrounding malarial infection. When I returned to Tautu in 2010, I felt confident that I would carry out my research plan as designed. The goal was relatively simple: to identify decision-making criteria related to the treatment of malaria and to build two types of decision-making models based on these criteria: a sociological model and an ethnographic decision-tree model. After getting re-acquainted with the village and selecting and training a research team, I began carrying out this original plan. My research team and I surveyed the village, inquired about people’s past experiences with malaria, inquired about why they had made they decisions they did, and asked them what they knew about malaria.

We discovered that Tautuans were fully aware of the biomedical information and recommendations regarding malaria. We also found that the factors shaping decisions about the treatment of malaria did not exactly match the criteria discussed in the literature. While the severity of the illness and several other of these factors identified in the literature did come into play, we found other factors to be more important. Especially
important were factors related to Tautu’s specific socio-cultural context. People’s responses pointed at the roles of the social network and religious beliefs and, overall, the significance of *kastom*, traditional or customary, ideologies and practices. Thus, investigating the question of why malaria patients choose to go to the hospital or choose to take traditional medicine raised many larger questions. This dissertation seeks to answer some of these larger questions. With a redefined interest in these larger issues and in the lived experience of malaria, my research objectives shifted. Like Kleinman (1980), I moved away from the objective of generating formal “models,” which can be “too complete and deterministic,” toward the goal of illustrating the complexities surrounding health-seeking behaviors (24). I thus shifted toward a more poststructuralist approach, with a focus on indeterminacy, highlighting “the space surrounding therapy [which] is crisscrossed by possibilities” (Das and Das 2006, 195) in addition to “competing claims,” “personal interpretation,” “the complex and often contradictory repertoire of possible identities” (Rapp 1993, 65).

I also began to look more closely at religion. In the beginning I had no intention of focusing on the religious beliefs of Tautuans. My consultants, however, had other ideas. When my research team and I began to ask more general questions about health and healing many of the responses were about ancestral spirits and God, and, in interview after interview, the idea that health and the power to heal were gifts from God kept re-emerging. This is what everyone was talking about, so I listened. During this process I had to overcome my “aversion to Christianity,” which—according to Robbins (2006) and Burridge (1978)—is a common affliction from which many anthropologists unnecessarily suffer. Upon accepting the necessity of examining the role of Christianity, I came to
understand the extent to which Christianity frames Tautuans identities and ideas about health; and the more I looked into it, the more I discovered the myriad ways in which Tautuan religious beliefs and medical beliefs are connected. Upon deciding on the theme of “gifts from God,” one of the main threads of this dissertation, I asked my adoptive father Chief Gorden what he thought. What follows is an excerpt of our conversation:

Me: “Dadi, mi bin jenisim ting ting blong mi bakegen. Mi ting se naoia bae mi raet long saed blong helt mo Papa God mo hao naoia Papa God hemi givim ol samting blong mekem yumi helti, olsem lif mo prea mo kastom tu ia. Wanem tingting blong yu? Yu ting se i olraet?”

Chief Gorden: “Yes, gel blong mi, mi luk se i gud we gud.... Yes, ‘em ia nao. Helt hemi wan gif. Papa God hemi stap givim ol sik long yumi be hemi stap givim ol kur long yumi tu ia. Yu save naoia. Tabu spirit hemi stap wetem yu naoia. Hemi bin helpem yu wetem tingting ia.”

1 With the aim of making this document accessible to Ni-Vanuatu and Tautuans, I have included sections of text in both Bislama (the “pidgin” or, more technically, creole language of Vanuatu) as well as in the local language. The residents of Tautu refer to their local language (a dialect of the Uripiv language) simply as “language.” In this dissertation, I refer to this language as “the language of Tautu” or “Tautuan.” In addition to promoting accessibility, including both Bislama and Tautuan allows readers fluent in Bislama and Tautuan to see the contexts in which certain concepts and metaphors are used. These contexts provide additional, valuable information that can be lost in
The translation to English is below:

**Me:** “Father, I have changed my thinking again. I think that now I will write about health and Father God, about how he gave us everything to make us healthy, like medicinal plants, western medicines, the hospital, the church, and *kastom.* What do you think? Do you think it is alright?”

**Chief Gorden:** “Yes, my daughter, I see that it is good, very good... Yes, that’s it. Health is a gift. Father God gives us illnesses, but he also gives us the cures. You understand now. The Holy Spirit is with you now. He helped you with this thinking here.”

Chief Gorden assured me that I had zeroed in on a topic of great importance to my consultants, that I had arrived at some cultural ‘truth,’ and that I had come part of the way in fulfilling my commitments to him, the community of Tautu, and the discipline of anthropology. In Vanuatu, as in many Pacific Islands, the right to produce knowledge derives from some authority figure, be it a local leader, an ancestral spirit, or in present-day, God (Lindstrom 1990). Chief Gorden authorized my findings by invoking his own authority as well as the authority of the Holy Spirit. Throughout my time in Tautu, the community continuously prayed for God “to open the roads” for me to learn their language and to learn their *kastom,* traditions or customs. They prayed for God to direct translation. My transcriptions take into account the common practice of code-switching between Bislama, the Tautuan language, and English. Bislama is *italicized,* the Tautuan language is *bold and italicized,* and English is plain text.
me in my research, and after many months, when I arrived at these conclusions, they concluded that their prayers had worked. In their minds God had led me to my understanding of Tautuan life.

Deciding to explore the intersections of religious and medical beliefs in Tautu has allowed me to engage with current scholarship on Melanesia, with Christianity being a major area of focus. The study of Christianity is important for several practical and theoretical reasons. For one, as Barker (1990), notes, Christianity is “a fundamental part of people’s identity” and, as such, it deserves our “serious attention” (259). Christianity also deserves our attention because it is one of “the mediums” through which Ni-Vanuatu, other Pacific Islanders, and people around the world are working “to define themselves in relation to the outside world” (Barker 1990, 260). Using this rearticulation as a point of departure, this dissertation aims to interrogate this process in light of the movement to protect traditional culture.

Because kinship and social networks—“roads” in Tautu—direct the routes of knowledge, the process of conducting research in Tautu can be described as a process of exploration and following roads. I obtained the knowledge and insights that fill these chapters by following the paths, literal and figurative, that others forged before me: the paths of my academic advisors and of my friend Trish Shipman who first brought me to Tautu, as well as the paths I followed in the village, which were largely determined by my relationships with my key consultants. My adoptive family played an integral part in making sure I was on the right path as they guided me throughout my research, making suggestions about which topics I should explore further as well as who I should talk to about these topics. There were some paths that I did venture down. While my research
team and I surveyed nearly every household, and while I purposefully interviewed persons less connected to my family, my most in-depth knowledge came from my closest family and friends, my extended family and the friends of my friends.²

Walking literal roads and learning the shortcuts and the twists and turns of the bush paths were important parts of my research, as the act of walking cultivated my embodied knowledge of Tautu. I learned Tautuan habitus, e.g., how to walk properly; to walk correctly is to walk deliberately, in single file, while highly aware of one’s surroundings (Mauss 1934; Bourdieu 1992; Merleau-Ponty 1962). Like the faces of my Tautuan friends and family, these paths are etched into my mind. To learn the paths and the proper way to walk, I literally followed my teachers’ footsteps; this is how a great deal of knowledge is transmitted in Tautu. As in other areas of Melanesia, children learn by watching quietly and following the example of their elders (Barker 1990). Being quiet and patient are key aspects of learning. Knowledge comes to those who wait and “stap kwaet” (“‘abiding quietly’ or more properly, ‘respect’) a common phrase used both by Tautuans and the Sia Raga people (Taylor 2008, 34). I discovered the meanings of health and illness by following these traditional protocols of learning.

Through living in Tautu, through listening to church sermons and kastom stories, through learning Bislama and the Tautuan language, through gardening, preparing, and eating food, through gossiping and interpreting dreams, through holding new born babies in the hospital and crying at funerals, through participating in gift-giving and exchange, and through being healed and watching others be healed, Tautu and its people have

² A form of “snowball” or “convenience” sampling such as those described by Bernard (2006).
greatly altered me in many personal and intellectual ways. They have changed the way I think about my own health as well as the ways I interpret the meanings of health as a scholar. This dissertation maps some of my personal and intellectual journeys. It is, however, only the beginning of the road as it contains only the first of many exchanges to come. More importantly, this dissertation is also a gift. It represents the people of Tautu’s gift to me, their willingness to share their knowledge and entrust me with it. It is also my gift to them, as they have requested that I share this knowledge with the world.
CHAPTER 1. INTRODUCTION: THE ROAD TO TAUTU

Introduction

This story begins with my adoptive family and I sitting on the pandanus mat covered floor of our thatch house in Tautu village. We are drinking tea when one of my abu (grandparents), who has self-diagnosed herself as having malaria, comes in asking for Chloroquine by name. It was at this moment, during my second trip to Vanuatu in 2009, that I discovered that my adoptive father, Chief Edward Gorden\(^1\), had a stash of anti-malarials leftover from his days working in an Aid Post, a state-run health clinic. While he had told me about his career as a health worker during our first meeting two years prior, it was not until this visit that I learned that Chief Gorden, in his 70s and retired, was still caring for his fellow villagers, offering them health advice and when he had them, medicines. In 1955 the Presbyterian church trained Chief Gorden as a “dresser.” This was before independence when Vanuatu was still “The New Hebrides” and when the churches and their missions still ran the only hospitals in the islands. After completing his three-year long training in 1958, Chief Gorden returned to his home island

\(^1\) As per request, I use my adoptive father’s real name: Chief Edward Gorden. All other names, except when noted, are pseudonyms. I met Chief Gorden in 2007 through Trish Shipman (not a pseudonym), a fellow University of Hawai‘i graduate student and friend who had served as a Peace Corps volunteer on Malekula. During my first trip to Vanuatu Trish introduced me to Chief Gorden who had adopted her years earlier. I am greatly indebted to Trish for introducing me to the country of Vanuatu and the Gorden family.
of Malekula, where he would work in Aid Posts and travel all over island making house calls, delivering medicines and immunizations, suturing and dressing wounds, delivering babies, and educating the public. Over his long career, Chief Gorden cared for and cured many of the villagers in his home village of Tautu as well as villagers across the island.

As he attests, Chief Gorden understands and agrees with many of biomedicine’s explanations of illness. However, Chief Gorden also proudly asserts that he is a practicing Christian who uses prayer, holy oil, and other spiritual means of healing. In addition, Chief Gorden also interprets some illnesses as having traditional or kastom causes, such as sorcery. As a result, he, like many of his fellow villagers, draws from and at times combines diagnoses and treatments from three sources: biomedicine, Christian spiritual healing, and kastom meresin. While Chief Gorden practices biomedicine from his thatch home in the village, in this same house he and his granddaughter also practice kastom meresin and Christian spiritual healing. They diagnose, dispense lif meresin ("leaf medicine," i.e., medicinal plants, including those for malaria) and pharmaceuticals (if they have them) and, give advice, which depending on the diagnosis, may employ biomedical, Christian, and/or kastom frameworks and concepts. In this same thatch

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2 Throughout this dissertation I will use the term “biomedicine” to refer to “Western” or “cosmopolitan” medicine.

3 Kastom refers to customary, traditional culture; kastom meresin is the Bislama terminology for traditional medicine.

4 Lif meresin, the use of medicinal plants, is only one aspect of kastom meresin. I will discuss the additional aspects of kastom meresin including massage in subsequent chapters.
home, Chief Gorden and his family cared for me during my frequent bouts of illness during my visits over the years and, in particular, over the course of my 11 months of dissertation fieldwork. When I had a cold they gave me chili peppers to clear my sinuses and pomelo (Chinese grapefruit) for “the Vitamin C.” When I had a sore throat, they gave me a tea brewed from local leaves. When I had the flu they boiled water and put blankets over me so that I could breathe in the steam. When I was vomiting and weak they gave me juice and prayed for me to regain my strength. When my neck was sore they massaged me. When I hurt my ankle they bandaged it and blessed it with holy oil. When my cough did not go away after several weeks, they went to the hospital with me. When I was homesick they cheered me up. When I was suffering from “heartbreak” they jokingly called one of our pigs by my ex-boyfriend’s name and offered to find me a Ni-Vanuatu husband.

I begin by briefly describing this scene and my relationship with Chief Gorden and his family for several reasons. First, as my family, friends, caretakers, and consultants, Chief Gorden and his family made my research possible. Second, Chief Gorden’s life history, as well as his personal religious and health beliefs, illustrate many of the key points and themes of this dissertation, which can be summarized as illustrating the integration of biomedical, Christian, and traditional medicine. Because another one of the main threads of this dissertation is the importance of family, kinship, and reciprocal relations in health and healing, it only makes sense to begin by acknowledging the debt I owe the Gorden family. This scene also provides a backdrop for the transformations of this project, a project that began as a study on the treatment of malaria and evolved into examination of the intersections of tradition and modernity and of religion and medicine.
from the vantage point of medical knowledge and illness experiences and narratives.

This house and the interactions it contained inspired the research questions that this dissertation seeks to answer: Why do Tautuans, self-described Christians with access to free biomedical care, continue to use kastom medicine? And how do they envision and utilize these different types of healing? This problem, of why traditional medicine has “persisted” in spite of the hegemony of biomedicine, is a theoretical question with which many medical anthropologists have been concerned (Leslie 1976; Obeyesekere 1976; Waldram 1990). This question is particularly important considering kastom meresin’s vital role in meeting the health needs of Ni-Vanuatu (World Bank 2006). Over the term “persistence,” I prefer the term “flourishing,” for it more accurately reflects the state of kastom meresin in Tautu. I am not only concerned with why kastom meresin continues to flourish but with how Tautuans reconcile kastom meresin with biomedicine and Christian spiritual healing as well as with how medical practices reflect socio-political goals, such as the revitalization of culture and tradition (Wallace 1956; Leslie 1976; Crandon-Malamud 1993; Miles and Leatherman 2003; Langford 2002; Adams 2002).

This particular place—my adoptive family’s home and the comfortable learning environment that they created—also provided many of the answers to these questions, as I was able to observe their medical decision-making and thus gain a more contextualized and nuanced view of the wide-range of factors influencing treatment choice. Through administering surveys and conducting in-depth interviews, it became apparent that while important, beliefs about the cause of the illness are only part of the picture. As Young (1981) points out, the narrow focus on cognitive determinants treats patients as if they were a “hypothetical Rational man rather than real people” (317). Crandon-Malamud
(1993) took this a step further, arguing that “The patient is not Rational Man [but rather]... is a social and political animal who at times may be looking for meaning through efficacy, which becomes a validation of some sociopolitical or economic proposition, but more often is looking for efficacy through meaning in a sociopolitical and economic context” (33). At the beginning stages of my research, it also became clear that economics, in particular access to cash, is not the only or even the main factor at work. To fully comprehend medical decision-making in Tautu, one must take into account the broader cultural context and its role in framing social life and thus medical life. Seeing firsthand Tautuan’s preference of and reliance on kastom meresin as well as the significance of kastom medical ideology as it is intertwined with biomedical and Christian ideologies brought this reality home. I found that this intertwining of kastom with biomedical and Christian forms—the process by which Tautuans reconfigure kastom and interpret biomedical and Christian knowledge through a kastom frame—is the answer to both the question of why kastom medicine continues to flourish and how Tautuans reconcile kastom ideologies with biomedical and Christian ideologies. Langford’s (2002) explanation of the persistence of Ayurveda applies well to kastom meresin in Tautu: “Ayurveda has persisted, despite the enormous competition from biomedicine, precisely because it encodes deep-seated cultural experiences and values that extend beyond medical diagnosis and cure” (Langford 2002, 53).\footnote{Langford’s argument is more complex than what I have presented here. I will reintroduce her argument in more detail in Chapter 6.}

Understanding this dynamic requires taking a step back to examine the larger problems of globalization and indigenization of Western medicine and Western religion,
and the results of these processes. Understanding this dynamic requires investigation of local people’s perceptions of their medical options in light of local knowledge practices and linkages between traditional culture, Western culture, and Christianity. Tautuans’ responses and Tautu’s specific context—in which biomedical treatments are free and in which local people actively discuss and protect traditional culture—called for an anthropological perspective, with emphasis on holism, and within medical anthropology, a “cultural-interpretive” perspective (Kleinman 1980; Lock and Nichter 2002; Baer et al. 2003) with emphasis on the cultural construction of medicine, its symbolic meanings, and the interdependence of the medical domain with the religious domain (Kleinman 1980; Good 1994; Lock and Nichter 2002; Courtens 2008).

**Kinship and the social network in Tautu**

Kinship is a classic anthropological topic to which scholars in the discipline have renewed their attention (Franklin and McKinnon 2000; Taylor 2008; Lambek 2011). I begin with a brief sketch of kinship in Tautu and my place within this structure because kinship is the basis of all social relations in Tautu and because kinship is highly influential in health practices, as villagers are apt to seek treatment and health advice from their relatives. Further, kinship is an important frame for understanding Tautuan interpretations of personhood and illness, as conflicts between family and kin and other disturbances in the social fabric manifest as real, physically-felt health problems.

Immediately upon meeting Chief Gorden in 2007 he decided that I would become a member of his family. I was to call Chief Edward “father,” “dédé” in the local language or “dadi” in Bislama; his wife “mother,” “nene” or “mami” and their daughter I
was to call my “sister” “tasik” or “sista.” Due to the structure of Tautuan kinship, in which ego’s mother’s sisters are also referred to as “mother,” my sister’s six children were to call me “nene,” and her four grandchildren were to call me grandmother or “abu.” Responding to “nene” and “abu” felt pretty peculiar at first, especially since I have no biological children and because Tautuans treated me like a girl rather than a woman. Villagers called me “letang,” the term for an unmarried girl, rather than “lelek,” a term reserved for married women. In Tautu, as is common in most rural areas of Vanuatu, foreigners who stay for extended periods of time are adopted into a family. Such an affiliation is necessary for people in the village to know how they relate to the person, i.e., what type of relationship governs their interactions. In Tautu, most everyone in the village is related to each other through some familial line and addresses one

6 I use both Tautuan language terms and Bislama terms. Lacking full fluency in Tautuan made interviewing in Tautuan time-consuming and tedious for my consultants and obstructed the flow of our conversations. As such, I conducted the majority of my interviews in Bislama. However, my research assistants assisted me in conducting and translating interviews with key informants in the local language as well. I thus make efforts to include vernacular terms for local concepts whenever possible. I also acknowledge many concepts for which I have only included the Bislama terms would be typically conceptualized and discussed by native speakers in the vernacular.
another using the appropriate kinship term. Thus, having been adopted into the Gorden family, I did not only gain a father, a mother, and a sister, but a village full of relatives.

Kinship in Tautu is patrilineal. This current pattern is the same as that of the small islands of Malekula, as described by Layard (1942), where, as in Tautu, protected information including ritual knowledge and “extensive orally transmitted genealogical records,” which provide the basis for land rights, are inherited through patrilineages, usually “from father to son” (17). While patrilineality is the “rule,” as on Ambrym, people at times follow alternate lines in order to find a marriage partner (Eriksen 2008). Because many Tautuans are related to each other through both parents, they can follow a number of different genealogical “links” or “roads” to describe their relationship with a fellow villager (Eriksen 2008, 25). For instance, one of my consultants could refer to me as her cousin (by way of our paternal connection) or her grandmother (by way of our maternal connection). She chose to call me abu (grandmother in the Tautu language) because the abu relationship is a joking relationship. Because they are supposed to tease each other, interactions between abu are especially light-hearted and humorous.

Tautuans are also virilocal, meaning that the wife typically goes to live with the husband and his family. There are tabus (taboos) against marrying someone of any relation, in particular close relatives, like cousins. Due to the significance of ples (place) in identity and in social networks, it is also preferable for Tautuans to marry a person from a different village or island. Traditionally, parents arranged marriages. Nowadays, however, villagers do not always follow these practices: they may marry someone of their own choosing, and newly married couples may opt to live in the woman’s village or move to another village entirely.
Kinship remains a central organizing principle of Tautuan daily life. Layard’s words describing the people of Vao in 1914 ring true for the people of modern-day Tautu. They are “peoples whose lives and social organisation are expressed so largely in terms of kinship” (Layard 1942, 22). As my account of my Ni-Vanuatu family caring for me during my illnesses illustrates, kinship and the social network are particularly implicated in matters of health. Understanding the basics of Tautuan kinship enables appreciation of not only Tautuan medical beliefs and practices but all other aspects of Tautuan society as well. As I will show, kinship is the basis of all relations in Tautu, and it informs religious practices as well. It is significant that Tautuans have brought God into their kinship system and placed him in the position of “father” by commonly referring to Him as “Papa God.” As “the “head of the household,”” God is not only a valuable source of knowledge but an authority on all aspects of global and village life, including medical life. One’s relationship with God appears to be just as important if not more important than one’s relationship with these other persons and supernatural entities. I will return to this theory in my discussion of gender and kastom.

**Reciprocity and balanced flows**

Kinship is also the foundation of economic relations in Tautu, the focus on this section. Tautu is an example of “gift economy” as defined by Marcel Mauss in his 1923 seminal work *The Gift: The Form and Reason for Exchange in Archaic Societies*. In this work Mauss writes that “contracts are fulfilled and exchanges of goods are made by means of gifts. In theory such gifts are voluntary, but in fact they are given and repaid under obligation” (3). This is true for Tautu, as every gift is not a single transaction but
one of many transactions occurring in a broad exchange network, in which no “gift” goes unreturned and in which gift-giving solidifies reciprocal relationships. Lindstrom (1993) explains that Melanesians “constitute both their social relationships and their personhood” through exchange (53). In the act of giving a gift “the giver” is participating in the “production” of “the recipient” (Rio 2007, 466). In recognition of this aspect of giving, Rio (2007) explains that “the gift” is not about the fulfillment of an obligation but, rather, about the “negation” of the original gift.

Early anthropologists Deacon (1934) and Layard (1942) detailed the importance of exchange among islanders living on Malekula. In particular, both Deacon and Layard elaborate upon the role of exchange in significant life events of islanders, including birth, marriage, initiation, and death. These exchanges typically involved gifts of pigs and feasting and served important social and spiritual purposes, namely solidifying bonds between kin and pleasing ancestor spirits. Conducting fieldwork off the Northeast coast of Malekula from 1914 to 1915, Layard’s (1942) work centered on the nimangki or maki grade-taking ceremonies in which participants achieved grades (levels of status) by sacrificing animals. Several of Layard’s findings help frame this dissertation by providing insights into the worldviews of Malekulans living in this region at the beginning of the 19th century. While they were performed all over Malekula, Layard focused on those of the people of “The Small Islands,” islands in the same Northwestern region of Malekula as Tautu. Layard’s seminal piece The Stone Men of Malekula is primarily concerned with the maki of the people of Vao Island. This grade-taking ceremony involved not only the sacrificing of animals but the erection of stone monuments onto which faces were carved to represent ancestor spirits and in which
ancestors are thought to dwell. These ceremonies also involved pigs and food exchanges, feasting, ceremonial singing, and dancing to the rhythms of slit-gongs (Layard 1942).

Layard notes that in addition to the ritual taboos for the performers, including seclusion and sexual and food restrictions, ceremonial singing and dancing served to unite performers with their fellow villagers as well as to unite humans with spirits and the living with the dead. Layard (1942) writes,

“By these [ritual] means he [the performer] becomes at one also with the ancestral dead in whose footsteps through the observance of the rite he treads. The stone monuments he sets up are likewise erected not only for himself... and for all those who perform the rite with him, but also for those same ancestors who have performed it before him, and whose ghosts, together with his own after his death, hover near them and are commemorated by them.” (16).

Layard continues to underline the communal aspects of these rites in his description of ceremonial slit-gongs and dancing:

“These gongs... represent ancestors, and the sound issuing from the slit when they are sounded are the ancestral voice urging and encouraging the living to dance themselves into that state of communal ecstasy that banished personal affects and brings them into communion with collective forces passed on from the long line of those now dead, who have themselves performed these rites, to their representatives now living and dancing, and to the issue of these still to come.” (16).

Layard explains that these collective actions served to appease the ancestors and “the devouring Guardian Ghost,” the spirit guarding the gate into the afterlife. This ritual
thus acted as “a prophylactic,” having preventative effects (16). Layard was documenting the connections between individual health and community health and between physical and spiritual health. Further, Layard was pointing out the significance of reciprocal relations with supernatural forces in the meanings of health and illness, a topic to which I will return throughout this dissertation. As Layard’s research shows, traditional reciprocal relationships included those between persons and persons, families and families, and between persons, families, and ancestor spirits. As in other Melanesian religions, people’s relations with ancestral spirits are central to local people’s cosmologies: maintaining proper relations is vital to ensuring general social-religious order, health and prosperity (Lawrence and Meggitt 1965). In addition to these relations, Tautuans now discuss another important reciprocal relationship: the relationship between persons and the Christian God. I will detail this particular relationship throughout this dissertation.

As in other kastom ceremonies, kinship and gift-giving are central to the maki as well. Layard (1942) notes that the maki’s “component sub-rites also include the ritual payment of debts to a great number of living relatives, chief among whom are the mother’s brother and the wife’s father” (17). Ritualistic exchange thus re-established connections between individuals, families, and the living and the dead and protected the whole community. Practices surrounding the raising of pigs used in this ceremony further illustrate the importance of kinship, community, and reciprocity. A man’s ability to acquire enough animals to sacrifice for the maki was based on his ability to build and draw on his exchange relationships and to manage the resources of his network. Obtaining high grades, which required a great number of animal sacrifices, was only
possible with the support of fellow villagers, as the performer had to borrow animals from his network and later repay these debts. These exchanges were often complex and involved a lifetime of interactions. MacClancy (2002) explains that “the men who reached the very highest grades were those most capable at exploiting this complex interplay of debts and loans to their own advantage” (31).

Obtaining higher grades also required sacrificing pigs with circular tusks (Layard 1942; Deacon 1934). Layard (1942) explains how Malekulans facilitated the growth of such tusks:

“This is brought about by knocking out the upper canines, so that each tusk, having nothing to bite on, curls upwards and back, re-enters the jaw, and growing forward again inside the curve described by the tusk at its first outward passage, once more issues from the jaw and continues to grow till its tip is for the second time blearing outside the animal’s lip.” (17).

On rare occasions the tusk would circle through two or three more times. Layard notes that Malekulans described such valued tusks as having formed “circles.” Men who had completed the maki wore these circular tusks, which conveyed their status. Islanders particularly valued these pigs and their tusks due to the great amount of time and effort required to raise them, as such pigs had difficulty eating and thus had to be hand-fed (Layard 1942). It is significant that tusks are described as “circles,” for circles symbolize sociality based on exchange. Keller and Kuautonga (2007) observe that the circle also serves as an important motif in traditional stories on Futuna island, Vanuatu, stories that underline the importance of reciprocal engagement and “appropriate social ties.” Taylor (2008) clarifies that the pig’s tusk is not a circle but a spiral, which
symbolizes not only the “circulation and return” inherent in these social relations but the “productive and regenerative” nature of these relations (106 & 107).

My research confirms these observations about the centrality of reciprocal relationships and exchange in the rituals and daily lives of Ni-Vanuatu, a main thread of this dissertation. While there are no written records of the performance of the maki in Tautu, Tautuans remember these ceremonies to be much like what Layard described. And while Tautuans no longer perform grade-taking ceremonies, they continue to exchange pigs, and circular tusks remain important symbols. At the national level, circular tusks symbolize kastom and unity, appearing on Vanuatu’s national flag and currency. At the local level, they continue to symbolize community and reciprocal relationships. In present-day Tautu elaborate gift-giving rituals still take place during marriage ceremonies and funerary rites, yet just as important are everyday gift-giving and food-sharing activities that fill daily life. Nearly every one of my interactions with Tautuans involved an offer of food; I would either to stay and eat with them or take the food home with me. I will discuss food-sharing practices in more detail in Chapter 5. I mention this everyday activity here, however, to underline that participating in the exchange of gifts is central to the maintenance of relationships in Vanuatu. According to MacClancy (2002) “If the exchange stopped, so did the friendship” (32). Further, MacClancy (2002) states that the lack of gift-giving and sharing is equated with not simply a lack of friendship, but with animosity (32). I reciprocated the best I could, usually with Western goods, photographs, and favors, such as recording genealogies and typing letters.
The road

The road is a salient metaphor in many areas of Melanesia and Vanuatu. As in other areas, in Tautu, roads commonly refer to ways of being or alternatives. The road thus provides insights into Tautuans’ perceptions of their options, whether they are related to medical or other life decisions. Generally there are two main alternatives: the rod blong waet man (the road or way of the white man) and the rod blong kastom (the road of kastom). The way of the white man is associated with skul (school, the state education system), govamen (government, the state legal system), and mani (money, the cash economy). The road of kastom is associated with traditional knowledge systems, chiefs and “kastom courts,” and the traditional economy. There is also the “the road of cargo,” a road to which I will return in Chapter 2 (Lawrence 1964). Like Sa speakers on the island of Pentecost, Tautuans use the metaphor of the road to talk about tradition and modernity or kastom (customary culture) and skul (school, a term that refers to Western culture as a whole) (Jolly 1982). Kastom and skul “are still seen as two roads or two alternatives” (Jolly 1982, 339). This is also the case in Northern Ambrym (Eriksen 2008) where kastom and skul are discussed as being diverging roads. While they are viewed as separate roads, in practice Tautuans move back and forth between these roads and at times follow these roads simultaneously.

The local, Tautuan concept of sel, “the road,” sheds light on the connections between exchange, kinship, health, and religion. The related term selek refers to the people with whom a person has reciprocal relationships. Layard (1942) explains that “roads” are “reciprocal terms used between a man and all his relatives by marriage... These terms have reference to the many times a man travels to his wife’s people, bringing
the endless customary gifts which it is his duty to render” (133). Jolly (1997b), similarly explains that among the Sa on the island of Ambrym, Vanuatu, “the road or path... is a common metaphor for relationships (109). Eriksen (2008) writes that “On Ambrym, as well as in Ponam and much of Melanesia, the concepts for relationships are expressed in terms of ‘roads’ (25). Rio (2007) writes that “the relationship of the person to the people in the hamlet where his or her mother was born... literally... means passage, such as a passage on a beach used for canoes or the legitimate passage into a hamlet” (2007b, 467). Because marriage creates new exchange relationships, it is thus said to open geographical and metaphorical roads (Jolly 1997b). Because they typically move to their husbands’ villages, women in particular are said to “open paths into new places” (Eriksen 2008, 83). Further, payments over the course of the marriage “keep the path open between the families and the two places” (71).

While these scholars have emphasized the road’s associations with reciprocal relationships, I want to emphasize the road’s additional meaning: a path both facilitating and indicative of states of spiritual, social, and individual health. In illness narratives and everyday conversation “roads” are symbolic indicators of physical, social, and spiritual bodily states. In Tautu a “blocked road” can signify relationships having “broken down.” It can also signify obstacles getting in one’s way or that an illness is related to sorcery or the devil. At the physical level an “open road” can signify the orderly flow of bodily substances in addition to mobility, access to resources, and the maintenance of reciprocal exchange relationships at the social level. All of these meanings of roads are connected. The metaphor of the road is thus a window into Tautuan ethno-medical knowledge as well as into the significance of Melanesian concepts of personhood in
shaping views of the body, states of health and illness, and health-seeking behaviors.

Healing, be it through the use of kastom, biomedicine and Christianity, involves the restoration of roads, passages of balanced flow, both within bodies and between persons, spirits, and God. The metaphor of the road is thus also a window Tautuan religious beliefs and social structures, which are mapped onto the body.

Roads also specifically refer to medical options, in health discourse and in local people conversations. There is the road of biomedicine, including the Ministry of Health, NGOs, the hospital, Aid Posts, doctors and nurses. Then there is the road of kastom medicine, including medicinal plants, traditional massage, and traditional healers. While Tautuans envision these categories of care and categories of illness as separate, diverging roads; in practice they mix these sources of information and treatment and use them concurrently. A more accurate description of the relationships between these “roads” is roads that cross at times and at other times merge. The concept of the road, thus, also sheds light on how Tautuans negotiate kastom and modernity. I use the metaphor of the road as an entry point into the religious and medical beliefs of Ni-Vanuatu, which represent the integration of kastom, Christian, biomedical forms of healing.

In addition to the road, scholars of Vanuatu have noted the significance of other metaphors connected to ideas about movement. For instance, while Bonnemaison (1994) traces the metaphors of “the tree” and “the canoe,” Jolly (1982) explores the meanings of “birds” and “banyans.” Taylor (2008) examines these metaphors as well, finding them to be relevant among the Sia Raga people of North Pentecost. These pairs of metaphors illustrate the binary of “rootedness” and “mobility” and dual cultural principles of Pentecost and Tanna societies: the seemingly conflicting principles of stillness and
movement, structured and unstructured, settling and exploration, local and foreign, old and new, tradition and innovation (Jolly 1982; Bonnemaison 1994; Taylor 2008). Jolly and Taylor connect these metaphors to Ni-Vanuatu’s perceptions of foreigners. Europeans, in contrast to Ni-Vanuatu, are without roots and without foundation. Unnourished by a solid connection to land, they are weak and fated to “float,” to wander. Taylor (2008) explains that the Sia Raga term for foreigners’ ways of living is *alenan tuturani*, which implies “the ways of foreigners as being without structure” and “social chaos” (37). In contrast, the ways of local people are envisioned as being structured and providing social stability. “The tree,” representing links based on kinship and land, symbolizes this social structure, which gives people “roots.” Harrison (1937) writes that “the firm roots of tradition [are] always sending out new branches on the evergreen tree” (quoted in Taylor 2008, 43).

I argue that in Tautuan culture the metaphor of the road operates much like these metaphors. Like the image of the tree, the road appears in Tautuans’ conceptualizations of their bodies as well as their relationships with people and places. Like the roots of the tree, roads represent people’s connections to the land and to each other. Like canoes, birds, and branches—and their associations with outward movement—roads represent expansion into new territories and the production of new connections and new opportunities. Because roads can be used in both of these ways, I find Taylor’s (2008) explanation of tusks as spirals particularly useful. Applied to social relations, like tusks, roads symbolize “circulation and return” as well as “productivity” and “regeneration” (Taylor 2008, 106 & 107). This interpretation of roads highlights the dualities within Tautuan thought and practice and the view of *kastom* not as bounded a closed circuit but
as a creative, spiraling process of engagement with new ideas and technologies. Combined, these metaphors provide insights into local people’s active roles in negotiating social change.

**The road to Tautu**

As are most Melanesian nations, Vanuatu is culturally and linguistically diverse. With 105 languages spoken and a population of about 233,000 people, Vanuatu has the highest linguistic diversity per capita of any nation, and each of the 65 inhabited islands has many distinct *kastoms* (Forsyth 2004 & 2009). Villagers typically speak their local language and one or more of Vanuatu’s *lingua francas*: English, French, and Bislama, a creole language thought to have developed as the result of Ni-Vanuatu interactions with Europeans during the sandalwood trade (Crowley 1990). In spite of the diversity found across the islands, and the great distance between the islands, there is great solidarity among Ni-Vanuatu as evidenced by pride in their nation and the things that tie them together, such as a love of *futbol* (soccer), *aelan kakae* (island food), string-band music, and kava, the nation’s national drink and a favorite pastime of men. In addition to the importance of kinship, most Ni-Vanuatu are also bound by strong ties to the church. Widmer (2007) notes that “for many Ni-Vanuatu their church forms a central mode of sociality, surpassed only by kinship” (22). All around Vanuatu, people display the national flag and wear the nation’s colors of black, green, and red. There is also provincial and island pride. Tautu is on in the Northeastern region of the 781 square mile island of Malekula. Malekula has a total population of 22,902 persons, 24 languages; and numerous dialects of these languages (Lynch and Crowley 2001, 71). Malekula is in
Malampa Province, one of the five provinces, which also includes the islands of Ambrym, and Paama.

The journey from Honolulu to Tautu requires a minimum of three plane rides: the first is from Hawai‘i, the tip of the Polynesian triangle, to Fiji, a nation on the border of “Polynesia” and “Melanesia.” From Fiji it is a relatively short plane ride to Efate, Vanuatu, the main island of the archipelago. To reach Malekula from the main island of Efate, there are two options: boat or plane. When traveling by plane one flies into Norsup “airport,” an airstrip beside the crumbling remains of what used to be an airport building before it burned down. From the airstrip it is a short walk to Tautu along a dirt, pot-hole ridden road. Then there is a round-about, with one road leading into the village and the main road continuing on to Norsup Hospital. Along the main road of the village are concrete and thatch houses, nakamals (meeting places/kava bars), and Tautu primary school. This main road leads into the center of the village, where there is a soccer field flanked on one side by the Presbyterian church and on the other by the community meeting hall.

The village’s layout is similar to other villages that originated as a Presbyterian mission station (De Lannoy 2004). Rather than a nasara, a ceremonial ground that was the center of traditional villages, at the center of the village are the church and a football (soccer) field (De Lannoy 2004). The nasara of Tautuans’ elder generations are a short walk from the village in the middle of the bush. Because men’s meetings and kava-drinking have continued, Tautu does have several nakamals. At dusk, men meet in the
**nakamal** to drink kava, socialize, and talk politics. Missionaries established this particular station on the Northeastern coastline of Malekula. At the time Ni-Vanuatu in the area lived further inland in the bush; as they converted to Christianity they gradually moved towards the missionaries’ settlement, building new thatch houses nearby the church and along the coast. Later, as new churches established new missions, Tautu expanded and branched off, and some Ni-Vanuatu moved into the area now known as “Small Tautu.” The original Tautu, the Presbyterian mission village, became known as “Big Tautu.” In this dissertation I refer to residents of Big Tautu as Tautuans. This choice is in line with local practices, because when Ni-Vanuatu speak of “Tautu” it is understood that this means “Big Tautu.”

Residents of Big Tautu and Small Tautu speak the same local language. Most residents of Small Tautu are related to residents of Big Tautu. While many of my conclusions may be true for Small Tautu, this is not necessarily the case for several reasons. Small Tautu is more diverse than Big Tautu. Whereas the majority of Big Tautu residents are Presbyterian and the minority are Seventh Day Adventist, the majority of Small Tautu residents are Seventh Day Adventist. In addition, Small Tautu is home to Anglicans, Catholics, Mormons, and followers of the Neil Thomas Ministry, the Praise and Worship Church, the Glorious Church, Assemblies of God and the Apostolic Live

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7 While in Tautu, as in some of the urban areas of Vanuatu, it has become slightly more acceptable for women to drink kava at **nakamals**, women who do so face great criticism. Only a handful of Tautuan women, six women total, openly drink kava while others do so in secret. The majority, however, do not drink kava.

8 As noted in the preface, I refer to this language as “Tautuan.”
Ministry. Small Tautu is also smaller. Whereas Tautu is comprised of 72 households, Small Tautu has only 37 households. Because households average 4.5 persons in Malampa Province, the total population of Big Tautu is approximately 324 persons while the total population of Small Tautu is about 167 persons (Vanuatu National Statistics Office 2009).

*A global village*

The Pacific Islands and its inhabitants have been constructed as weak, isolated, on the outskirts of modernity with limited potential for determining their fates (Hau’ofa 1994). According to this pervasive view, Tautu would be seen as being on the periphery of modernity, its residents as disempowered due to their geographical location. Throughout this dissertation, I will argue that Tautu is in fact a center of social change, in the words of a doctor at Norsup hospital, a “global village,” in which global flows are grounded, localized, negotiated and transformed. Tautu’s residents’ self-awareness of their culture the situation in Tautu provides unique insights into the processes of globalization and modernization, the resulting intersections between *kastom* and Western culture, and Ni-Vanuatu responses to these changes. Following Lewellen (2002), I recognize the existence of “multiple modernities,” “the [unique] ways that modernity is perceived, reacted to, and idealized” (23). Modernities in Tautu reflect Sahlins (2000) and Robbins (2004) observations that globalization and Westernization have not, contrary to expectations, resulted in the destruction of indigenous cultures or the creation of one uniform global culture.
The situation in Tautu also reflects scholars’ observations about the processes of social change in the Pacific Islands and Melanesia and local peoples’ active roles in these processes. Agreeing with Sahlins, Robbins (2004) writes, “it is the enduring integrity of indigenous peoples and their cultures that constitute the continuities that underlie change, and this integrity endures because indigenous people actively struggle ‘to encompass what is happening to them in the terms of their own world system’ (Sahlins 2000a, 10)” (5). A historical perspective on globalization calls attention to the indigenization of the global “systems” of Christianity and biomedicine (Lewellen 2002; Inda and Rosaldo 2008). This frame allows one to see that neither Christianity nor biomedicine nor kastom are bounded entities and thereby allows one to refocus on the adaptability of Ni-Vanuatu and inherent flexibility of kastom. I am thus careful to consider not only the “reality” of “globalization” but the realities of “regionalization and localization,” as globalization and modernity are only one part of a place’s context (Lewellen 2002).

Because it is only about a mile’s distance from Norsup hospital, Tautu is an ideal site from which to study these intersections of global/Western culture (including biomedicine/Christianity) with local kastom and the effects of these intersections on health and healing at the local level, “at the level of real people who imagine real lives, make plans, travel, form networks, assume identities, and socialize their children” (Lewellen 2002, 26). Living in close proximity to Norsup airport, LitzLitz wharf, and Lakatoro, the island’s urban center and the headquarters of the Malampa provincial government, Tautuans have more opportunities to engage in “modernity” than many of their Malekulan counterparts. Many villagers earn money for their children’s school fees and luxuries like rice, shoes, and toothpaste by doing odd jobs like construction and
gardening, by selling cash crops like dried coconut and cacao, and by selling food and handmade wares, such as baskets and clothing, in the Lakatoro market. Some Tautuans have more fully entered the cash economy by running small shops out of their homes or by holding full-time jobs, such as working for the Provincial government, the police force, Norsup hospital, and local cooperative stores. The majority of Tautuans remain subsistence farmers, however, living primarily off of their gardens.

Tautu and other villages within the circumference of the urban center are more “developed” than the remainder of the island in terms of Western types of infrastructure. While there is no running water or waste management, Tautu has power lines and electricity. Tautuans also have greater access to transportation: trucks run Monday-Saturday transporting villagers to Lakatoro and Norsup for 100 vatu, approximately USD 1.07. Living nearby the cell towers of Digicel and Telecom, Tautuans also have access to mobile phone services and very recently, within the last year, internet services. Due to its history as a mission village and due to its location, Tautu, thus, is relatively “modern” and connected to the global world. While Tautuans may be “modern” as compared to islanders living in more rural parts of the island and the nation, they are also actively “traditional,” in that they continue to practice *kastom* and are concerned with its protection and revival. Thus, Tautu is also an ideal site in which to examine the meanings of *kastom* and broader debates about the effects of globalization and tradition (Hobsbawm 1992).
The kastom movement

Ideas about a common culture or shared kastom have played particularly important roles both in Vanuatu’s independence movement in the late 1970s and during its nation-building in the early 1980s (Philibert 1986; Tonkinson 1981; Larcom 1982, 1990; Facey 1997; Shirakawa 1999). “The positive re-evaluation of kastom”—renewed pride in certain aspects of local, traditional culture—served to unite islanders against the colonial powers and create a Ni-Vanuatu identity (Shirakawa 1999). Vanuatu’s constitution includes several policies and statements aimed to protect kastom, including the establishment of the Malvatumauri (National Council of Chiefs) (Van Trease 1995); the call for parents to teach their children the “true understanding of ... the culture and customs of the people of [Vanuatu]” (Larcom 1982); and, later, the creation of “kastom courts” (Forsyth 2009). Laing (1995) states that “the present Government [of Vanuatu], supports... custom dancing and the use of kava, all of which had been actively suppressed by the first missionaries and later the European administrators” (163). The revival of kastom has continued post-independence and increasingly built momentum at both the local and national levels (Laing 1995; Shirakawa 1999). At the national level, Vanuatu’s National Cultural Council and Cultural Centre actively work to revive and regulate kastom (Tryon 1999; Bolton 1999, 2003; Regenvanu 1999; Taylor 2008). Vanuatu’s national government has also instituted a range of policies to protect and promote various aspects of kastom including traditional copyright laws, the traditional economy (based on subsistence agriculture and reciprocal exchange), the authority of “chiefs,” and traditional venues for settling dispute, now called “kastom courts” (Jolly 1994; Forsyth 2009; Reganvanu 2007; Lindstrom 2008). According to Lindstrom and White (1994) these
types of policies are a significant political trend in Melanesia. They observe that these policies involve “a variety of agencies and institutions, public and private” and represent a “wide range of policies” in areas of “economic, social, political development” (1). These policies also reflect the emergence of global regimes of cultural knowledge protection, such as those spearheaded by the United Nations Educational, Scientific, and Cultural Organization (UNESCO). The special setting of Vanuatu—where culture/kastom is highly politicized, endorsed by the government, and discussed at the local, island, and national levels—calls for attention to the persistence and promotion of kastom medical practices and ideology.

*Changing kastom*

Long before the development of official policies, Ni-Vanuatu have been protecting and adapting their local kastom. Scholars note that kastom was shared and exchanged through trade networks and protected by traditional copyright systems (Larcam 1982; Jolly 1992; Lindstrom 1994). Larcom (1982) observes that among SW Bay Malekulans kastom was: “an incomplete, creative product of continual invention” (333). Thus “kastom was much more about cultural change than continuity” (Lindstrom 2008, 167). A historical perspective makes it clear that kastom has always been a fluid concept in Vanuatu. While in the process of defining, recording and defending kastom, it has in some cases come to be seen as “something like a text to be consulted, integrated, taught and transmitted rather than invented,” (Larcom 1982, 336) kastom remains extremely fluid in practice. Like Ni-Vanuatu themselves, kastom is active, integrative, and flexible. Like the concept of “culture,” today’s kastom is not a static, bounded
singular entity but constantly shifting sets of representations dependent on the identities and objectives of its users (Keesing 1982, 1992; Jolly 1982; Lindstrom 1982, 2008). Like culture, then, *kastom* “may be interpreted as a process of negotiating meaning” (Lewellen 2002, 41).

While the protection of *kastom* can signify opposition to the church in some areas, in many areas of Vanuatu, like Tautu, Christianity has become *kastom* (Eriksen 2008). Since the 1960s, anthropologists, such as Wallis (1964), have observed that Christianity is a “historic phenomenon” that has changed over time and taken on new forms as it has been molded by its new context. As I will explain in further detail in the following chapter, Vanuatu and other Melanesian nations, have become important sites for the examination of Christianity and its ‘indigenization.’ As Christianity has become *kastom*, it has, however, displaced some aspects of traditional culture. Lindstrom uses the phrase “*kastom* within Christianity” to summarize the fact that Christianity is the dominant cultural system (Lindstrom 2008). As such, Ni-Vanuatu consider only the parts of *kastom* that do not conflict with Christianity to be appropriate for revival or protection (Jolly 1982; Lindstrom 2008). Traditional practices of polygamy, cannibalism, and

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9 As different groups use *kastom* for different purposes, *kastom* can be a unifying or dividing force (Keesing 1982; Jolly 1982; Lindstrom 1982, 2008). On one hand *kastom* can signify a sense of Ni-Vanuatu-ness, of being a citizen of the nation of Vanuatu (Jolly 1982; Larcom 1982, Lindstrom 1982, 2008; Forsyth 2004; Keller and Kuautonga 2007; Taylor 2008). On the other hand, at the local level *kastom* can be used to call attention to differences, between persons, groups, villages, islands, and so on.
warfare are clearly inappropriate (Widmer 2007; Lindstrom 1994). Widmer (2007) finds that biomedicine and *kastom* medicine have a parallel relationship under the state. This situation can be described as *kastom* medicine within or under biomedicine. In other words, only the aspects of traditional medicine that do not threaten the ideology of biomedicine are valued. As a result, medicinal plants thought to be “botanically verified” or those thought to have pharmaceutically active ingredients are acceptable while traditional medicine associated with beliefs in sorcery or spirits are unacceptable. Because biomedicine and the church are intimately linked, traditional medical beliefs seen as threatening to Christianity are also considered unacceptable. *Kastom* associated with sorcery “is not held up as a candidate for *kastom* revival by the Vanuatu Cultural Centre, nor the current vision of the Presbyterian Church that integrates *kastom* and Christianity (Widmer 2007, 23). Medicinal plants, however, are viewed as acceptable and not thought to conflict with Christianity (Widmer 2007).

Lindstrom (1994) observes that what *kastom* should be kept and what *kastom* should be disposed of continues to be a topic of public debate. Especially relevant to the findings of this dissertation is his observation about the role of local concepts of innovation and inspiration in legitimizing new ideas and practices. He states, “People are often more willing to accept new cultural products that appear to be inspired, and legitimated, by supernatural forces (1994, 81). Such “means of inspiration... include dreaming, the use of kava... the ability to go into forms of trance, and a variety of other communicative spiritual techniques” (Lindstrom 1994, 81). Particularly important is his observation that both ancestors and God are considered sources of legitimacy. This point sheds light on Tautuans claims that their traditional medicinal practices are “gifts from
God,” a central issue of this dissertation. Vanuatu’s first Prime Minister, Walter Lini, once said, “God and custom must be the sail and the steering-paddle of our canoe. It will be the responsibility of parliaments and governments as well as chiefs to preserve our custom but not to preserve it blindly and without reference to change. For custom has always changed with people’s ideas and it must continue to do so” (Lini 1980, 62 in Taylor 2008, 24). Lini, like scholars of Melanesia and the Pacific Islands, is calling for flexible approaches toward kastom. However, he is also simultaneously underlining Christianity’s role in directing these approaches. This point is particularly important for my discussion of how Tautuans integrate kastom, biomedicine, and Christianity.

Medical kastom

While the kastom movement’s connections to Christianity, economics, tourism, and nationalist politics have been thoroughly examined (Lindstrom and White 1994), the implications of this movement on health policies and practices have not received as much attention. Currently, neither the Vanuatu government nor the Ministry of Health have an official policy on kastom medicine; and when MOH employees discuss kastom, they convey a popular rhetoric in public health discourse: the idea that through education biomedical understandings of illness (germ theory, pathology, etc.) will replace kastom understandings of illness (sorcery, social and spiritual causation).

This rhetoric was also present in “salvage anthropology” and other scholarship that lamented the inevitable demise of traditional cultures, due to globalization and the interference of Western culture. Currently scholars take a more nuanced approach. In fact, many scholars have pointed out that the encroachment of Western culture has had
the opposite effect of what was expected. For instance, Leslie (1980, 1992) and Lock and Nichter (2002) find that the spread of biomedicine has lead to the revival, promotion, and legitimatization of traditional medicine as resistance to the perceived threats of globalization and foreign influence. The environment of Tautu mirrors this global revitalization movement. In Tautu, as in the nation of Vanuatu, the majority of people continue to rely on traditional medicine even when Western medical services are available (Shirakawa 1999; Madden et. al. 2003; Bourdy and Walter 1992). Rather than abandoning their traditional medicine or completely boycotting biomedicine, it is common for most Tautuans combine these: the practices of Tautuans illustrate both national and international trends. While early studies treated biomedicine and traditional medicine as distinctively separate, current scholarship rejects the rigid dichotomy of biomedicine and traditional medicine (Bourdy and Walter 1992; McGrath 1999; Lock and Nichter 2002; Saethre 2007). I, too, find that these categories are problematic, as they fail to represent local people’s actual behaviors and the overall pragmatic and indeterminate nature of health-seeking behavior. I present local conceptualizations of illness and treatment, local healing practices, and local people’s illness and gift narratives, all of which destabilize this dichotomy.

Further, I argue that to understand the flourishing of kastom one must understand peoples’ relationships with God and their imagining of God’s relationship with kastom. According to some Tautuan healers and laypersons God created medicinal plants and continues to supply instructions on how to use these plants to treat new illnesses. They

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10 See Chapter 4 for expanded discussion of the literature on treatment seeking models.
reconfigure *kastom* used for good as holy and sanctioned by God while they reconfigure *kastom* used for evil as devil worship.

**Kastom, Christianity, and gender**

Gendered practices known as “sexual antagonism” and the gendering of social relations in general are central to Tautuan views of health and illness and their medical practices (Knauft 1999). In addition to adherence to modified segregation practices for circumcision, menstruation, pregnancy, and birth, the discussion of the benefits and dangers of female mobility and the discussion of “sides” based on kinship and gender indicates the continued significance of traditional gender relations in Tautu (Rio 2007; Hess 2009). Additionally, both male and female Tautuans’ explanations of their management of persons/selves and bodily substances demonstrate the connections between illness prevention and the management of social and spiritual gendered relations (Douglas 1966; Jolly 1994, 2002; Knauft 1999; Strathern and Stewart 2010).

Also important for understanding Tautu’s health context are women’s roles as the primary caretakers of the ill, the central nodes of the social networks activated during times of illness, active members of the church and the community, and positions as spiritual healers and *klevas*, a Bislama term that refers to a variety of types of healers, including those who use medicinal plants and massage. These latter positions appear to be open to women due to ideas about dreaming, “signs” and the receipt of divine messages being open to all as well as the fact that Presbyterianism underlines personal relationships with and access to God. As I will show, Tautuan women’s experiences appear parallel to those of other Ni-Vanuatu women, as their relationships with God and
the church enable their empowerment (Eriksen 2008). The following poem by Avin, a female Ni-Vanuatu poet, is a vivid reminder, however, of the issues that still face all Ni-Vanuatu women today.

“Sista

Wanem ia bigfala krae

Long medel naet

Yu we

Yu gat wok ful dei

Yu we

Yu no save luk taet o sik

Yu we

Yu no gat raet blong tok

Yu we

Oli save kilim i tet

Yu we

Man I pem blong plisim hem

Yu we

Yu stampa blong laef blong wol

Sista

Stanap

Yu no blong wan man

Yu blong God”
English translation by Eriksen (2008):

“Sister
What is this big cry
In the middle of the night
You who
You have work all day
You who
You cannot be tired or sick
You who
You have not got the right to talk
You who
They might kill you
You who
Man pays for you in order to please him
You who
You are the source of life in the world today
Sister
Raise
You do not belong to one man
You belong to God” (Eriksen 2008).
While painting a picture of women’s marginalized place in Vanuatu society, this poem also illustrates the shared view among Tautuan women that their relationships with God are a source of strength. The following lyrics from a Christian song from Papua New Guinea convey a similar message:

“Your father can let you down
Your mother can let you down
All of the world can let you down
But Jesus never fails” (Strathern and Stewart 2008, x).

In addition to underlining God and Jesus’s roles in supporting women, these excerpts illustrate the idea of God being above kastom. As I will show, this powerful idea comes into play in both men’s and women’s understandings of health as well as their views of the relationships between traditional, biomedical, and Christian forms of healing medicine. Further, these excerpts support my argument that women’s roles as healers are validated through their relationships with God, and that the growth of faith in women’s healing powers is allowing all women living in Tautu to take greater control over their own health and the health of their communities.

*Methodology*

From the very beginning this project has sought to answer Lassiter’s (2001, 2005) call for “collaborative and reciprocal ethnography” as well as The Cultural Research Policy of Vanuatu’s (2007) parallel call for research characterized by “maximum
involvement of indigenous scholars, students and members of the community in research, full recognition of their collaboration, and training to enable their further contribution to country and community” (1). In the majority of cases, the Vanuatu Cultural Centre assigns foreign researchers to local people trained as fieldworkers in the Filwoka (Fieldworker) Program (Regenvanu 1999; Tryon 1999). However, because I already had a relationship with Chief Gorden and because he offered to support me and my research, the VCC did not assign me to a local fieldworker, instead allowing me to work with Chief Gorden.

As noted in the preface, my relationships with Chief Gorden and his family shaped my project in many ways. Chief Gorden’s position as a retired Aid Post worker and as a healer with knowledge of both biomedicine and traditional medicine was extremely helpful. While we did not see eye to eye on every subject and while it was challenging to act as “his daughter” at times, overall, the experience of collaborating with Chief Gorden was harmonious. While I am grateful for the support of Chief Gorden and his family, my relationships with the Gordens did have concrete effects on my research, for instance, slightly limiting my interactions with other families with whom the Gorden family had land disputes. I do not feel that this overly impeded my research for I was able to use my status as a foreigner to sidestep taking sides on these and other internal conflicts. I was thus able to have positive interactions with the overwhelming majority of villagers.

As my main assistant, Chief Gorden also helped me form a research team. We selected several young men and women who had prior experience doing some survey work for the NGO Save the Children and who wanted to learn additional research
methods. We also trained two individuals who had no experience but were interested in the project. Together, my research team and I surveyed 50 of the 72 households of Big Tautu and 19 of the 37 households of Small Tautu. In addition, we surveyed Unua Wan (Unua Number One)\textsuperscript{11}, a third village an hour's distance from the hospital. Surveying this last village was the idea of my research team, who felt that it was important to survey a village further away from Norsup hospital for comparative purposes. We surveyed 19 of the 26 households of Unua. To gauge people’s biomedical knowledge of malaria, we additionally administered a malaria knowledge test to approximately 20 persons. In order to identify Tautuans’ illness categories, we also administered several cognitive methods: free listing illness terms, triads with illness terms, and pile sorts with illness terms in English and the local language of Tautu. Approximately 30 persons participated in each of these activities. We also asked questions about whose assistance they seek when they are ill in order to investigate residents’ social networks.

In addition, I conducted 13 months of participant observation, living in Tautu, participating in the daily activities of my adoptive family and the wider community. While taking part in these activities I was able to observe, record, and ask questions about topics, actions, and events as they arose. As such, I acquired a great deal of information and understanding through this experiential form of learning (Etkin and Ticktin 2008). Being an “adopted” member of a household allowed me to observe how residents of Tautu utilize the various healthcare options available to them. Spending time with my adoptive family also allowed me access to intimate discussions about illness, discussions in which residents actively interpreted illnesses, assessed evidence and outcomes, and

\textsuperscript{11} There is a Unua Tu (Unua Number 2) and a Unua Tri (Unua Number 3) as well.
gossiped about others’ illnesses. I thus was able to gain insights into how households made decisions as well as how they conceptualized and attached to meaning to illness.

While I focused on everyday healing and health related activities, including the use of medicines, care for sick persons, and medical consultations (Etkin and Ticktin 2008), I also collected a wealth of additional material. Often, villagers would ask me to record specific information, such as kastom stories and genealogies. In addition, I took many photographs and was asked to take photographs of specific events as well. I also conducted one-on-one and “natural group” open-ended and semi-structured interviews with a range of laypersons and healers (18 and older) in order to elicit more specific information about residents’ conceptualizations of health and illness (Etkin and Ticktin 2008). In addition, I collected life histories and illness narratives (Bernard 2006; Kleinman 1989; Garro and Mattingly 2001).

As I am focusing on presenting the broader findings of my ethnographic research, this dissertation is primarily concerned with the results of my qualitative methods. I have used the method of grounded theory (Charmaz 2006; Bernard 2006; Bryant and Charmaz 2010) to analyze this rich data. In particular I used theories on narrative to analyze and elucidate my research findings. Narrative is a window into both personal experiences of health, healing, illness as well as larger social norms and the broader, shared meanings of these experiences (Kleinman 1989; Garro and Mattingly 2001). These meanings and experiences are often expressed through metaphor, “body metaphors” in particular (Low
1994; Becker 2004; Jackson 1989). While I address additional metaphors, I focus on the metaphors of “the gift” and “the road.”

Scholars using phenomenological approaches toward narrative emphasize narrative’s role in mediating experience and shaping notions of selfhood. They underline the fragmented nature of narrative as it represents only partial realities and partial selves at particular times (Kirmayer 2001; Ochs and Capps 1996; Jackson 1989, 1996; Csordas 2000). Particularly important for the objectives of this dissertation is narrative’s role as an avenue for people to come to terms with their past actions and “to reconcile or make sense of suffering” (Becker 2004; Good 1977, 1994; Kleinman 1989, 1992; Mattingly 1998; Garro and Mattingly 2001). Often these narratives contain common plots (Mattingly 1998; Good 1994) as patients and healers’ construct healing as a journey of exploration and transformation (Mattingly 2001). I find that Tautuans use the metaphor of “the road” to signify this process of exploration and that these narratives are at once medical and religious, as God guides them along the road.

As I will show in Chapter 6, healers’ narratives also follow a common plot in which 1) they are deathly ill 2) God heals them 3) God gives them the gift of healing knowledge and power and 4) God instructs them to share this gift. In addition to being accounts about recovery from illness, these narratives are stories about salvation. They thus demonstrate Good’s (1994) observations about the soteriological aspects of medicine and healing as a religious experience. A focus on narrative’s role in shaping and making sense of experience also allows me to explicate the significance of additional narratives

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12 A classic example is Nigerians describing “a feeling like ants are crawling in their heads” (Kleinman 1989).
in which healers and laypersons reconstruct *kastom merisin* (in particular medicinal plants) as gifts from God. As “counter” or “competing” narratives,” these narratives demonstrate the ways in which narrative can empower people by serving as spaces of resistance as well as spaces of creativity and innovation (Ochs and Capps 1996; Garro and Mattingly 2001; Mattingly 2001). I show that through narrative, Tautuans are actively reconfiguring the domains of *kastom*, Christianity, and biomedicine. Tautuans employ the metaphors of “the gift” and “the road” in this context as well: they use these metaphors to envision the opening of new channels and exchange between these domains. As such, in addition to justifying their past and present actions, Tautuans are able to re-imagine the future.

**The road ahead: a map of the chapters to come**

This introduction has situated the central problem of this dissertation within the politics of tradition and Ni-Vanuatu’s incorporation of the global flows of medical and Christian knowledge within an indigenous knowledge system. I also introduced the concepts of the road and the gift, which work as metaphors for reciprocal, complementary relationships among persons and types of healing, and the argument that in addition to Christianity, traditional and present-day kinship and exchange relations and associated principles of reciprocal balance and flow are central to how people interpret health and illness, make decisions about diagnosis and treatment, narrate their illness and healing experiences, and articulate their identities as Christians upholding *kastom*.

In the next chapter, “Kastom, Church, and State,” I situate the integration of traditional, biomedical, and Christian forms of healing within Tautu’s specific context. I
focus on Tautu’s three main domains of knowledge: kastom, the church, and the state. Highlighting the principle of reciprocity and Tautuans’ past and present re-envisioning and remaking of kastom problematizes the artificial dichotomy of tradition/modernity, illustrating that kastom need not conflict with Christianity or biomedicine. A historical approach calls attention to the significance of inspiration, innovation, and exchange in Tautuan traditional and present-day culture. This chapter also positions this site and study within the context of other significant studies on Christianity. I demonstrate how Tautuans’ religious beliefs and practices represent an integration of traditional and “modern” ideas and worldviews. I argue that Christianity is at the center of this integration as it the frame through which Tautuans legitimize kastom and create a “middle ground” between “traditional/kastom” and “modern/Western.”

Chapter 3, titled “Diverging, merging, straight, and crooked roads: local categories of illness and medical care,” shows that while Tautuans and the biomedical health professions alike view kastom medicine, Christian medicine, and biomedicine as separate systems, in practice these boundaries blur as people draw on these sources of treatment simultaneously. I use the principle of reciprocity to illuminate connections between these sources and conclude that kastom medicine, Christian medicine, and biomedicine are complementary in Tautu’s specific context. Rather than the categories of kastom, Christian, and biomedical, I find the categories of self/home treatment and practitioners to be more useful. I describe local categories of illness and destabilize the dichotomy of kastom illness as opposed to non-kastom illness, challenging the assumption that kastom medicine only cures kastom illness. I find that Tautuan general views of health and illness demonstrate both Melanesian ideas about sociality,
reciprocity, order, pollution/“sacred danger,” and sorcery as well as Western and Christian ideas about individual morality, redemption, and faith. I argue that traditional medicine continues to flourish due not only to the continued relevance of traditional beliefs about reciprocity and causes of illness but also due to traditional medicine’s ability to treat non-traditional illnesses. The second section concerns Tautuan views about sources of medical knowledge and diagnosis. Like beliefs about causes of illness, beliefs about sources of knowledge and diagnosis illustrate the blending of kastom and biomedical beliefs. While villagers hold tight to kastom beliefs about inspiration they also view the Christian God and angels as important resources for diagnosis and treatment knowledge. Further demonstrating the integration of Christian and kastom is the belief that God, angels, ancestral spirits, spirits of the recently deceased, ghosts, and “dwarves” all transmit medical knowledge through the same, traditional means, including dreams, visions, and “signs.” In the final section I address parallel categories of treatment, problematizing the categories of “kastom, Christian, and biomedicine” or “folk, popular, and professional.” I suggest an alternative and more useful way of grouping Tautuan treatment seeking behaviors: “self/home treatment and treatment from a practitioner.”

Chapter 4, titled “Finding and following ‘the right road:’ treatment processes in Tautu,” argues that the intertwined processes of treatment and diagnosis further illustrate the integration of kastom, Christian, and biomedicine. A focus on actual practices causes these distinctions to fade as it shows that people draw on and mix diagnoses and treatments. In this section I argue that this integration is facilitated by the cultural principle of pragmatism. I also explore factors influencing treatment choice. I challenge
the assumption of “rational decision-making” – the prominent view in public health literature, which holds that the sole factor directing treatment choice is the identified cause of the illness—by addressing other significant factors including kinship, familiarity, access, and convenience. While I suggest that the convenience of kastom medicine and its embeddedness in the social network explains, in part, the continued use of kastom medicine I underline the complexity of Tautuan medical decisions. Further, I find that kastom medicine flourishes in Tautu, for like biomedicine and Christian medicine, kastom serves both medical and “extramedical” functions, one of which is restoring and reinforcing reciprocal social ties.

In Chapter 5, “Open roads within and between bodies: personhood and experiences of health and illness,” I continue to destabilize the categories of kastom medicine, Christian medicine, and biomedicine, following the thread of reciprocity as it runs through Tautuan bodily experiences of health and illness. I argue that, to Tautuans, health is a process involving circulation and flow at the levels of the physical, social, spiritual, and political-economic. I thus show how Tautuan views of health, illness, and the body facilitate the pragmatic approaches towards diagnosis and treatment discussed in Chapter 4. In addition, I highlight spiritual bodily experience, an aspect of health and healing frequently neglected. This chapter also examines Tautuans’ engagement with modernity through their illness narratives and finds that Tautuans have constructed identities that are simultaneously kastom and modern, dividual and individual. In regards to the central problem of this dissertation, the flourishing of kastom medicine, I argue that kastom medicine continues to flourish because its combination with Christian and
biomedical healing facilitates the treatment of the whole body, the restoring of balance at the physical, social, spiritual, and political economic levels.

I continue to highlight the spiritual body in Chapter 6 titled “Gifts from God: the gifts of health and healing,” as I move from patients’ illness narratives to the narratives of practitioners about their healing knowledge and skills. I find that a common theme in these narratives is that medical knowledge and skills are gifts. Practitioners receive their gifts from kastom sources (living relatives, deceased relatives, ancestral spirits, and dwarves), Christian sources (angels and God), or from a combination of kastom and Christian sources. Further, I find that the majority of healers in Tautu – those practicing kastom medicine, those practicing Western medicine, those that are spiritual healers, and those who lie in the boundaries of these categories—are linked by faith in the Christian God. In addition, I find that all of these practitioners are connected by their embeddedness in broader exchange networks. Health and the power to heal are “gifts” in a reciprocal sense. In particular, this meaning of the “gift” emerges in the common “deathbed” narrative, in which God heals the person so that she will go on to heal others. Other common themes in these narratives include God as the ultimate authority; God as the source of all knowledge, including kastom medical knowledge; God as the creator and supplier of medicinal plants; and God as working through all of types of medicine. Through these narratives practitioners authorize certain aspects of kastom medicine by redefining them as gifts from God. I thus illustrate the ways in which their identities as Christians facilitate their active reconciliation of kastom, biomedical, and Christian forms of healing. I further find that in addition to Christian discourses, Tautuans appropriate biomedical discourses, for instance by stating that kastom medicines contain “active
ingredients” and by requesting clinical trials to provide “scientific evidence” of the efficacy of these medicines. I conclude that together, these narratives serve as spaces for renewal and the decolonization of the future via re-imagining of the relationships and roads between kastom, biomedicine, and Christianity.

Chapter 7, “Conclusion: the return,” revisits some of the major themes of this dissertation including the integration of traditional medicine, biomedicine, and Christian spiritual healing, sociality’s central role in Tautuan medical thought and practice, the concepts of gendered “sides” and “safe spaces,” the soteriological aspects of Tautuan medicine, and symbolic meanings of the gift and the road. In this chapter I also summarize the major theoretical contributions of this dissertation, engaging with the following topics in anthropology: views of personhood and the body, the politics of tradition, the indigenization of Christianity, the medical imaginary, and the state. Then I use these combined insights to make policy recommendations for the improvement of health in Tautu and comparable societies in Vanuatu and beyond. Finally, to conclude this chapter I reflect on the research process and the methodological lessons I learned over the course of my research.
CHAPTER 2. KASTOM, CHURCH, AND STATE

Introduction

I once asked Chief Gorden if there was anything he wanted me to bring him from the United States. He replied that he wanted an American flag to hang in his home to show his support of the United States. I was surprised at first to hear Chief Gorden’s request for an American flag. I later discovered that he and other Ni-Vanuatu continue to hold favorable impressions of Americans due to their interactions with American troops during World War II. Chief Gorden fondly remembers helping the American troops stationed near his village during World War II. As a young boy, he tossed coconuts up in the air so that the troops could practice hitting these targets. Chief Gorden says that he likes Americans because they protected his people from the Japanese. Upon first arriving in Tautu in 2007, I viewed the village as relatively isolated from the global world. The lack of access to television and the internet supported my biased view. Thus, I also did not expect Chief Gorden and other Tautuans to ask me about U.S. politics, about President Bush, and later about President Obama’s policies and the war in Iraq. I also did not expect to see Tautuans mourning the death of Michael Jackson and celebrating the killing of Osama Bin Laden. These experiences showed me that my initial assumptions were clearly wrong: the village was not separate from the rest of the world or unconcerned about international issues, and as I spent more time in the village the global connections became clearer. I came to realize that Tautu is, as Dr. Simon noted, a “global village.”

This chapter explicates Tautu’s embeddedness in the global and contextualizes
Tautuans’ integration of biomedical, Christian and kastom forms of healing, providing insights into the global, national, regional and local dynamics of village-level medical thought and actions. Tsing (2000) asks, “How are people, cultures, and things remade as they travel?” (347), suggesting that this is one of the central questions of globalization.

This chapter examines the remaking of Western religion and medicine as they have traveled and settled in Tautu. It also examines the related process of “how policies come to be mapped onto localities” (Das and Das 179), in particular the Ministry of Health’s (MOH) current policy of dispensing free healthcare at Norsup hospital (about 1 mile from Tautu). I find that in addition to this policy of free treatment, MOH’s frequent health education campaigns have contributed to Tautuans’ unique understandings of health and illness and health-seeking practices.

In particular, this chapter addresses the ways kastom, Christianity, and the state shape the religious and medical beliefs of Tautuans. It also seeks to avoid the trap of the “ethnographic present” by using a historical perspective that destabilizes the idea that the culture of Tautu is “timeless” or represents a static state (Biersack 1991; Jolly 1982, 1992; Larcom 1982; Lindstrom 1982, 1994, 2008; Fabian 2002). As Barker (1990) states “our task now... is to seek Oceanic peoples where they actually are rather than where we imagine they were before or where they should be” (263). I seek to show that like the rest of Vanuatu and Melanesia, the village of Tautu was not isolated prior to my arrival or the arrival of Europeans (Jolly 1982, 1992; Larcom 1982; Lindstrom 1982, 1994, 2008). Tautuans, like many indigenous peoples have long been interacting with outsiders (Wolf 1982). Both internal and external forces have been constructing and reconstructing village culture over many centuries.
In what follows, rather than dividing my discussion of kastom into the standard categories of “religion,” “medicine,” “social organization,” “politics,” “economics,” etc., I underline the inter-connectivity of these aspects of Ni-Vanuatu culture or kastom by painting a picture of daily life. Most Ni-Vanuatu are swidden horticulturists who make gardens in clearings of “the bush,” i.e., tropical rainforests. They grow a variety of crops, including yams, an important ceremonial food, bananas, breadfruit, cassava, sugar-cane, taro, and sago palm (MacClancy 2002; Lightner and Naupa 2005). Ancestors, ghosts and other spirits, both good and evil, protecting and harmful, have always been present a very real, felt presence. Villagers heed the instructions of spirits out of fear of retribution and/or because they believe they will benefit or receive protection from their enemies. Ancestors and spirits make their presence known by communicating in a variety of ways, through dreams, kava, and ‘signs’ in nature. Sometimes these messages are warnings, prophesies, or commands while other times these messages would contain instructions for a new song, dance, ritual, or medicinal recipes (MacClancy 2002). These communications are sources of change, as new or adapted knowledge and practices are added on to existing repertoires.

Exchange among other groups across villages and islands is another source of change. Malekulans have always been highly mobile, voyaging to other islands (Miller 1987; Layard 1942; Deacon 1934; Huffman 1996; Lightner and Naupa 2005). Men were motivated to move around by the activities of trading, voyaging, seeking refuge, initiation, and warfare (Bonnemaison 1994). Ideas were also mobile, traveling from person to person, family to family, village to village, culture to culture; songs, dances,
and rituals, in particular, were frequently exchanged (Miller 1987; Layard 1942; Deacon 1934; Huffman 1996; Lightner and Naupa 2005). This background sheds light on Tautuans’ current negotiations of outside ideas, as incorporating foreign concepts is still a common practice. Presently, as in the past, traditional kastom copyright systems protect and govern the ownership of genealogical, magical, and medical knowledge and their exchange and use (Deacon 1934; Layard 1942; Larcom 1982; Lindstrom 1990, 1994). These ongoing practices of inspiration, exchange, and copyright illustrate Tautuans’ active engagement in the modification and protection of kastom or culture. Found in many areas of Melanesia, these traditional forms of regulating knowledge and ownership of “cultural resources” represent “traditional cultural policies” (Lindstrom 1990, 1994).

Ritual knowledge is heavily protected. Villagers perform rituals to mark certain stages in a person’s life. The main “rites of passage” include those for birth, initiation, grade-taking, and death. Such rituals involve the performance of specific dances as well as the sacrifice of animals and the sharing of food (Deacon 1934; Layard 1942; MacClancy 2002). Tautuans regret that they have forgotten their kastom dances and that some of these ceremonies are no longer performed.1 While Tautuans no longer perform grade-taking ceremonies, they still perform marriage and death rites and follow modified

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1 A few older men may still know some of the dances; this would be a valuable topic of further research. Tautuans no longer craft traditional ritual objects, such as tree fern sculptures or headdresses. Some women, however, continue to weave baskets and mats while some men carve canoes. They also continue to construct thatch houses. Concrete foundations and full concrete houses, however, are becoming more prevalent and significant indicators of economic status.
*kastom* rules, such as those regarding seclusion, during these major life events. Boys continue to participate in circumcision ceremonies in their adolescence. However, as among some people in North Ambrym, *kastom* dances are not performed at these ceremonies, and villagers prefer for a person trained in biomedicine to perform the circumcisions with a surgical knife rather than a piece of sharpened bamboo (Rio 2007). Western contact has also greatly altered the birthing process, as most Tautuan women now give birth at Norsup hospital. Like Walter and Bourdy (1986), I found that rules regarding the seclusion of mothers, babies, and menstruating women have also become more relaxed.

Like many other Melanesian societies Ni-Vanuatu have gender separation practices related to their cosmologies. Traditional villages were typically divided into the upper side and the lower side, the upper side corresponding with the men and the lower side corresponding with the women (Layard 1942, 34).² As Layard (1942) explains, that men inhabited the upper side of the island was symbolic, as men were thought to be spiritually above women. As such, the men were “dominant,” a statement that still rings true in present day Tautu (34). In Tautu, gender differences and related *tabus* remain prevalent, especially as seen in the division of labor, a topic that I further discuss in

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² Layard lived on the small islands just off the coast of Northeastern Malekula in an area very culturally and linguistically similar to Tautu. He found that villages in these areas had two paths: the men’s path and the path taken by women and children. He observes that the men’s path was lined with a consecrated stone wall and was *tabu* to women and “male children who have not yet taken the first step in their formal religious life by themselves sacrificing their first boars” (Layard 1942, 32).
Chapter 5. The women are the ones who do the majority of the work. Recall the poem by Avin included in the introduction. For most village women, the day is filled with gardening, preparing food, cooking, eating, carrying water, caring for children, caring for animals, and catching up on the latest village gossip. Men’s days are generally filled with fewer but more highly esteemed tasks requiring greater physical fitness, such as growing and preparing kava, hauling trees, or processing copra.³

Vanuatu has two main seasons: a cool/dry season from May until October and a hot/rainy season from November until April, or as I experienced them, the dust season and the mud/malaria season. While living on Malekula, Layard (1942) observed that these seasons are “clearly marked [and] have an important bearing on the economic and ritual life of the natives,” the end of the dry season and beginning of the rainy season marking the time of the yam harvest. During this change of seasons, palolo worms swarm the coastal waters late at night during the full moon.⁴ According to Layard the arrival of these marine annelids traditionally signified “the beginning of the New Year” and “the time when the dead return to visit the living” (6). As they have done for centuries, every year at the end of the hot/rainy season, villagers clear new sections of the bush and plant root crops and bananas. They grow more than they need to feed their families so as to have enough for sharing, gift-giving, and participating in marriage and

³ Processing copra involves harvesting and splitting coconuts, removing the meat, drying it in the sun, bundling the dried meat into sacks, and transporting the sacks into Lakatoro where they are weighed and sold.

⁴ I participated in the collecting, cooking, and eating of these annelids, which Tautuans consider a culinary delicacy associated with chiefly or “bigman” status.
other kastom ceremonies. While most families rely on their traditional crops for nourishment, sweet potato, manioc, and imported rice have become major food staples. For special occasions women prepare laplap, grated root crops mixed with coconut milk and wrapped in leaves and baked.

It is not certain whether pre-European Tautuans were animistic, ancestor-worshipers or poly-theistic. It is likely that due to the diversity of Vanuatu, there was a range of religious beliefs and practices. Many Tautuans, however, state that their ancestors believed in a “High God” (a God “antap”) named “Darr.” Miller (1987) reports similar findings. He writes:

“When the Rev T. Watt Leggatt landed at East Malekula in 1887 he found that the people around Aulua spoke of the High God as Bokoro, but they knew very little about him. On Aneityum the High God was called Inhujeraing, the maker of heaven and earth...The Makuran people of the central New Hebrides called the High God Nasum... The ancestors knew about the High God. But they knew nothing about his son, The Lord Jesus Christ... Wherever I have inquired I have found that the New Hebrides people had a name for the High God.... Most of the islands have lost clear understanding about who the High God was and what he did for his people. But we learn from a study of the culture of the Efatese tribes of the central islands that many of the ancestors had a traditional knowledge of who Supwe was and what he required of men. They believed that Supwe was the creator of all things, the only living and true God... New Hebrideans believed that their fathers’ religion was higher than animism. Animism is the worship of the spirits. Animism was like the bark of the tree of belief in the High God.”
Layard (1942) also reports that the people living on the island of Vao worshipped a high God called “Ta-ghar.” According to Deacon (1934), SW Bay Malekulans believed that, “Every person has one soul or spirit, the *nimwinin,*” a term parallel to the Tautuan word *nemin.* “Even during life it [the *nimwinin*] is more or less separable from the body” (Deacon 1934, 547-548). Further, should a man dream that someone who is alive comes and talks to him, it is the *nimwinin* of this person, which has come. As I will show in Chapter 6, Tautuans continue to experience these types of interactions with spirits, particularly in dreams. Dreams today, however, are also Christian spaces occupied by angels and the Christian God.

According to Deacon, SW Bay Malekulans also believed in an afterlife: “After death it [the *nimwinin*] continues to exist” “though it departs to the Land of the Dead yet it can also return to the land of the living.” While Layard (1942) describes NE Malekulans as envisioning the afterlife as a “sky-world,” Deacon describes it as simply staying above ground, in contrast to the underground world where “bad” people go, “where beings called *vinkirkirtamb* dance about him, prodding his sides and belly with their fingers, so that he writhes continually with the tickling (*ikirkip*)” (557). Deacon reports that “‘Good’ men, on the other hand, remain above ground, *liwan mehep* (meaning ‘up above’), and a colorless happiness appears to be their lot” (557). It is significant that both Layard and Deacon’s descriptions depict places similar to the

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5 Layard (1942) writes, “The creator-deity Ta-ghar founded the village of Pete-hul, by causing a certain fruit to fall which splitting on the buttress root of a tree, gave rise to the first man and woman, and here their first son cleared away the bush to make his dancing-ground” (36).
Christian ideas of heaven and hell.

Barker (1990) points out that we cannot assume traditional religions were “coherent and closed systems,” and as such we must be open to the possibility that these systems were changing over time prior to the arrival of Europeans. This section has shown that while contact with “the West” and “the global” have altered Ni-Vanuatu kastom and culture, Ni-Vanuatu have taken active roles in negotiating these changes, just as they did prior to Western contact. As a result they have retained many of kastom beliefs and practices. These realities demonstrate the invalidity of the old assumption that the introduction of Western culture would result in the destruction of traditional culture (Barker 1990). In Tautu, as in many other areas in Vanuatu and around the world, Christianity did not replace traditional religion, and biomedicine did not replace traditional medicine (Eriksen 2008). Kastom remains a vital and powerful arena of social life in Tautu. In the next section, I examine the church, an equally important social arena.

*The church*

*The first missionaries*

At the same time that they say that they already had belief in a high God, many Ni-Vanuatu communicate a common trope of Christianity: that missionaries saved their people by bringing them out of the darkness of traditional life—cannibalism in particular—into the light (Lindstrom 1982; Jolly 1982, 1991; White 1991; Bolton 1998). The efforts of The London Missionary Society (LMS) initiated the first missions in Vanuatu (Van Trease 1995). Established in 1795, the LMS was comprised of many Protestant churches, including The Reformed Presbyterian church, other independent
Presbyterian denominations, the United Secession Church, the Relief Church, and later, the Free Church of Scotland (Miller 1987). The first known Western missionaries to travel to Vanuatu were John Williams and James Harris who arrived on the island of Erromango in 1839. Villagers killed Williams and Harris, but they spared their team of 12 Samoan evangelists (Miller 1987). Two other significant missionaries include John Geddie and John Inglis of the Presbyterian Mission, who both worked on Aneityum, Geddie and his wife arriving in 1848 and Inglis and his wife arriving in 1852. Geddie succeeded in gaining many converts, whom he required to wear European clothing. Geddie prohibited his converts from participating in the kastom practices of ceremonial dancing, drinking kava, tribal warfare, and strangling of widows, as well as the Western practices of drinking alcohol and smoking tobacco. He also attempted to put an end to the ritual exchanges of yams because he felt that they were “wasteful” (MacClancy 2002, 51). There are no records of the policies of the early missionaries on Malekula; however, today, both the Presbyterian and Seventh Day Adventist churches of Tautu continue to discourage these practices, certain ritual exchanges being exceptions.

6 The deaths of Williams and Harris did not discourage the LMS from accomplishing its missions in Vanuatu. Rather than pulling out of the region, the LMS sunk more resources into the islands. As the result of this incident, the LMS did, however, changed their tactics, deciding to have Polynesian Christian evangelists be the first point of contact with the Ni-Vanuatu. The LMS sent these Polynesian evangelists to Tanna, Aniwa, Erromango, Futuna, Aneityum, Efate, Epi, and Santo from 1839 to 1861 (Miller 1987). While they struggled due to language and health difficulties among others, these evangelists managed to successfully convert many Ni-Vanuatu.
Yet another important missionary is John J. Paton, who is credited with the spread of Presbyterianism, now Vanuatu largest religious sect. Paton reached the island of Tanna in 1858, only to leave in 1862 due to problems with the locals. Paton is important to the medical history of Vanuatu, as his reputation (largely inflated and dramatized by the press and Paton himself) allowed him to raise enough money to build the first two hospitals in the islands (MacClancy 2002). As in the past, in the present, Christianity and Western medicine are intimately linked in Vanuatu.

Missionary medicine

Performing first-aid and dispensing medicines, missionaries introduced biomedicine to local populations (Laing 1995; Widmer 2007). They also, however, brought new diseases, such as measles and smallpox, for which Ni-Vanuatu had no immunity. According to Laing (1995), Ni-Vanuatu soon came to believe that kastom medicine could not cure these diseases; as a result, they began to use biomedicine for these new conditions. Missionary compounds were also considered safe havens from sorcery and were associated with health (Eriksen 2008). Christianity was thus a vehicle for the adoption of biomedicine, and biomedicine was a vehicle for the adoption of Christianity (Widmer 2007). The adoption of Christianity and biomedicine was not always simultaneous or symmetrical, however (Widmer 2007). While it was common for Christian converts to begin taking biomedical medicines, other converts continued using kastom medicine, and even non-converts utilized missionaries’ clinics. Despite the spread of biomedicine and Christianity kastom beliefs and practices persisted (Widmer 2007; Laing 1995; Eriksen 2008). Despite the presence of British and French colonial
governments beginning in 1906, the missions ran all of the hospitals and biomedical services on the islands until the 1950s. The French and the British colonial governments did not step in until after WWII. Today, the church continues to act as a source of healthcare in present-day Tautu, and medicine and religion are still very much intertwined.

*Christinaity and conversion to Western culture*

Embedded in Christianity are the Western “ethics” or values of empiricism, rationality, individualism, capitalism and “the bourgeois ideal of self-improvement through rational labor” (Weber 1905; Comaroff and Comaroff 1992, 476). As they extended the empire of the church and “the Spirit,” British missionaries also extended the empire of Great Britain and Western modes of thought and action. In a process termed “the colonization of consciousness” by Comaroff and Comaroff (1992), British missionaries sought to reform their colonial subjects’ everyday lives, not just by changing the religious practices of the “native” but by “remaking his habit and his habitus,” including modes of sociality, personhood, and production. As Comaroff and Comaroff (1992), note, the promotion of agriculture and, later, labor was a pivotal aspect of the process of conversion, for it instilled a new sense of self in converts, linked them to European markets, and slowly drew them into economic dependency. As in South Africa, in Vanuatu, these uneven processes have resulted in economic inequality.
Kastom-ized Christianity: a global and Melanesian religion

Just as many local people voluntarily chose to use missionary medicine, many also voluntarily chose to convert to Christianity. As in other areas in Melanesia and around the world, some local people even requested that missionaries come to their communities (Barker 1990; White 1991; Lindstrom 1993; Robbins 2004; MacClancy 2002; Eriksen 2008; Hess 2009). While some were men of high rank and others were men with no rank, many local people saw joining the church as a way of gaining status, power, wealth, and new forms of knowledge and technology (Barker 1990; Eriksen 2008; MacClancy 2002; McDougall 2003). There were a multitude of factors motivating local people to convert. According to Tautuans, their elders were attracted to Christianity because they saw it as a means towards obtaining peace and an end to tribal warfare. Other scholars, such as Comaroff and Comaroff (1992), suggest that conversion must be understood as a normal response for indigenous people who greatly valued “the exchange of cultural knowledge and practices” (470). The decision to convert to Christianity can thus be seen as an extension of Melanesian “pragmatism” (Barker 1990).

Today, Christianity is “the most widespread and pervasive religion” in Melanesia (Barker 1990, 1). As it has become a part of indigenous peoples’ daily lives, Christianity has been “indigenized,” i.e., interpreted within existing matrices of beliefs and thereby molded to fit the local context (Barker 1990; Comaroff 1985; Robbins 2004; Cannell 2006; Scott 2007; Tomlinson and Engelke 2006; Eriksen 2008; Tomlinson 2009). This process of indigenization is largely due to the actions and agency of local people working within the church. As a result, there are many outcomes of “indigenization.” While some communities emphasize the continuity between indigenous religion and Christianity,
others emphasize the changes that Christianity brought (Barker 1990; Robbins 2004; Cannell 2006; Scott 2007; Tomlinson and Engelke 2006; Eriksen 2008; Tomlinson 2009). There is, however, a spectrum of local conceptions of the relationships between *kastom* and Christianity. On one end of the spectrum are communities who claim that Christianity brought no major changes because they were already essentially Christians, i.e., they believed in the teachings of Christianity before the arrival of the white man. On the other extreme of the spectrum are communities who emphasize “radical breaks with the past” (Robbins 2004, 2007).

These extremes fail to convey the complexities of current Christian-*kastom* relations, such as those of Tautu, as the forms of Christianity practiced by many Melanesians illustrate both “imported” and “indigenous” themes. Further, while there often is a symbiotic or “syncretic” relationship between Christianity and tradition (Tonkinson 1982), there can also be “considerable ambiguity,” “inconsistency,” and tensions within this relationship (Barker 1990, 12). What often results is “religious pluralism,” “not the conflation of two distinct systems,” but the concurrent use of these separate systems (Barker 1990, 18). Barker (1990) explains that “the same Maisin who engage in healing rites attend church services, pay stewardship levies and send their children to school” (18).

Robbins (2004) delineates “three modes of change”: 1) “assimilation,” in which Christianity and local religious views are highly synthesized 2) “transformation” or “transformative reproduction,” in which there is moderate synthesis and 3) “ adoption,” in which there is a lack of synthesis. Robbins finds Urapmin Christianity in Papua New Guinea to fall under the mode of “ adoption.” Due to a process of “humiliation” in which
the Urapmin came to feel great shame for living according to their traditional ways as result of missionary and colonial hegemony, the Urapmin completely abandoned their traditional beliefs and completely adopted new Christian beliefs, including the emphasis on the individual sinning self (Robbins 2004; Robbins and Wardlow 2005). It is difficult to gauge exactly where Tautuan Christianity fits into these categories; it appears to fall somewhere in between “assimilation” and “transformation.”

Other scholars describe Christianities located in between these categories. Courtens (2008) reports that “People in northwest Ayfat emphasize that God and the Bible as well as the cross and heaven were already known... [and that] Christian symbols were (and still are) recognizable in indigenous beliefs” (192). Scott (2007) suggests that the Arosi in the southern Solomon Islands similarly assimilated Anglicanism with their traditional religious beliefs. In particular, Scott (2007) finds that “the Arosi usually stress the continuities—not a contrast—between the pre-Christian ringeringe auhenua and ideals of Christian morality” (8). Fijians also similarly state that Christianity is a continuation of their indigenous religion and its wholly similar moral code (Katz 1993); they also say that “Jehovah created their ancestors” (Kaplan 1990, 14). This is a different approach than that of members of the Cheke Holo language group on the island of Santa Isabel (White 1991). Although they are Anglicans as well, they dramatize the act of conversion in their historical narratives, stressing “contrasts with the past,” and the changes brought about by Christianity (White 1991, 127). White, however, points out that these narratives neglect the ultimate source of Christianity’s success: its ability to serve functions previously served by kastom.

Philibert (1992) and Eriksen (2008) describe situations of religious change in
Vanuatu that fall somewhere in between “assimilation” and “transformation.” While underlining the spiritual and socio-political changes brought about by Christianity in Erakor village on the island of Efate, Philibert (1992) reports that “Erakor villagers in a sense simply replaced one set of sacred figures by another” (117). Eriksen (2008) similarly explores both continuities and changes resulting from conversion to Christianity. She finds that while “Christianity has… changed important aspects of the ceremonial economy” some aspects, such as the significance placed on sharing food, have remained (114). In her examination of leadership and organization styles and community mobilization, she concludes that in North Ambrym society there have always been two forms of leadership—the male hierarchical, individual form and the female egalitarian, communal form. Eriksen, however, underlines the church’s role in subverting the male form and in being an avenue for the female form. As a result, the female form has become more pervasive and powerful (Eriksen 2008). Eriksen’s treatment of kastom—church relations suggests the complexities of local people’s interpretations and negotiations of these traditions. Barker (1990) and Smith (1990) similarly call attention to the “subtle mergings and conflations between Christian and traditional modalities” (Barker 1990). Smith (1990) locates the source of these mergings within the realms of both miscommunication and innovation. He writes, “There is much inventing going on, both deliberate and through creative misunderstandings, but there is also much that is accepted or continued wholesale” (1990, 17). Tomlinson (2009) similarly finds that Christianity is the source of both the loss and reclaiming of certain kastom in Fiji. Barker's and Tomlinson's points are particularly important to my later discussion of Tautuans’ use of Christian concepts to authorize certain kastom beliefs in
Chapter 6. Fuller understanding of this use of Christianity to support *kastom* requires a focus on people’s actual experiences. In this chapter, I seek to answer this call by detailing local Tautuan’s experiences with Christianity and *kastom*. First, however, I will provide some background information on the Presbyterian Church of Vanuatu.

*The Presbyterian Church of Vanuatu*

Because the majority of Tautuans and the majority of Ni-Vanuatu are Presbyterian, my discussion focuses on the Presbyterian Church of Vanuatu (PCV). With roughly 7,800 members, the PCV represents 400 Presbyterian congregations scattered across all of Vanuatu’s inhabited islands (WCC 2012). The PCV became an independent church in 1948, when The New Hebrides Presbyterian Mission Synod “hand[ed] over the responsibilities to indigenous leadership” (WCC 2012). Like many other Melanesian churches, the PCV has been “localized” and thus is no longer a “foreign institution” (Barker 1990, 178). That the PCV is independent and run by indigenous Ni-Vanuatu is a source of pride for many Tautuans.

Barker (1990) explains that while Pacific Christianity reflects local views and goals, it also “reflects the symbols of this world religion and the links to “systems spanning many communities” (2). Enmeshed in both local and global networks, “Pacific Christianity… possesses both a local and a global face” (Barker 1990, 2). Although under indigenous leadership, The PCV is a member of several powerful regional and global Christian organizations including the Pacific Council of Churches, the World Alliance of Reformed Churches, and the World Council of Churches. As such, the PCV is subject to the rules and standards of these organizations, which are largely still
established by outsiders (Barker 1990). These outside organizations also shape many of the PCV’s directives. The PCV states that its current objectives are to educate pastors, operate bible colleges, and train missionaries to work both inside of and outside of Vanuatu. The PCV also provides several types of training and social services. In “partnership” with the Australian NGO Uniting World, the PCV “coordinates activities in education, health, HIV&AIDS, women’s services, and youth services” (The Vanuatu Church Partnership Program Annual Report 2010).

The motivations of Ni-Vanuatu converts were a concern of most missionaries, who were unsure about the “quality” of the locals’ faith (MacClancy 2002, 79). Church officials are still dealing with this issue, as well as with the issue of which traditions conflict with Christian ideology and with what policies churches should adopt. In July of 2011 I attended a Summer Institute of Linguistics (SIL) Conference on the topic of “Anthropology.” SIL is an international non-denominational Christian organization that funds research on undocumented or poorly documented languages all over the globe and facilitates the development of writing systems, written materials, and programs to provide “multilingual education” (SIL 2012).

The SIL members present at the conference I attended were living in areas across the

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7 SIL’s website reads, “Though faith-based, SIL limits its focus of service to language development work. SIL does not engage in proselytism, establish churches or publish Scriptures” (SIL 2012). My observations, however, suggest that proselytism is, in fact, one of the main objectives of the SIL employees.
islands of Vanuatu, and all of them had spent a considerable amount of time in their particular areas; some of them had lived among Ni-Vanuatu for decades. I only attended one day of the conference, but over the course of the day it became clear that the purpose of the conference was to use anthropology to help the members more fully understand their communities, to improve their interactions with their fellow villagers, and to improve the missionization process in general. As such, their approaches mirror those of Whiteman (1983). To reach these goals SIL members gave presentations throughout the day on various topics.

One presentation summarized the five “Missiological methods of 1900.” According to the presenter there were five frameworks guiding early missions: 1) “displacement” in which Christianity should simply displace traditional religion but not necessarily condemn it; in which “kastom [was] discouraged but not prohibited” 2) “radical displacement” in which Christianity should not just replace traditional religion but treat traditional religion as “satanic;” in which “kastom [was] banned” 3) “moral reconstruction” in which missions should promote Christianity as the correct, moral road, as the “light in the darkness;” in which there was more emphasis on “community development” than “relinquishing kastom” 4) “fulfillment” in which Christianity fits in with and fulfills traditional religious beliefs; in which “kastom is reified and esteemed as a forerunner to Christianity” and 5) “affiliation” in which Christianity and traditional religion are affiliated, traditional religion having originally been “monotheistic” but “corrupted” over time; in which “kastom [is] not addressed” (SIL 2011).

In Vanuatu, there was and still is great diversity in missionaries’ conversion tactics and tolerance of traditional culture or “kastom” (Tarisei 1999). Today,
missionaries still have different ideas about what makes a person a true Christian or a true believer. This topic arose several times during the SIL Conference. One SIL member voiced his concerns, “They all revert back to animism during sickness and death... they are only Christian on the surface.” Addressing this issue, the presenter showed us a list of “10 factors that distinguish a kastom-retainer from a kastom-relinquisher.”

“A Kastom Relinquisher:

1. Person discourages the practice of magic... not only because s/he is afraid of it..., but because it is idolatry...

2. Person offers a theology of local cosmology (e.g.: animistic gods are demons; Jesus is more powerful than local spirits)...

3. Person sees totemic system (e.g., annual harvest sacrifices) as ancestor worship or idolatry.

4. Person articulates an experience of conversion to Christ.

5. Person conceptualizes the church as a place for worship, evangelism, and teaching; not simply a place for meeting felt needs (of prosperity, development, health, etc.)

6. Person conceptualizes salvation as atonement and restoration, not simply a way of avoiding earthly suffering

7. Person cites the Bible when talking about his/her faith.

8. Person’s church has stringent leadership selection (elders/pastors)

9. Person sees divinations, shamanism, sorcery, religious use of drugs as sinful

10. Person evaluates truthfulness (of myths, the Bible) in terms of historicity, feasibility, and logical consistency.”
This list suggests that, in some persons’ views, a true Christian is a “kastom relinquisher,” a person who has abandoned their traditional beliefs in favor of Western, Christian ideology. However, suggesting that Ni-Vanuatu must not necessarily relinquish all of their traditions, the presenter commented, “The point is not to make people leave kastom but to make them have an authentic experience with God.”

As the conversations of these members make clear, conversion to Christianity rarely entails the relinquishing of all kastom beliefs. The comments and presentations of these SIL members show that there are multiple, complex relationships between the cultural categories of kastom and Christianity. Both local people and missionaries, in the past and the present, have been negotiating these categories. In general, however, this negotiation process has involved rejection of the perceived negative aspects of kastom and acceptance of the positive aspects of kastom (Hess 2009). Notably, one of SIL members attending the conference, held a strong belief that kastom medical practice was one of the negative components of kastom. He stated, “It’s not medicine. It’s shamanism... I want to differentiate, as much as possible, it [kastom medicine] from real medicine: it’s not medicine.” Like other Western Christians, he encouraged Ni-Vanuatu to seek biomedical healthcare and to abandon kastom medicine.

Another SIL member presented a rubric parallel to Robbins’ three modes of change:” he outlined four current “ecclesiastical approaches toward kastom” of churches: 1) a “mixed” approach, used primarily by Presbyterians and Baptists, in which “animistic beliefs [are] mixed with the church life” 2) a “separated” approach, used primarily by Roman Catholics and Revival Fellowship, in which “animistic beliefs [are] not addressed 3) a “transplanted” approach, used by the Pacific Church, which “relies on foreign money
& leadership” and 4) a “contextualized” approach, used by Seventh Day Adventists, Assemblies of God, Protestant Reformed Churches, and some Presbyterian churches, which “break[s] from animism,” but at the same time is more culturally integrated. The Seventh Day Adventist and Presbyterian churches of Tautu appear to fit into this rubric, with the SDA church having a contextualized approach and the Presbyterian church having a mixed approach. While Ni-Vanuatu have adapted the SDA church to their local culture, the Presbyterian church is generally more tolerant of *kastom*. The pastor and elders of Tautu’s Presbyterian church informed me that their church has no official policy on *kastom* or *kastom* medicine. More research needs to be done to see if other churches or church organizations, such as the Vanuatu Council of Churches, have policies in place.

*Presbyterianism in present-day Tautu*

Regarding *kastom*-church issues, Tautuans emphasize some continuities, such as, their moral code, and some changes, such as the abandonment of sorcery, warfare, and cannibalism. The concept of “*kastom within Christianity*” is a useful lens through which to interpret this attitude (Lindstrom 2008). Essentially this phrase suggests that *kastom* that fits within a Christian framework is deemed positive or neutral and while *kastom* that conflicts with Christianity is deemed negative. Seen in this light, it becomes clear why Tautuans view some beliefs and practices as representing continuity and others as representing change.

Tautuan Christianity is an illustrative example of the “indigenization” of Christianity. While Tautuans have adopted Christianity, they have also customized or *kastom*-ized it, by adapting it to local *kastom*. As I will show, in Tautu, some traditions
remain unaltered; some have been transformed; and new traditions are continuously being added. Many of these newer kastoms are Christian beliefs and practices. For instance, Tautuan belief currently includes the “central doctrines of Christianity” as laid out by Cannell (2006): 1) “incarnation (by which God became human flesh in Christ)” and 2) “the resurrection (by which, following Christ’s redemptive death on the Cross, all Christians are promised physical resurrection at the Last Judgment” (16). Cannell (2006) finds that the concept of “transcendence” is also central doctrine of Christianity. She defines transcendence as “the existence of a set of abstract moral principles (justice, etc.) that stood above social obligations, might come into conflict with them, and might require a man to choose them above such social obligations” (16). Tautuans do not necessarily agree with the notion of transcendence, for this notion requires a type of subjectivity in which the individual is able to be apart from society, and the centrality of kinship and reciprocal relations prevents Tautuans from transcending social obligations.

While Tautuans abide by certain Christian morals and aim to follow the Ten Commandments, they also abide by Melanesian morals as well. Notably, these morals generally compliment each other and even overlap. As stated in the introduction, as in other areas of Melanesia, Tautuan morality is tied up with views of personhood, identity, and the body. While Western Christianity, heavily influenced by capitalism, hinges on the concepts of the “moral person” and the “modern self” (Weber [1905] 2001; Mauss [1938] 1985), Tautuan Christianity is marked by the integration of individuality and

8 The Arosi of the Solomon Islands and the people of Northwestern Ayfat (West Papua) similarly state that their morals and customary laws encourage similar behaviors as the Ten Commandments (Scott 2007; Courtens 2008).
“dividuality,” to borrow Strathern’s (1990) term for the relational nature of selfhood. I will describe this integration further in Chapter 5 as I examine views of the body and morality as related to health and illness.

How is Christianity practiced in Tautuan daily life? Some Tautuans go to church regularly while others attend less frequently. Presbyterians attend church on Sundays while Seven Day Adventists attend church on Saturdays. I interviewed both Presbyterians and Seven Day Adventists and attended both churches’ services. However, because the majority of people living in Big Tautu are Presbyterian, my discussion of Christianity in Tautu primarily reflects the experience of Presbyterians. Because the sabbath is a day of rest there are village-wide prohibitions against making fires on this day. Tautuan women wake up well before dawn to prepare and cook the Sabbath meal, which is typically laplap. As I noted earlier, this traditional dish is now only prepared on special occasions; the Sabbath is considered a special occasion because it is a holy day. Presbyterian children attend “Sunday school,” held on the grass outside of the church in which children learn lessons from the bible. A youth group also meets every Sunday evening from 6:30-8:30 PM. Every Wednesday evening church members participate in a formal prayer circle in which participants pray in assigned groups. Every week each group’s time slot rotates. Participants pray for individuals on the church’s master list to which anyone can add a name. It is common for participants to pray for a person’s

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9 Both services run from approximately 9:00 AM to 11:30 AM.

10 Group 1 prays from 6 PM to 8 PM; Group 2 prays from 8 PM to 10 PM; Group 3 prays from 10 PM to 12 AM; Group 4 prays from 12 AM to 2 AM; Group 5 prays from 2 AM to 4 AM; Group 6 prays from 4 AM to 6 AM.
recovery from illness.

Informal prayer and worship meetings also regularly occur, and as in other areas of Melanesia, people listen to Christian sermons and programs on the radio (if they have one) (Barker 1990). It is common for Tautuans to say prayers before meals and throughout the day. Tautuans also send and receive text messages with Christian messages and prayers. I received at least one a day, and sometimes I received several throughout the day. Friends and family members frequently sent me messages in the early morning and at bedtime, wishing me “blessed day” or peaceful dreams. Other times people told me they praying for me and assured me that God was watching over me. Some messages included specific passages of scripture, and some encouraged me to pray. For example, upon waking one morning I noticed this message in my inbox:

“Sunrise means JESUS stil Loves us. Just give Him a min n say thank u 4 wat u saw b4 u begin yr daily wok. Take PSALMS 30” (“Sunrise means Jesus still love us. Take a minute to thank him for the day before you begin your work. Think about/consider Psalms 30”).

As in Christian communities around the world, Tautu is home to a number of prophets, who claim to have special abilities to communicate with God; notably, nearly all of these prophets are involved in healing (Trompf 1977; Tuza 1977; Barker 1990; Curtis 1999). It can be difficult to distinguish who is and who is not a prophet, as many Tautuans claim to receive signs from God. The Christian God uses the same communication avenues as kastom entities, including dreams, visions, signs, and answers to prayer. Tautuans characterize God as all-knowing and all-powerful. They commonly talk about “God's plan,” signaling their belief that God is in control of all situations and that he has a plan for everyone. Tautuans employ the concept of “God’s plan” in a similar
way as do other Christians, including people in Tanzania, where the main purpose of invoking “God’s plan” or “God’s wish” is to express that a situation is “beyond their control” (Kamat 2006, 51). I find, as does Kamat (2006), that people invoke “God’s plan” in particular to explain why treatments do not work as well as to explain why people get sick and why they die. Tautuans refer to God as “Papa God” and envision him as a father figure and the “head of the house.” Church leaders encourage church members to talk to Papa God as if he were their actual father and to turn to him for anything, just as they would their close relatives. The importance placed on God being “the father” is reflective of the significance of kinship to Tautuans. This represents one of the ways in which Tautuans have adopted Christianity and imbued their practice with kastom. Another example is the extension of the traditional practice of gender separation into the church: as on Ambrym, men and women sit on opposite sides of the church during services (Eriksen 2008).

The service of Tautu’s Presbyterian church follows a regular program. People that arrive early join together in song; when one person begins to sing a hymn and others join in. This singing continues until the church fills to maximum capacity and the elders and the pastor enter and take their places at the front of the church. The service officially begins with some brief words of welcome. Then the service generally proceeds as such: a hymn, a scripture reading, a prayer, another hymn, announcements and the introduction of visitors, another scripture reading, the sermon, another hymn, the Lord’s Prayer, the presentation of offerings, another prayer, and a final hymn. After the service the church elders, pastor, and any visitors line up directly outside of the church, and everyone shakes their hands as they leave. As in Fiji, it is common for the pastor to use his sermons to
address perceived ethical issues or problems in the village; and, at times the source of these problems is constructed as the loss of tradition and traditional “standards of conduct” (Tomlinson 2006, 133). On several occasions sermons in Tautu concerned the growing problem of young peoples’ “lack of respect” for traditions and elder generations. Pastors and elders are apt to use *kastom* stories (such as the story of the evil pig) in addition to biblical stories to elaborate both *kastom* and Christian principles for proper behavior. As I explain in later chapters, sermons are also likely to contain health messages, such as the physical, social, and spiritual dangers of kava and smoking.

Significant to Tautuan Christianity is Zocca and Urame’s (2008) observation that the bible does not deem sorcery to be false or ineffective. Instead, it condemns sorcery as “demonic activity” and provides the ritual tools to deal with such activity (Zocca and Urame 2008, 22). To Tautuans, practicing Christianity and praying to the Christian God are means of preventing and combating sorcery. Thus, the introduction of Christianity did not eliminate sorcery or uncover it to be myth (rather than reality) but instead placed it in the realm of evil. This explains how Tautuans interpret sorcery in the present-day: it is the work of both evil *kastom* spirits and the work of the devil. As such sorcery remains to be real. Yet while Tautuans continue to fear sorcery, they state that they are not as fearful because as Christians they have God’s protection. The practice of confession is particularly illustrative of how Tautuans mix Christian and *kastom*. Confession and redemption are central to Western Christianity and culture (Foucault [1976] 1988). Tautuans also value confession. While they view confession as a vehicle for removing sin in general, in particular, they view confession as an important tool for the removal of sin derived from the use of sorcery. Traditional conflict resolution practices inform
Tautuan confession practices; both serve as public spaces in which problems are solved, wounds are healed, and relationships are restored. Confession is thus enacted within a kastom context serving kastom purposes. As such, it is an example of a Christian ritual being performed in an indigenous way. Just as kastom has influenced certain Christian rituals, so too has Christianity influenced certain kastom rituals. For example, it is kastom for skilled diviners to have the ability to pinpoint and uncover items charmed by sorcery. Nowadays, Christian pastors and other Christian spiritual healers perform this work, and in addition to uncovering ensorcelled objects, these holy persons drizzle holy oil around the perimeter of a person’s house to protect it from evil. While it is kastom to place white stones outside of one’s house for protection, bible passages written on pieces of paper (and sometimes buried) are used for protection as well.

The introduction of Christianity also caused some more drastic changes in Tautuan life. As in other areas of the world, missionaries and plantation owners introduced Western economic notions, such as private property, and encouraged Ni-Vanuatu participation in the Western market economy and monetary system. Comaroff and Comaroff note that in South Africa, some people adopted this system more easily than others, causing the formation of “classes” (Comaroff and Comaroff 1992, 473). Although presently there are no defined classes in Tautu, there are visible economic differences among the villagers, especially in terms of types of housing. Another significant difference among the people of Tautu involves ownership of land, and land ownership is a major issue in the village and a source of dispute and gossip. Land disputes are also the result of the actions of missionaries, plantation owners, and companies, mainly the French Compagnie Calédonienne des Nouvelles-Hébrides.
(CCNH), who “purchased” and developed land that is currently being disputed, including the land on which Norsup airport and the coconut plantation, Plantations Réunies de Vanuatu (PRV), are located. One of my key informants told me that the original landowners sold the land for some guns and tobacco. Now, villagers must walk around the plantation for approximately an hour to reach their gardens. This commute takes a toll on the men and women who must carry heavy loads on their backs. As a result, common complaints and causes of illness are “working too much” and “carrying heavy things.”

Tautuans are well known for resisting the colonial government and the PRV’s claims to this land (Van Trease 1987). There is also a history of internal disputes, and there are still legal cases being fought over this contested land (Van Trease 1987). These disputes are sources of “jealousy” and tension within the community and are thus sources of fear, anxiety, and stress. As such, these disputes are connected to Tautuan health. As I will show in the following chapters, Tautuans acknowledge and identify social causes of illness and recognize land disputes as contributing to poor health and even death.11

Several additional major changes resulted from missionaries restructuring of the family and familial relations: people began living as nuclear families rather than according to traditional gender separation; and rather than there being a hierarchy of cooking fires—in which men of certain status only ate food cooked over fires corresponding to their rank—the whole family ate food cooked over the same fire (Jolly 1991; Taylor 2008). The missionaries’ wives, in particular, greatly altered “domestic

11 More research needs to be conducted on the connection between land disputes and health in Tautu. This is an extremely sensitive subject, however, and must be approached accordingly.
practices in relation to clothing, shelter, and food” (Jolly 1991, 37). As on Ambrym, they taught local women how to read, write, sew, do laundry, perform “general household work,” and how to mother their children according to Western norms (Jolly 1991, 37). In addition, missionaries and, later, colonial representatives introduced new concepts of hygiene and cleanliness, which effected local views of health and illness. I examine these effects in Chapter 5.

The influence of missionaries also greatly altered marriage in Vanuatu. Concepts of marriage currently illustrate relationships between kastom and church and tradition and modernity, as many Ni-Vanuatu have both kastom and church marriage ceremonies (Eriksen 2008; Hess 2009). In Tautu, as in other villages, the practice of paying bride price continues although this is no longer the case for all couples. Marriage currently has several meanings in Tautu. A couple can be considered married if they live together in the same house. They are “kastom mared” (custom married) if the man has paid the woman’s bride price. They are “jos mared” (church married) if they have been married by a pastor in a formal church service. Couples can be married in only one sense of this word or in all three senses of this word. A fully legitimate marriage is one in which the

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12 Before, men wore nambas (penis sheathes or wrappers) and women dressed in “mat-skirts” made with pandanus leaves (Deacon 1934; Layard 1942). Now, men and women wear Western clothes. In addition to skirts and tops, many women wear aelan dres, or “Mother Hubbards.” While originally introduced by missionaries, the aelan dres has become a symbol of Vanuatu as well as a source of income and pride for Ni-Vanuatu women, who make the dresses out of bright colored fabric and are constantly innovating the dresses’ designs.
couple has made both Western and traditional commitments according to my consultants. As on Ambrym, the church has altered gender relations in additional ways: by serving as a space in which women can be leaders and members of social movements and “collective action” and as such promote their own “concerns, ambitions, and activities” (Eriksen 2008, 176). While women do not serve as elders in Tautu, as on Ambrym they run many of the church activities and the fundraisers. Also significant is the fact that they have their own organization, The Presbyterian Women’s Mission Union (PWMU) (Eriksen 2008). Missionaries have also played integral roles in efforts to end violence towards women (MacClancy 2002).

Another significant change attributed to Christianity is the end of “tribal warfare.” Although referred to as “tribal warfare,” these “wars” were not drawn-out battles but involved the kidnapping and murder of a single enemy followed by a cycle of retribution (MacClancy 2002). Tautuans tell the same story as missionaries: that the missionaries brought peace to the islands by discouraging such practices. While the fear of sorcery remains in Tautu, they say that there is a greater sense of peace, for attack from enemy clans is no longer a threat. Cannibalism is also no longer practiced in Tautu. There are murmurs of it being practiced in other remote areas of the island, however.

Missionaries also altered Tautuans notions of space and time. In fact, as noted in the introduction, the missionaries established Tautu, and Tautu’s layout reflects its history as a mission station. The church rather than the nasara (traditional ceremonial ground) came to be the center of the village; areas were designated for latrines and bush toilets and the enclosures of pigs and other animals (Taylor 2008). The missionaries also introduced the practice of having “collective meals in community halls or in an open
public space” (De Lannoy 2004, 11). While these reconfigurations altered people’s spatial relations, the concept of correct “sides” and related tabus remain in current Tautuan society, as I will demonstrate in Chapter 5. “Christianity also transformed people’s conception of time, based on Sunday observance which determines which other days are allocated for harvesting food and other jobs” (De Lannoy 2004, 11). Tautuans now follow the Roman calendar, and they celebrate Christian holidays and events such as baptisms. They have kastom-ized many of these holidays, blending them with traditional ones.

MacClancy (2002) notes that “Some Christian festivals fitted easily into the Vanuatu ritual calendar: the harvest festival replaced the autumn life-giving ritual... [and] Christmas fell very close to the coming of the palolo sea worm to the shores of north Malakula, which heralds the New Year” (78). In addition, the “dedication” ceremony of a newborn child within the Presbyterian church coincides with the traditional one-month long practice of isolating mother and child. Tautuans also celebrate also an innovative religious holiday with a Western name: “Thanksgiving” is a religious event in which villagers bring food from their gardens to the church as offerings of gratitude to Papa God. They give monetary offerings as well, a standard Christian practice. Another innovative holiday is a celebration that takes place the Monday directly after Easter Sunday. This occasion marks the day that Jesus returned to his disciples after having risen from the dead. Tautuans state that Jesus and his disciples cooked food over a fire and ate by the sea, so they celebrate this event by doing these same activities. In addition to adding Christian holidays and events, missionaries, and, later colonial authorities, introduced the practice of having “all kinds of meetings” (De Lannoy 2004, 11). This
practice continues today. Nearly every week there are meetings of some sort: meetings of churches, schools, the local government, and now the Ministry of Health. During one particularly busy month, a village leader and I attended about 10 days of public health related meetings. When I asked him about his general response to these meetings, he replied, “Oh, too many meetings!”

Lastly, missionaries changed local people’s relations with other Ni-Vanuatu and with the outside world. Tautuans emphasize spreading the word of God and aim to convert non-believers. I experienced this first-hand. Although raised Presbyterian, before conducting fieldwork in Tautu I had not been to church since I was a young teenager. While living in the village I went every Sunday. Since I grew up going to a Presbyterian church, I was familiar with many of the rituals and expectations. I felt comfortable because there was an order to things similar to what I remembered from attending church as a youth. I knew that I should wear my best dress and close my eyes during prayers. I knew how to recite the Lord's Prayer. When I did not know what to do I imitated fellow churchgoers. I tried my best to not stand out too much for I was concerned that if the villagers knew that I was not a true believer that this would negatively impact my research. Chief Gorden and other villagers, however, saw through my attempts at blending in. One day when we were sitting by the ocean Chief Edward told me that he could see that I was a skeptic like his nephew Jonah. He told me not to worry, however, because he and the villagers were determined to “win me,” to succeed in converting me. Chief Gorden and the whole village regularly prayed for me to open my heart to God and for me to become a good Christian. Many Tautuans also repeatedly told me that it was “God’s plan” for me to live in their village and that my presence is also a
gift from God: they explained that God is working through me, bringing them resources and access to an American network and an international audience. They want me to be their medium, for me to communicate their beliefs and their desire to help Westerners find God. As in other areas of Melanesia, Tautuans organize themselves and raise funds to “further Christian expansion,” and many express a desire to become missionaries (Barker 1990). As in other areas, in Tautu, there is active, open discussion about the need for Melanesians to be missionaries in the modern world. Many Tautuans say that it is their duty to spread the gospel to non-believers and to bring people who have lost their faith back into the church, including Westerners. Reflecting a reciprocal view of social relations, Tautuans imply that they are returning the favor: saving the Westerners whose ancestors saved their people.

The state

While in this chapter I have divided my discussion into three sections—kastom, the church, and the state—it should be clear that these three domains of local life interact and at times are difficult to separate. As a Christian nation, the state of Vanuatu is very influenced by the church, in particular the PCV. The unity of church and state is apparent in Vanuatu’s history. As other areas of missionary influence, the practices of missionaries ushered in colonial rule, and as noted earlier, these practices also went hand in hand with biomedicine. Missionaries also introduced Tautuans and other indigenous peoples to Western education, and church organizations played roles in the nation's independence movement.

After many decades of missionaries and European settlers pushing for their
governments to intervene in the islands, the British government finally agreed to enter into an agreement with the French government in 1906. In this agreement the two governments became a “condominium government,” sharing authority over the islands. Petitioning their governments, missionaries played an integral role in the colonial powers’ decision to step in; they hoped that colonial rule would alleviate some of the problems and instabilities resulting from the atrocious behaviors of many European plantation owners (MacClancy 2002).13

The condominium government, however, failed to end the chaos that had characterized the decades prior. This new government “satisfied no one” and particularly failed Ni-Vanuatu, as they were “stateless,” not receiving “the nationality of either Power” (MacClancy 2002, 77). Very telling is this government’s nickname “the pandemonium government,” an indication of the chaos surrounding such a system in which separate colonial governments ran most of the government services and offices independently, including the police, the hospitals, and the schools (Van Trease 1995; Lightner and Naupua 2005). The condominium government had little presence on the outer islands, except for the odd times that condominium agents, later titled District Agents, visited. According to MacClancy (2002), Ni-Vanuatu generally avoided the system and these agents, opting to settle their own disputes with the rules of kastom. This pattern of autonomy continues today, as Ni-Vanuatu opt to avoid involving the state except in extreme cases.

13 Plantation owners, on the other hand, wanted their governments to rectify issues causing land disputes.
**Cargo cults: kastom and the state**

Vanuatu is famous for its “cargo cult” activity in which groups of Ni-Vanuatu performed rituals, such as military marches and the building of roads and airstrips, in preparation for their ancestor spirits to bring them “cargo” or Western goods via these “road belong cargo” (Worsely 1957; Burridge 1960, 1969; Lawrence 1964; Lindstrom 1993). As the term “cult” suggests, missionaries and colonial officials first depicted “cargo cults” as “mad” fanatical groups suffering from psychological “disorders” (Worsley 1957; Lindstrom 1993; Dalton 2000). Interpretations of these movements have changed over time. One of the initial interpretations was that the cargo cults resulted from local islanders’ seeing the influx of great U.S. military goods during WWII; another was that that represented “‘ill-digested’ religious teachings” (Bird 1945 in Lindstrom 1993). Many focused on who was to blame for these movements, pointing fingers at missionaries, the military, colonial governments, and white plantation owners (Lindstrom 1993). Some focused on the “freakiness” or supposedly “irrational” aspects of these movements, fearing these movements and viewing them as dangerous to colonial rule and Europeans to whom frustrations over stolen cargo were supposedly directed (Lindstrom 1993; Dalton 2000). Anthropologists, on the other hand, have interpreted these movements as rational and demonstrating Melanesian interpretations of wealth, traditional religious practices and principles, and systems of knowledge, and therefore as normal responses to social change (Lindstrom 1993; Jebens 2004). In anthropology cargo cults came to be viewed as symbolizing not only a desire for goods but improved states of being such as “equality, independence, salvation, identity, moral regeneration, and so on” (Lindstrom 1993, 47). Worsley (1957) was the first to suggest that cargo
cults were political movements in which people were resisting the state's rule and domination by Europeans. He argued that political leaders used supernatural figures, i.e., ancestor spirits, to unify groups in opposition against a common enemy: outsiders. More recent scholarship on cargo cults has called for self-reflexivity, calling attention to Westerners’ fascination with cargo cults and suggesting that Western interpretations of cargo cults reflect Western cultures’ own preoccupations with the accumulation of wealth and cargo and the similarities of Melanesian and Western societies (Lindstrom 1993; Otto 1999, 2004; Dalton 2000; McDowell 2000; Jebens 2004). Tonkinson (2004) and Robbins (2004) have focused on the religious and millenarian aspects of these movements, while Dalton (2000) and Lattas (1998, 2000, 2010) have interpreted these movements as creative expressions in which people are actively engaging with capitalism and modernity and redefining their identities in terms of “the cultural Self” in relation to the “Other.”

These phenomena are particularly relevant to my research because they illustrate the Western view of Melanesians and their traditions as irrational, a view present today in health workers’ views of Ni-Vanuatu. In addition, these phenomena represent the first organized calls for a return to kastom (Worsley 1957; Lindstrom 1993). Moreover, Tautuans’ use of Christianity to support kastom medicine is similar in some ways to these social movements, in that it involves messages received through dreams or visions, a religious aspect and supernatural authorization, and prophets serving as leaders. Tautuans’ use of Christianity to support kastom medicine is also like cargo movements because it is at once religious, political, and economic (Otto 1999; Jebens 2004), especially when considering that some healers express a desire for clinical trials and
access to Western markets. Another striking parallel is how people involved in these movements innovatively rework dominant discourses through narrative. Tautuans’ use of narrative mirrors the practices of the Kaliai as described by Lattas (1998):

“Cargo cult followers embraced but also subverted the disciplinary and pastoral powers that engaged them. I want to make visible the clandestine world of creativity through which Kaliai cargo cults appropriated and reworked the new procedures for becoming a subject that missionaries and state officials were advocating... Kaliai cargo cults used a set of schemes that did not so much deny the hegemony of the dominant culture but creatively reworked its narratives and practices to deflect and loosen their direct hold on them” (xliv).

As I will show in Chapter 6, I find that Tautuans’ gift narratives illustrate a similar pattern. While some cargo cults developed into independent churches others morphed into full-fledged political parties, some of which were pivotal in Vanuatu gaining independence and thus were influential in establishing the central role of chiefs and kastom in the new nation’s constitution (Beasant 1984; Lindstrom 1993; Van Trease 1995; MacClancy 2002).

An independent nation: kastom, church, and state

Vanuatu became an independent nation in 1980. The churches, in particular the Presbyterian church, pressed the colonial governments to transfer power to the local people and were thus influential in Vanuatu gaining independence (MacClancy 2002). Bolton (1998) also notes that “Some of the key leaders of the Independence Movement were members of the Presbyterian and Anglican Churches, and they put pressure on those
churches to change their policy on *kastom* which they considered to be too strict” (1). Moreover, both church leaders and chiefs took part in drafting the new nation’s constitution (Van Trease 1995). As mentioned in the introduction, the national constitution includes several policies aimed at the protection of *kastom* (Larcom 1982; Van Trease 1995). The national government developed The Vanuatu Cultural Centre in the 1960s to oversee the documentation, protection, and revival of *kastom* (Tryon 1999; Regenvanu 1999).¹⁴ Notably, the changing relationship between *kastom* and the church is visible in the history of the VCC as told by Bolton (1998):

“The Vanuatu Cultural Centre began its programs to document and revive local knowledge and practice during the height of the Independence Movement, so that the development of the Cultural Centre coincided with the changing attitude to *kastom* among many ni-Vanuatu. The first curator of the Cultural Centre... Kirk Huffman... instituted a tacit policy... that the churches were not to be allowed into the Cultural Centre.... at that time the churches were influential everywhere. He saw it as important that this influence did not reach into the Cultural Centre... In 1980, the year of Independence, he invited the Australian linguist Darrell Tryon to run a workshop...At the first workshop one of the delegates asked that prayers should be included in the proceedings... Huffman reports that he and Keitadi [his assistant curator] did not attempt to block this introduction... from that day to this,

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¹⁴ “The Vanuatu Cultural Centre is a statutory body under the laws of Vanuatu whose primary function is ‘to support, encourage and make provisions for the preservation, protection and development of various aspects of the cultural heritage of Vanuatu’” (VCC 2012).
each day of the men fieldworker’s workshop opens with prayer... [yet] that is the extent of the reach of the church into them” (1).

Women fieldworkers begin and end their meetings with prayer as well (Bolton 1998). Bolton provides additional valuable insights into the relationships between kastom, church, and state, as she reports that in these meetings women fieldworkers communicate with God about kastom and ask him to help them be successful in their state-sponsored projects: projects which aim to document and protect women’s kastom. Bolton also notes, however, that the relationship between kastom, church, and state remains in tension, as different communities and individuals hold different views on what the proper nature of these relationships is. She explains that while “the involvement of a fieldworker in his local church is often seen as a strategic positioning which will enable him to reinforce the importance of kastom among the congregation.... Several fieldworkers [however] come from areas where the local church is, for one reason or another, opposed to kastom... [One fieldworker in particular] fights an ongoing battle with a variety of new churches, which see kastom as paving the road to damnation” (1). Today, however, most of Vanuatu is united in its rhetorical adherence to both kastom and Christianity. Symbolizing this unity and national identity Vanuatu’s currency, the vatu, on which there is an image of a man in traditional dress with the motto “Long God Yumi Standap,” which means “In God we stand.” “Standap” can also be interpreted as “stand up” or “develop;” thus an alternate reading is “With God we develop.” As this symbol illustrates, both kastom and Christianity are central to local and national identity.\(^\text{15}\) The Vanuatu National Anthem, below, conveys the centrality of God and kastom as well:

\(^{15}\) See Jolly’s (1997) critique of this image.
“The Vanuatu National Anthem (Bislama)

Chorus:

Yumi, Yumi, Yumi i glad blong talem se
Yumi, Yumi, Yumi i man blong Vanuatu

Verse 1:

God i givim ples ia blong yumi
Yumi glad tumas long hem
Yumi strong mo yumi fri long hem
Yumi brata evriwan

Verse 2:

Plante fasin blong bifo i stap
Plante fasin blong tedei
Be yumi i olsem wan nomo
Hemia fasin blong yumi

Verse 3:

Yumi save plante wok i stap
Long ol aelan blong yumi
God i helpem yumi evriwan
Hemi papa blong yumi.”

The Vanuatu National Anthem (my translation):

“Chorus:

We, We, We are happy to say
We, We, We are from Vanuatu

Verse 1:
God gave this place to us
We are very happy here
We are strong and we are free here
We are all brothers

Verse 2:
A lot of the ways of the past remain
With the ways of today
But we are united as one
This is our way

Verse 3:
We know that there is a lot of work left to do
On our islands
God is helping all of us
He is our father.”

While this anthem represents a self-conscious effort to promote nationalism and unity within an exceptionally diverse island nation, Tautuans sing these lines with sincerity. This anthem neatly illustrates the ideal approach towards the issues of tradition and modernity: “a lot of the ways of the past remain/ with the ways of today/ but we are united as one/ this is our way.” These lines encourage citizens of Vanuatu to imagine God as a source of unity for the whole population of Vanuatu, for they are all the children
of God. In the national anthem, God’s role is to lead the nation. While more research needs to be carried out on these issues of the relationship between church and state in Vanuatu, my research suggests that God, church and nation are not always envisioned as unified and that the state is often constructed as the enemy of the people while the church is constructed as the savior of the people. I will return to this finding in my discussion of the biomedical arm of the state.

The nation has had and still has a number of challenges, many of which are the direct result of British and French rule. Despite the remaining animosity between Anglophones and Francophones, the government has been largely successful in nation building (Van Trease 1995). While most ni-Vanuatu are patriotic, proud of being free citizens of a politically independent nation, in their daily lives most people have very limited interaction with “the state” (Forsyth 2009). Because Tautu is in close proximity to Lakatoro, the headquarters of the Malampa Provincial government, Tautuans have relatively more interaction with the state than other Ni-Vanuatu, but these interactions are few as well, as most matters are dealt with within the confines of the village. Most problems continue to be dealt with using traditional and/or Christian methods, usually having an intermediary such as a church elder or chief talk with the parties involved. If matters escalate the police and or courts may get involved, but this is uncommon.16

16 Vanuatu’s national legal system and police are becoming more involved in local conflicts and intervening in cases of sorcery accusations in particular (Forsyth 2006; Rio 2010, 2011). Forsyth (2006) and Rio (2010, 2011) report several cases where the police and courts intervened in escalating conflicts over suspected sorcery-related deaths, including cases in Port Vila and Northern Malekula.
Tautuan residents who work in the provincial government or at Norsup hospital, however, are representatives of the state. Tautu school, run by the Ministry of Education, represents the most present form of the state as it is located within the village. Tautu school is an English school; due to its colonial past, Vanuatu has two separate school systems: an Anglophone system and a Francophone system (World Bank 2006, 2). Tautuan children and children from nearby villages from the ages of 5 to 12 attend Tautu school. While primary school is compulsory in Vanuatu, “because of shortage of secondary school spaces, access to education beyond primary school is severely restricted” (World Bank 2006, 2). Only select students with high scores on their grade six selection examination whose families can afford to pay their school fees go to secondary school. According to the World Bank (2006) “About 85 percent of the limited supply of secondary places are filled by students from the wealthiest 20 percent of Vanuatu society” (2). This statistic suggests that class divisions already exist in the nation, whose communities were traditionally largely egalitarian. The emergence of classes is a trend occurring in other Melanesian nations, such as PNG (Gewertz and Errington 1999).17

“Development”

Over the centuries Ni-Vanuatu have been encountering multiple forms of ‘modernity,’ the modernities of missionaries, being quite different from the modernities promoted by 20th century businessmen, lawyers, and NGO employees and volunteers.

17 Geertz and Errington (1999) document this issue, in particular persons’ decisions to ignore their traditional reciprocal obligations in order to amass personal wealth.
What these modernities have in common, however, is the project of development. Ni-Vanuatu associate “development” and its imagined partners, modernity and Western culture, with the road or way of skul (school), tied up with the state, schools, hospitals, and stores selling Western goods (Jolly 1982).

As a result of Tautu’s close proximity to the urban center of Lakatoro, the ownership and general presence of Western forms of wealth, including trucks, cement houses, and mobile phones, is on the rise in Tautu. As in other places, these items are associated with relative high social-economic status, as are formal Western schooling beyond compulsory education and the steady income that full-time jobs, such as positions in the provincial government, provide. While people hold other full-time and part-time jobs and participate in the cash economy by processing and selling various agricultural and other items, now including vanilla, coffee, and kava, over 75% of Vanuatu’s total population remain subsistence farmers (Goodman et al., 2003). Further, traditional forms of wealth, including gardens and food plants, pigs, chickens, and pandanus baskets and mats, remain vital to the economic and social relations of Vanuatu’s communities.

Just as introduced religious and medical ideas and practices have been interpreted through “indigenous cultural categories” development has also been interpreted through local categories (Robbins 2004, 15). Sahlins concept of “defelopman’ (“develop-man”)

18Lewellen (2002) explains development’s two meanings: 1) “It may be conceived as all but synonymous with modernization... industrialization, technological development, increased literacy, and the like. In this sense it is mainly descriptive.” 2) “Development is more often meant prescriptively, as a process, usually applied at the national or community level, by which people’s lives are improved and life-chances enhanced” (62).
(the PNG Tok Pisin pronunciation of development) illustrates how local people have “use[d] their encounter with the world capitalist system to develop their own culture in its own terms” (Robbins 2004, 9). “In develop-man, the ends of social life remain much the same, only the means of attaining them and the scale on which one can do so change” (Robbins 2004, 9). For example, On Ambrym, Vanuatu, as in Tautu traditional means of exchange persist; traditional ceremonies are still performed, but now both cash and traditional goods are exchanged (Rio 2007). However, while many of the goals of social life remain the same in Tautu, some Tautuans express new goals, such as the desire to engage more broadly and fully with modernity, albeit on their own terms.

Ni-Vanuatu communities’ reactions to Westernization and development projects vary, however. Some persons and communities fear that development will lead to the loss of autonomy and the loss of kastom. For example, in 1993 a group of peoples on Pentecost Island who call themselves the nation of Turaga blamed the “Western system of education, Western civilization, and cash economy” for the loss of traditional values and practices (Boborenvanua and Lini 2007: 190). Resisting further development efforts and state intervention, Turaga promoted the return to traditional economies, education, and food production (Boborenvanua and Lini 2007: 190). Illustrating similar concerns, Vanuatu’s national government is also taking up this issue. Former director of the Vanuatu Cultural Centre and current MP, Ralph Regenvanu (2007) writes “‘Development’ policies and activities… are directly destroying, displacing, eroding, and

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19 Turaga also banned “retail shops, processed food, matches, foreign cooking methods, foreign fuel for lighting, [and] all modern medicines” (Boborenvanua and Lini 2007: 194).
threatening this traditional economy” (1). In an effort to protect the traditional economy, considered to be the source of the nation’s overall well-being, the national government named the year 2002 “The Year of the Traditional Economy” and started a campaign promoting the return to and protection of traditional forms of economic transactions, meaning those based on exchange rather than cash (Regenvanu 2007). This campaign is a direct challenge to the Western idea of “development.”

Development and disease

In development discourse, the project of development has been promoted as a solution to all social and economic problems, including those involving populations’ nutrition and health (Escobar 1992). This same idea was conveyed in several Ministry of Health workshops I attended. For instance, in one workshop, primary health care was associated with being “lifted up,” through “economic development” (MOH workshop presenter Personal Communication 2011). Sponsored by the WHO, in this workshop MOH workers explained that primary health care was “a road map,” “the way forward, wan tul... [hemi] olsem wan trak blong draevem yumi long beta heli” (“the way forward, a tool, it is like a truck to drive us toward better health”). In general, development has not necessarily improved the health of Ni-Vanuatu, however. Currently, Ni-Vanuatu, like many people in the Pacific region, are experiencing both the benefits and the symptoms of “modernization:” longer life expectancies (69 for women and 72 for men) and lower infant mortality rates but an increase in the prevalence of “lifestyle diseases,” also called “chronic illnesses” or non-communicable diseases (NCDs) (WHO 2012).20

20 The main NCDs include diabetes, hypertension, cardiovascular disease, and cancer;
International health discourse expected “developing countries” to undergo the same epidemiological “transitions” that “developed countries” had undergone (Taylor et al., 1989). Chronic diseases were expected to replace infectious diseases. This is not the case in Vanuatu where malaria remains “the major health problem in the country” (WHO/WPRO 2008: 466; emphasis added) and where Chloroquine resistant strains of malaria already exist (Laing 1995). While yaws, leprosy, and polio have been largely controlled, Ni-Vanuatu still face infection with dengue, TB, syphilis, and lymphatic filariasis, as well as newcomers such as influenza, pneumonia, hepatitis, HIV/AIDS, and gonorrhea. Thus Tautuans are among those shouldering the burden of both infectious and non-communicable diseases (SPC Patterns 1988: 2). Schoeffel observes, “Pacific Islanders are acquiring all the ‘diseases of affluence’ without the affluence” (1992: 224). This situation is “the worst of both worlds” (Barrett et al., 1998, 263).

Leo, a 33 year old Tautuan kastom healer observes that while malaria infections have gone down, the prevalence of diabetes and high blood pressure (both the biomedical and kastom versions of these illnesses, is going up. In an in-depth interview with Dr. Simon, the first Ni-Vanuatu medical officer of Norsup hospital, I asked him to explain what were the most common illnesses that he encounters. This is his reply:

“Non-communicable diabetes, hypertension, and cardiovascular disease are high on the list; it's not only in the West... It's becoming our bread and butter, and we have to know it... the rise... [The NCDs] they are all friends... [We see] the

however; there are many other associated conditions and complications, including obesity, gout, gum disease, alcoholism, Alzheimer’s, suicide, dementia, blindness, and kidney failure (SPC Food 1988: 1; Schoeffel 1992: 224).
infectious diseases like TB, malaria, and gastrointestinal disease, pneumonias, occasionally, but the bulk of the disease is non-communicable... I think it's predominately [due to] I would say a change in the lifestyle I guess. Colleagues who were working in the 1960s and 70s probably they say [the rate of NCDS] it’s going up… because of lifestyle changes it's eating more refined foods and Western life... You see in the shops, you see products from as far as Europe and America in the villages, so it's a global village.”

Notably, Dr. Simon locates the cause of NCDs in “lifestyle changes,” “Western life,” and the villages around the hospital as being “global village[s].” As do other Ni-Vanuatu, Dr. Simon sees both the advantages and disadvantages of Vanuatu’s embeddedness in the global, a position which has lead to both improved and declining health. The observations of Leo and Dr. Simon, however, do not provide the whole story. For example, while Tautuans agree that malaria is less of a threat nowadays, especially since the Ministry of Health recently distributed treated bed nets, malaria nonetheless remains a serious threat to certain sectors of the population, in particular pregnant women and children. Moreover, Leo only discusses malaria, providing no information about other infectious diseases, and neglects to mention that many local health care workers worry about the spread of STIs. In addition, it is likely that Dr. Simon sees primarily NCDs because local people view biomedicine as effective in treating such illnesses, whereas they chose to treat other illness with their own medicinal plants or seek treatment from a kastom or spiritual healer.
The biomedical arm of the state

The Ministry of Health (MOH), one of the national governments’ 13 ministries, oversees the biomedical activities of the state. A wide range of international donors and governmental and non-governmental organizations fund the MOH’s programs. The Ministry of Health acknowledges that, “These partners play a major role both directly and indirectly in health services and planning and development, delivery, and financing” (MOH 2001, 7). In a 2001 report the MOH lists the following “main key donors:” WHO, AusAID, UNICEF, and UNFPA. “Other donors and partnerships for 2001:” include “UNAIDS, British Official Development Assistance (ODA), Canadian Small Project Fund, Centre Hospitalier territorial de Nouvelle Caledonie, Chinese Development Corporation, Conseil de Nouvelle Caledonie, Family Health Association, Friends of Vanuatu, Japan Dental Mission, Japan International Cooperation Agency (JICA), French Development Assistant Program, Kwanis Club, Kam Pussum Hed (KPH) Clinic, Lions International, McFarlane Burnett, Medecin Du monde, New Zealand Official Development Assistance (NZODA), Ordre Militaire et Hospitalier de Sanit-Lazre de Jerusalem, Pacific Islands Project (Australia), Pacific Leprosy Foundation, Rotary International, Save the Children Fund Australia (SCFA), Secretariat of the Pacific Community (SPC), The Foundation for the Peoples of the South Pacific (FSP), Port Vila Municipal” (MOH 2001). This list shows that the nations of Australia, The United Kingdom, France, Japan, and New Zealand, New Caledonia, China, and Canada are stakeholders in the health of Ni-Vanuatu.

International paid workers and unpaid volunteers staff and support these programs (MOH 2001). Due to the noticeable and abundant presence of volunteers, upon first
meeting me, most Ni-Vanuatu people assumed that I was a volunteer.\textsuperscript{21} Volunteer organizations currently operating out of Port Vila include Australian Volunteers International (AVI), Australian Youth Ambassadors (AYA), The Canadian/Australian Youth Challenge International (YCI), the American Peace Corps, CUSO (Canadian), the British volunteer Services Overseas, The Rotary and Kiwanis clubs. These governmental and non-governmental organizations actively promote development, designing and carrying out health projects based on biomedical ideologies (Widmer 2007, 24). NGOs, in particular “play a critical role in Vanuatu, filling gaps in the social safety net” (World Bank 2006, 7). For example, the Save the Children Fund Australia, funded by AusAID, runs the Ministry of Health’s village health worker project, which trains health workers to provide biomedical care and health education in their home villages (MOH 2001).

\textit{Biomedical services}

Ni-Vanuatu receive biomedical care at hospitals, health centers, and dispensaries (Shirakawa 1999). There are five public hospitals, which provide both outpatient and inpatient services with a total of 480 hospital beds (WHO/WPRO Vanuatu 2008). The hospitals in Port Vila and Luganville are the primary hospitals, and the majority of the inpatient services provided by these facilities are for residents of the provinces SHEFA and SANBA (World Bank 2006). If admitted into either of these two hospitals, patients from Shefa and Sanma “will have three to four times as much spent on their care than will patients from other provinces” (World Bank 2006, 4). The hospitals of Vanuatu do

\textsuperscript{21} Widmer (2007) states that she was also mistaken for a volunteer during her fieldwork in Vanuatu.
not provide specialized tertiary services: doctors must refer patients needing such care for
treatment overseas, usually in New Zealand or Australia (WHO/WPRO Vanuatu 2008).

In each province there are roughly six health centers (a total of 32 with a total of
376 hospital beds), which are staffed by a nurse practitioner who also functions as “the
manager, a midwife, and a general nurse” (WHO/WPRO Vanuatu 2008). These health
centers provide preventative services, e.g., immunization, and outpatient and inpatient
services; inpatient services are mainly deliveries (WHO/WPRO Vanuatu 2008). The
provincial health offices located at these centers also manage and provide “community
health services,” including “sanitation and latrine, health promoting schools, tuberculosis
and leprosy, vector borne diseases, reproductive health and family health, village health
worker” (MOH 2001, 16). Staffed by a general nurse, there are 89 dispensaries across
the islands. Staffed by “a village health worker” there are roughly 180 aid posts
(WHO/WPRO Vanuatu 2008). Treatment and medicines at hospitals, health centers,
and dispensaries were free all over the nation (Shirakawa 1999) until recently when the
government introduced a small fee at some locations. Treatment and medicines are still
free, however, at Norsup hospital, the hospital serving Tautuans. While this may be seen
as a positive policy on one hand, it can alternatively be viewed as being problematic, as
this system lacks “mechanisms to direct funds to particularly disadvantaged individuals
or communities” (World Bank 2006, 4). Communities located nearby health centers
benefit much more than communities located further away from these centers. Because
most of these facilities are located in coastal areas and because many people do have not

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22 Vanuatu’s Ministry of Health trains the village health workers and provides supplies
and pharmaceuticals as well as laboratory and blood-transfusion services.
have transportation, many communities are unable to access biomedical services, especially those in inland and isolated areas (WHO 2004; World Bank 2006). Dr. Simon explains that due to the cost of transportation it is difficult for many islanders to make the trip to the hospital. He notes that it is especially difficult for people suffering from chronic illnesses to receive proper care, as they require frequent check-ups and refills of medications. He states, “the island is so spread out that we don’t really expect all of them to come to the hospital because of financial difficulties, so we try to get the health workers in the rural areas to get them into the dispensaries but that requires a heavy commitment.”

In short, many Ni-Vanuatu receive sporadic biomedical care or none at all. Tautuans, however, are more apt to receive biomedical care since Tautu village is only about 1.5 miles from Norsup Hospital. Norsup hospital, with only 60 beds, is the only hospital serving the entire Malampa Province, population 36,724 persons (VNSO 2009). On a typical night, however, only 15-20 of these beds are full. Dr. Simon, in what follows, provides an account of his position and the services of Norsup hospital:

“Basically as a medical officer here in the provincial hospital I am expected to look after the entire clinical services. And that means I concentrate dominantly on the in-patient management. Every day I do the medical rounds... The maternity ward, I leave it all up to the midwives to run the services. I just come in case there is any problem. But we do all of the Cesareans, here in Norsup. We don’t send them off... Entopic pregnancies I do them here and ovarian cysts and tubular ligations and incomplete abortions and miscarriages we do as well... In terms of general surgical cases I have to perform appendicectomies. I did hernia
repair. There is a bit of excision of lumps here and there and orthopedic cases. Fractures we do. I do manipulation under anesthesia. I apply BOP and traction. The elective cases we can't do here especially like prostates or lumps in the lungs that looks like a tumor, we send them off to Vila for more investigation, but general surgical cases we do them all here. All of the internal medicine cases I manage them all because if I send them all to Vila then there is no higher form of management there. The medical department in Vila is more or less the same as it is here. They don’t have any sophisticated procedures like an echocardiogram or a CT scan or an MRI. They have nothing like that in Vila, so why send the patient there when you can do something for them here when they are close by family? So I don't send internal medicine cases I manage them here... Unless they are for special skills, cardio cases, heart diseases and cleft palates and scars, plastic surgeons... Outpatient, that is going on everyday Monday-Friday... I delegate the job to the registered nurses and 1-2 nurse practitioners... and within the outpatient clinic there are also special clinics like for diabetics and hypertensives... We have a men's ward, a women's ward, and both those wards get mostly general medical cases; there's a surgical ward and a pediatric ward, and then the maternity... [and] a pharmacy that supplies essential drugs that is on the WHO essential drug list for developing countries... We have laboratory services, unfortunately our allied health officers are not really qualified, so we don’t have a pharmacist... They are just dispensers, so I more or less have to look into what they are doing and make sure that they are dispensing the right amounts, and that there are no medications that other staff prescribe that are interacting with each
other. The laboratory services, they only do hematology, manual full blood count, hemoglobin, white blood cell count, that's basically it, not the full range... the biochemistry I send them all to Vila...We have an XRAY. If I want an XRAY I have to organize it and then send them off, and Vila comes back to me maybe a day later they send me an email. Radiology we only have XRAY and EKG, and the XRAY technicians they are not qualified, but they can do basic XRAY... Occasionally I ask them to do a little bit more contrast... We have an... ultrasound scan... There are no dialysis machines... We have all four of the hypertensive medications: ace-inhibitor, beta-blocker, calcium channel blocker, three types of diuretics. For diabetics we have two types of oral hyperglycemics, and we have insulin. The treatment is there, and it's free: for the non-communicable diseases it's free.”

While, as Dr. Simon, explains, Norsup hospital provides a range of services, overall, the services are extremely limited by the lack well-trained staff, with only one doctor for 36,724 persons. While the hospital does have some biomedical technology, like XRAY and ultrasounds, it lacks many other technologies. The lack of dialysis machines is especially problematic considering the high rates of diabetes in the region. In addition, primary health care, women’s health, and mental health are areas that need improvement in general (World Bank 2006). Sanitation and access to clean water are also pressing issues. An impact assessment made by the ESCAP: “showed deteriorating facilities, lack of skilled workers at the community level, poor standard of treatment environment and more” (MOH 2001, 9). The MOH responded to these critiques by blaming an overall
lack of funding, stating that it “suffers the consequences of the current free health policy and the failure of the government to provide a development budget” (9). During a MOH workshop that I attended, another attendee voiced this common complaint about the lack of funding. She also voiced another common complaint: that the government leaders were corrupt, stating, “Yumi no gat gudfala lidasip... Ol bigfala man, oli wotaem daon, daelutem” (“We do not have good leadership...All the big men, they water it down, dilute it [the aid money]”). As she made the comment she slid her hand into an imaginary pocket, communicating non-verbally that leaders are pocketing government funds.

During my research there was health crisis in which there were major shortages of drugs at hospitals nation-wide. This crisis led to a huge public outcry and lots of talk about the government being corrupt. National newspapers and local people blamed Vanuatu’s members of Parliament (MPs), accusing them of pocketing aid money that should have been allocated toward the national health system. Rumors circulated that aid organizations were considering partnering with the churches rather than the state. Many Tautuans agreed that this would be a better arrangement, as they have more faith in the church’s ability to deliver health programs and services. This crisis opened my eyes to how attuned Tautuans are to the roles of international organizations within their nation and village. While they may not necessarily be able to name all of the global actors influencing Vanuatu’s health care system, Tautuans are well aware that their government depends on foreign aid, money that they worry is not being properly handled. Illustrating lack of faith in the state, this crisis promoted discussion and justification of local peoples’ reliance on the church rather than the government. This crisis demonstrated Tautuans
and other Ni-Vanuatu’s views of the state as a problem and God and the church as the saviors of the people of Vanuatu. This crisis also shed light on the continued flourishing of traditional medicine in Vanuatu as well as the growth of Christian spiritual healing and the intertwined nature of these domains of medicine. In Tautu, local people referred this crisis when explaining to me why they prefer traditional/Christian medicine: they trust it, and it is always available.

*Biomedicine and kastom*

Like Tautuans, the World Health Organization has a similar stance on traditional medicine, calling for the preservation and promotion of traditional medicine in recognition of its central role in the health of the world’s populations (2008). The WHO also aims, however, to regulate traditional medicine by integrating it into national health systems and developing new health policies, or in other words placing traditional medicine under the jurisdiction of the state (2008). The state would then have the power to authorize or marginalize different forms of indigenous medical knowledge and practice. Currently, neither Vanuatu’s national government nor the Ministry of Health have official positions on *kastom* medicine. An American contact working in Vila Central Hospital and the MOH headquarters in Port Vila explains, “Everyone has the attitude that it's not really discussed. At the hospital they tell people that you should not mix *kastom* medicine with Western medicine, so they tell people who have come to the hospital not to use it in addition to the treatments they are getting now. However, there isn't much discussion about it at all on a policy level or as an official stance. I get the impression that it is in a grey area--people don't want to discourage it because of the high
value of *kastom* in Vanuatu, but they don't want to encourage it because they are working to promote Western medicine. So ultimately they just don't talk about it much at all” (Personal Communication/Email 2012).

My observations and conversations with health workers at Norsup hospital and the MOH Malampa office match this account. I attended several MOH meetings and workshops held in Lakatoro and Tautu on a variety of topics including, STIS and HIV/AIDS, malaria education, and primary health care. None of these meetings addressed traditional medicine. Notably, while *kastom* was generally absent from these conversations, when *kastom* was mentioned, it was constructed as contributing to problems, which needed to be overcome. Widmer ties these attitudes toward traditional medicine to Vanuatu’s colonial history. Missionaries’ represented Ni-Vanuatu knowledge as “superstition or cultural curios,” and their accounts of Ni-Vanuatu’s backward beliefs and imminent extinction due to depopulation justified missionary, colonial, and biomedical interventions (Widmer 2007, 28). “The colonial agenda was to get Ni-Vanuatu to comply on their own and for their own good. Health education was part of this sensibility” (Widmer 2007, 28). Widmer argues that this sensibility is still present today, visible in educated Ni-Vanuatu and development officials efforts to “raise awareness” which promote biomedical and “modern” practices rather than traditional ones (Widmer 2007, 29). Alternatively, the government’s lack of official position on *kastom* medicine can be viewed as allowing people the space to re-imagine the relationships between biomedicine, Christianity, and *kastom* medicine as they wish. I will return to these re-imaginings in Chapter 6. In fact, the only formal stance on *kastom* medicine I encountered was that of Dr. Simon. He explained that as the new director of
Norsup hospital he created his own unique policy:

“It’s [kastom medicine] a no-no. If the medicine is just to spit on top of the body not drinking it, then we will say ok fine you can spit on them, but don’t drink the medicine because we don’t want any drug interactions because we don’t know what the active ingredient is... While I don’t think others allow it, and the nurses don’t allow it, I allow it just so they think they are trying to do something ... [I do not try] to totally destroy the idea... I say fine.”

Later on during this interview Dr. Simon explains that he allows the external (but not internal) use of kastom medicine in the hospital because he believes that these kastom practices have beneficial psychological effects. I will explore Dr. Simon’s unique policy and his views on kastom medicine further in Chapter 6.

**Conclusion**

To highlight Tautu’s location within a global framework, I have addressed both changes and continuities in Tautuan life in order to highlight the agency of Tautuans and Ni-Vanuatu. This chapter has shown that while contact with the Western world motivated Tautuans to abandon some traditional practices, they still live and breathe kastom. Tautuans continue to speak their local language, drink kava, and hold circumcision, marriage, and mortuary rituals. Today as in the past, belief in sorcery and the power of the ancestral spirits remains strong, and Western customs, like going to church, wearing Western clothing, going to school, learning English and French, and producing and consuming commodities have become Tautuan kastom. As the case of Tautu illustrates, a
place’s specific history, context, and culture frames interactions with “the new” and experiences of change. As Lockwood (1993) points out, “Pacific Islands societies are highly diverse not only in their sociocultural organization but also in their strategies and responses for confronting change over time” (2-3). What unites these societies is their agency, their roles in shaping their realities. I have shown and will demonstrate further that kastom, in particular its emphasis on kinship and reciprocity, continues to frame Tautuans’ health-seeking behaviors and negotiations of their circumstances.

Lockwood (1993) explains that in the Pacific Islands as in other areas of the world “religious activity” in particular serves as “a vehicle through which islanders are negotiating new social identities and world views” (15). Medical activity is an inter-related and parallel vehicle through which Tautuans (re)construct their social, political, and economic positions and relationships. In addition to local people’s goals, the policies and programs of various social institutions shape these processes. In this chapter I discussed the three main realms of Tautuan social life: kastom, the church, and the state. While I discussed these domains separately I also addressed the ways that they overlap and influence one another. In discussing the roles that all of these arenas of social life play, I have attempted to establish a foundation from which to understand the articulation of “old” and “new” in Tautuan thought and actions. In the following chapter I examine this process as it emerges in Tautuans’ incorporation of biomedical, Christian, and kastom ideas about illness causation and sources of medical knowledge and treatment.

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23 See also Eriksen 2008; Barker 1992; Douglas 2002; Robbins 2004; Tomlinson and Engelke 2006; Tomlinson 2009.
CHAPTER 3. DIVERGING, MERGING, STRAIGHT, AND CROOKED ROADS: LOCAL CATEGORIES OF ILLNESS AND MEDICAL CARE

Introduction

In Chapter 2 I discussed the arenas of kastom, the church, and the state in Tautu. Tautuans discuss these arenas as separate in their conversations about causes of illness and sources of knowledge, diagnosis and treatment. In this chapter, I complicate these divisions and suggest more useful ways of discussing Tautu’s healthcare environment. In the first section of this chapter I address local categories of illness and argue that rather than discussing them in terms of “traditional illness vs. non-traditional illness,” differentiating between strep (straight/normal) and no strep (crooked/abnormal) illness provides a clearer view of Tautuan understandings of illness. In the second section I argue that, like beliefs about causes of illness, beliefs about sources of knowledge and diagnosis illustrate the integration of traditional and biomedical beliefs. In the third section I address categories of treatment. I argue that—rather than “kastom, Christian, and biomedicine” or “folk, popular, and professional”—the categories of “self/home treatment and treatment from a practitioner” more accurately represent Tautuan treatment-seeking behaviors.

In regards to the central question of this dissertation, the flourishing of traditional medicine, this chapter shows that traditional medicine flourishes because Tautuans have integrated Christian and biomedical illness concepts with indigenous illness concepts. While Tautuans envision categories of care and categories of illness as separate,
diverging roads or alternatives; in practice, they mix these sources of information and treatment and use them concurrently. Thus, I argue that a more accurate description of the relationships between these imagined diverging roads is roads that cross at times and at other times merge.

_Tautuan categories of illness_

Tautuans receive medical knowledge from _kastom_, Christian, and biomedical sources. As a result, their understandings of illness and categories of illness reflect this integration.¹ In this section I first describe local categories and then observe differences between Tautuans’ imaginings of these categories and their actual practices. I suggest an alternative way of grouping these illnesses, finding the concept of _streit sik_ (straight or normal sickness) to be more valuable in understanding local perceptions of illness. As this chapter demonstrates, illnesses in Tautu follow straight or crooked paths.

_Kastom sik and non-kastom sik_

Tautuans typically group illnesses into two categories: _kastom sik_ (customary or traditional sickness), and non-_kastom sik_ (non-customary or non-traditional sickness associated with the white man) (Shirakawa 1999). This division of indigenous illnesses and “white man” illnesses is widespread, appearing in other places across the Pacific and across the globe.² Although regularly discussed, the distinction between _kastom_ and non-

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¹ See Appendix A for a list of illness and symptom terms in the Tautuan language.

² For example, the Walpiri people of Australia delineate “two domains: _yapa-kurlangu_ (belonging to Aboriginal people) and _kardiya-kurlangu_ (belonging to white people)”
*kastom* is not a very useful distinction for analytic purposes for several reasons. For one, these categories are not rigid or mutually exclusive, and illnesses’ classifications as *kastom* or non-*kastom* can shift depending on the particular circumstances of the illness. Further, the correlation between diagnosis and treatment is loose, as some *kastom* medicines are efficacious in treating non-*kastom* illnesses. In general, *kastom* medicine has a wider reach than biomedicine: *kastom* medicine can treat both indigenous illnesses and “white-man” illnesses whereas biomedicine can only treat “white-man” illnesses. This asymmetry conveys the popular view that *kastom* medicine is more powerful than biomedicine.

In addition, Christian illnesses and Christian healing do not fit neatly into this simple dichotomy because it does not take into account that illness can also be the result of one’s relationship with God. Illness can be the result of punishment for sin or the result of God wanting to test one’s faith or of God wanting to show his power. One consultant explains,

Bislama: “Yu save wan stori wea wan man hemi blaen [long baebel]? Man i blaen from wanem? I no blong sin. God i mekem from God hemi wantem soem

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(Saethre 2007, 96). Tongans similarly distinguish between *mahaki faka-Tonga* (sickness of Tongans) and *mahaki faka-Palangi* (sickness of the white men) (Parsons 1985).

3 Shirakawa (1999) observed similar treatment seeking-behaviors on the island of Tongoa, Vanuatu.

4 The Ayfat people of West Papua also have this category of illness, which Courtens (2008) defines as “illness as a result of violating Christian rules” (142).

**English:** “You know the story about a blind man [from the bible]? Why was he blind? Not from sin. God made him blind because God wanted to show his work, to show his glory, to show his power. To convert men, to change your thinking, to make you believe in him.”

Notably, Christian methods treat not only Christian illness, but, unlike biomedical treatments, Christian treatments can treat indigenous illnesses as well. Tautuans use prayer and seek the guidance of spiritual healers for all types of illness. The distinction between “kastom” and “non-kastom” sickness thus fails to account for the versatility of Christian healing. This dichotomy also fails to account for the specific meaning of “kastom sickness:” when Tautuans refer to a sickness as being a “kastom sickness,” they are indicating an illness related to sorcery or “black magic” (Widmer 2007). Thus the distinction between kastom sik and non-kastom sik oversimplifies Tautuans’ understandings of illness and fails to account for the different ideologies underlying these illness categories.

*Types of kastom sik*

In this section I unpack the many types of illness that can fall under the category of kastom sik. Deacon (1934) found that islanders living in SW Bay Malekula recognized “four main causes of disease: maleficent magic operated against the patient by
some enemy; maleficent magic reacting on its performer through some carelessness on his part; the misfortune of coming into contact with anything appertaining to or touched by a ghost; and the offence of having broken an important tabu (taboo), for instance, eating some prohibited food” (689). Tautuans also recognize these kastom causes of illness. One that Deacon did not mention is illness resulting from the wrath of dwarves, human-like creatures that I will describe in more detail in a later section of this chapter.

Deacon’s categories are not mutually exclusive: ghosts are connected to sorcery as sorcerers may receive some of their powers from these spirits. In exchange for various powers, the sorcerers give the spirits food or other offerings. Also, in Tautu, interaction with ghosts or spirits often occurs in a specific tabu area. As a result, there are certain areas, especially in the bush, which people avoid. A person can become sick simply by being in these areas. One consultant said that sometimes, however, if the ghosts are hungry they will travel outside of these areas looking for victims. A person “losing her mind,” talking crazy,” or making abnormal bodily movements are all indications that “a spirit is with her.” There is also a range of additional symptoms: aches and pains, fever, and vomiting. Ghosts are also said to shape-shift, taking on the shape of a human being. In some cases the ghosts impersonate the person and have sex with his or her lover. In the case of sexual relations with a wouna (ghost), the victim throws off his or her clothes and repeatedly screams out the name of his or her lover.

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5 A person can also become sick by being in an area where sorcerers live or perform black magic. A friend once warned me against going to a certain person’s house. I went anyway and became ill later that day. My friend informed me that I was ill because I had gone to an area where black magic is performed.
Types of magic and sorcery

It is important to point out, as Deacon does, that there are several types of magic. Illness is caused by malevolent magic. Types of magic, like types of illness, can be classified in several ways. According to Deacon there are two main overarching types of magic: “public magic” and “private magic” (663). “Public magic” served to “increase and multiply some food-stuff or natural phenomenon, and in a few instances, such things as war, famine, and drought” (663). Deacon describes this type of magic as “public” because “it is social as opposed to individual and is not specifically directed against persons” (663). In contrast to public magic, private magic is typically “maleficient” and intended to harm a specific individual (Deacon 1934, 664). This type of magic is also owned by individuals whereas clan magic was owned by the whole clan and only performed by the clan representative. Another important difference is that public magic is for the good of the community while private magic benefits only one individual and is thus “selfish” (664). Selfishness continues to be regarded as offensive behavior in present-day Tautu, and as I will explain in Chapter 5, selfishness is cause for one to be a victim of sorcery. Being private is also discouraged: spending too much time alone is cause for the community to suspect that the person is trying to hide something or that the person is practicing sorcery. These associations reflect the Tautuan concept of personhood and the resulting value placed on openness, sharing, and being social as opposed to being closed off, selfish, or anti-social. Conveying these connections, one healer explained to me that he performs his treatments openly; he does not “hide.” He presented this fact—that he treats people in the open and in the daylight—as evidence that his healing methods were not in conflict with the church. Due to the influence of
missionaries, public magic is no longer performed in Tautu, yet Tautuans claim that the practice of private magic is very much alive today; it, however, is practiced in secret.

Deacon (1934) further divides private magic into two main branches: 1) “death-and sickness-magic” 2) “fertility and love magic” (670). Within the second category there are several types of “love magic” and “weather magic,” including “the making of sun and rain, calm and rough weather;” there is also “yam magic” which involves magic stones being buried in the garden, and “fishing magic” (669). All of these are said to still exist in Tautu. There are additional types of magic in Tautu that Deacon did not mention. “Sweet mouth” is a type of magic in which one goes along with whatever the sorcerer says. Rape magic is when a sorcerer makes himself invisible and unable to be detected so that he can enter a person’s home and rape his victim without her or her sleeping partner being unaware of his presence. Also, in Tautu, it is said that sorcerers can fly and change shape, i.e., “shape-shifting.” Both Layard (1930) and Wallis (2002) discuss these actions of Malekulan sorcerers. In Tautu, a sorcerer can transform into a rat, cat, bat, dog, or shark to attack or terrorize an individual. According to my consultants, sorcerers often work in island or area-wide groups, with one man per village in the group. They target people against whom they harbor feelings of jealousy.

There are several ways in which a sorcerer can “send” illness. In what can be classified as contagious magic (Frazer 1900), it is common for a sorcerer to use pieces of a person’s leftover food, clothing, hair, fingernails, or excrement. Applying these

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6 This parallels one type of sorcery used among The Wiru of Pangia (PNG). The Wiru believe in nakenea, or “leavings sorcery,” in which “anything imbued with a part of the
ensorcelled items with variety of methods (e.g., blowing, singing, chanting, burying) and using a variety of mediums (e.g., trees, bones, mud, kava) results in different symptoms. For instance, Deacon (1934) describes a SW Bay practice in which ensorcelled objects are placed by the roots of a banyan tree: “After a time the roots of the tree will twine around the fragments, and will constrict them more and more. As this happens so will the limbs of the victim shrink and wither until he finally dies” (675). According to Deacon, the sorcerer may also place objects in a hole in a tree and wait for the bark to grow over or set fire to the tree. Tautuans also say that trees are used. In one case, as the wind blows through an ensorcelled tree, it sends the sickness to the targeted individual. A sorcerer can also bury an object nearby the targeted individual’s house or may throw a charmed object on her path; when the person walks over this object the illness travels to the victim. Deacon also describes this method. Another way to send sickness is by singing to a shell of kava or chanting incantations over the bone of a deceased person.\footnote{I did not encounter anyone who admitted to practicing sorcery or to knowing any magic spells. As such, I did not record any. See Deacon (1934) for several “special [magic] formulas” (677-687).} If the sorcerer buries a charmed object by a grave; the targeted individual will become ill with the illness that caused the deceased in the grave to die. If he buries the object in the mud or in a riverbed, the individual’s belly or leg will swell up. Deacon describes this swelling as occurring after an item is buried in a cycas plant. These latter types of sorcery fall under Frazer’s category of homeopathic or imitative magic. Lastly, a intended victim’s substance can be used as the instrument of sickness” (Strathern and Stewart 2010: 111).
sorcerer may also do what is called *su*: he blows a charmed object at an individual through a bamboo tube. While Deacon describes this blowing as a symbolic gesture, Tautuans claim that a real object becomes lodged in the person’s body and causes stomach pain and, at times, other symptoms. Some villagers claim that this type of sorcery can be identified relatively easily because the object leaves entry and exit wounds.

In Tautu sudden death is at times attributed to a unique type of sorcery called *nakaemas*. *Nakaemas* involves a group of sorcerers, usually men, kidnapping a person, putting a branch or leaves with nettles or hooks up the anus of the individual and removing his “*cod*” (cord, i.e., intestines). While chanting or singing the sorcerers then put a special mix of leaves back up the anus and place the body next to a fire to keep it warm. For seven days the sorcerers are able to take the shape of this person. After seven days the person dies. Both biomedicine and indigenous medicine are completely ineffective in treating *nakaemas*. According to one consultant, “*Dokta i... no save*

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8 Rio (2010) describes this type of sorcery similarly, although he says that the sorcerers cut open the stomach to remove the internal organs, rather than removing them through the anus. In addition, he adds that the sorcerers are said to eat the removed internal organs.

9 This type of sorcery closely parallels “*maua/uro*” or “*sangguma,*” the most lethal type of sorcery among the Wiru of PNG. *Maua* similarly involves men cutting their victim’s stomach’s open, removing their kidneys, and replacing them with leaves. Just as with *nakaemas*, there is no treatment. Among the Wiru “where the relatives recognize the signs of *maua*, they will not even attempt medical treatment nor is there any indigenous
winim... no save givim lif...mas prea nomo, luk aot wan pasta” (“The doctor... cannot cure it... no indigenous medicinal plant can cure it...[we] can only pray [and] go find a pastor”). He conveys a common belief: that the only cure for nakaemas is divine intervention.

Symptoms of sorcery vary widely: anything from headaches, stomachaches, body aches, swollen body parts, fevers, chills, vomiting, dizziness, fainting, madness, abnormal behavior, constipation, diarrhea, insomnia, coma, loss of appetite, lethargy, etc... can indicate that one is a victim of a sorcery attack. Notably, many of these symptoms are biomedically defined symptoms of malaria, dengue, and other potentially fatal illnesses. Even a toothache, of which many villagers often suffer due to poor dental hygiene, may be explained in these terms. One consultant informed me that villagers often say that a toothache is the result of “devel i slapem yu” (“the devil slapping you”). After receiving an extensive list of sorcery symptoms, I tried a different approach and decided to ask some consultants what symptoms cannot be manifestations of sorcery. My consultants replied that they could not think of any. They concluded that any misfortune or illness may be the result of sorcery. This fact complicates the diagnosis process, which I describe in the following chapter.

Natural and supernatural

Another common way that scholars have categorized illnesses is by distinguishing between the natural and the supernatural (Scheper-Hughes and Lock 1987), natural ritual care available. The victim will simply die within the period stated by the sorcerer” (Strathern and Stewart 2010, 111).
illnesses having a natural, worldly cause and supernatural illness having a supernatural, other-worldly cause. A parallel division, based on the mind-body split distinguishes between physical illnesses and spiritual illnesses (Scheper-Hughes and Lock 1987). Scheper-Hughes and Lock (1987) call for the “suspension” of this assumption, which they argue is based on Cartesian dualism. My findings support this call, as I find this division does not reflect the religious views of Tautuans. Tautuans identify a range of what could be classified as natural causes, including “germs,” “worms” “being too hot,” “being too cold,” “working too much,” and stress or “thinking too much,” but as I will show, classifying these causes as “natural” oversimplifies Tautuans’ understandings of illness. In addition to “germs” and “worms” they utilize additional terms adapted from biomedicine, such as “hae blad” (from high blood pressure), “kansa” (cancer), and TB (TB, tuberculosis). However, indicating that they do not abide by the biomedical definitions of these terms, Tautuans use the terms “germ,” “worm,” and “bebet” (a Bislama term for “bug”) interchangeably. Causes that could be classified as “supernatural” include those already discussed: interactions with spirits, being the victim of sorcery, breaking a tabu, being the target of dwarves and the actions of Christian God.

At first pass, it would appear that Tautuan categories form a broad grouping of “natural” verses “supernatural.” However, I find that in the Tautuan worldview the boundaries between natural and supernatural are blurred. Evans-Pritchard’s (1976) __________

10 Das and Das (2006) similarly found that a variety of practitioners and patients in Delhi utilized borrowed biomedical terminology both within and outside of the clinical encounter.
explanation of Azande beliefs helps explicate this idea: “What we call supernatural we raise to a different plane, even thought of spatially, from the plane of the natural. But witchcraft is to Azande an ordinary and not an extraordinary, even though it may in some circumstances be an infrequent event. It is a normal, and not an abnormal, happening” (81). Because the supernatural realm is intimately linked to the natural realm, if not intertwined with or part of the same realm, Tautuans do not necessarily separate the supernatural from the natural. Thus Western distinctions between “logical” and “illogical,” “rational” and “irrational,” and “empirical” and “non-empirical” are not easily applied to Tautuan thought (Lawrence and Meggitt 1965; Lindstrom 1993; Trompf 2004; Zocca and Urame 2008). Zocca and Urame (2008) shed further light on this problem:

“Everything that happens in the physical world has a personal cause, which could be gods, spirits, or humans. Humans, however, are the major ones responsible. for magical-minded people and societies, therefore, every event has an explanation in some human being’s behaviour or practice... Magical systems therefore cannot accept the noting of ‘accident’ (11).

Because everything has a cause and because there are no accidents, people frequently search for supernatural explanations of “natural illnesses.” In this worldview the supernatural can bring about natural event. While some “minor ailments” and “injuries such as a fractured skull or limb bone” are “allowed to be ‘natural,'” it is often the case that the person became susceptible to these ailments due to supernatural interference; thus “it may well be that the accident that led to the broken bones is regarded as the result of malevolent magic” (Deacon 1934, 689). As in other societies, Tautuans generally look for an underlying social or spiritual cause. Courtens’s (2008) explains this further:
“Even though villagers [in Ayafat, West Papua] nowadays may see illness accompanied by a high fever (for instance) as a biological reaction of the body, healing is generally perceived as connected to the social network... villagers look for underlying causes and suspected offenders. Only by restoring balance within the social and spiritual realm, or by chasing away the wrongdoer, will true healing take place. This is most people’s basic assumption” (142).

Tautuans appear to hold this assumption as well. In fact, most deaths are said to have resulted from some sort of social or spiritual interference, even when there is also an accepted natural or biomedical explanation (Tonkinson 1981). For example, the death of a person whom the community knows has been diagnosed with cancer, may still be attributed to the work of sorcery or the interference of other forces. Because the supernatural is linked to the majority of deaths and illnesses, the distinction between natural and supernatural illnesses loses its utility.

Views of Christian healing also demonstrate the inadequacies of the natural/supernatural scheme, as Christian healing’s efficacy is not limited to supernatural illnesses. Christian healing can cure any illness. One church elder explained that people ask him to pray for all types of illnesses—serious and minor and so-called “natural” and “supernatural;” he prays for people to recover from the flu and headaches in addition to more life-threatening illnesses like cancer and sorcery. Because Tautuans envision God as all-powerful, they likewise view Christian healing as a panacea.
Stret sickness and no stret sickness

I suggest that a better alternative to the categories of kastom and non-kastom and natural and supernatural is the Tautuan division of “stret sickness” (straight/normal) and “no stret sickness” (crooked/abnormal). Stret is a Bislama term with several meanings, including “straight;” “correct;” “real, genuine, proper;” “identical;” “appropriate;” and “directly related” (Crowley 2003, 263). A popular phrase in Bislama is “i stret nomo,” perhaps best translated as the American colloquial express ‘it’s all good.’ Lindstrom (1990) observes that in meetings called to resolve conflicts, the word stret is associated with truth and consensus: “Speakers work to produce shared, public, and consensual meanings about the particulars of conflict and its appropriate resolution. This they call ‘straight’ talk or truth” (Lindstrom 1990, 375). A stret sickness has all of these connotations: it is a “normal sickness” that follows the expected or “proper” course. A stret sickness is what it appears to be: it is “real” and “genuine” or “true.” The flu is just the flu; a headache is just a headache. No stret sicknesses often mimic stret sicknesses. They are thus associated with “giaman” (lying or falsehood). In the Tautuan concepts of stret and no stret, here again we see the significance of “road” metaphors. A stret sickness is “direct:” the path toward full recovery is a straight path. Stret sicknesses are thus uncomplicated, and generally the ill person recovers relatively quickly. In contrast, a no stret sickness is indirect; the path towards recovery is a crooked or winding path in which there are obstacles or multiple roads. No stret sicknesses are complicated, often requiring many steps, many different diagnoses and treatments. This type of illness also lingers, healing does not occur at the normal pace.
Watson-Gegeo and White (1990) explain that in many Melanesian cultures talk of “straightness” symbolizes a lack of interpersonal conflict while a situation being labeled “tangled” denotes the presence of conflict. Lest illness or misfortune occur, such “entanglement” must be dealt with through traditional conflict resolution, a process represented as “disentangling.” As compared to a stret sickness, a no stret sickness is often an indication of “tangled” affairs that require “disentangling.” This distinction is a reminder of the significance of conceptualizations of personhood in Tautuans’ understandings of illness, as they underline the connectedness of persons. Further, this classification scheme is particularly useful because the process of healing is at the center and because it is inherently flexible, as it recognizes that a stret sickness can easily turn into a no stret sickness depending on treatment outcomes.

The following is Rosemary’s description of her experience with a no stret sik.¹¹

**Bislama:** “Long Sarede naet. I gat wan man wea hemi bin kam long haos blong mi...Hemi kam hemi askem wan gel blong mi, mi se hemi no stap...hemi kam wetem wan rabis samting or wan spirit i fo lem hem...[Mi] girap long Sande monin... mi lusum... aesae... mi lukim samting i tu. I no nomol...Mi stap ting ting, mi ting se mebi yestedei mi bin straenem ae blong mi tumas. Mi se no... mi bin wear glas ia ol dei... long naet i go wos nao. Mi filim se ae blong mi oli i hot, i soa, i go insaed long fran forehead blong mi... o i soa tumas...mi wik, leg ol bodi i wik, afta mi filim se mi wantem troaat...Mi talem long sista ia wetem [fren blong hem] yutufala mas go from Dalia kam prea long mi be hemi go long jos

¹¹ I do not include the brief comments I made during my interview with Rosemary because they detract from the flow of her narrative.
On Saturday night. There was a man he came to my house... He came and asked to see if there was a girl at my house. I said she’s not here... He came with something bad or a spirit followed him... I got up Sunday morning... I lost...

English: “On Saturday night. There was a man he came to my house... He came and asked to see if there was a girl at my house. I said she’s not here... He came with something bad or a spirit followed him... I got up Sunday morning... I lost...
my eyesight... I was seeing two of everything [double vision]... It wasn’t normal...
I was thinking that maybe yesterday I strained my eyes too much. I said [to
myself] no... I wore my glasses all day... In the evening it got worse. My eyes
were hot, sore, [the pain] went inside in the front of my forehead... Oh, it was so
sore... I was weak, my legs, my whole body was weak, and I felt like I wanted to
throw up... I told my sister and her friend, you two most go and get Dalia and
have her come pray over me, but she was already in church... They ran to get old
Mikel... an elder relative of mine... he came, but we did not tell him [what
happened the night before]... he said here is the road of the man that came
yesterday in the night... I don’t know how he knew... I think he knows how to see
things. When he asked me I did not want to tell him because [the man] is my
cousin... I could not open my eyes. I was weak, very weak... I was very sick, very
sick... in such a short time... He came he tried to give me a medicinal plant
mixture [to drink]... I could not drink it... He took a leaf and wiped it over my
body. When he wiped my whole body I was shaking, I kept shaking... When he
had finished I waited a little bit [and] after a while I felt the sickness go down, go
down, go down, [and] then I took the medicinal plant mixture and drank it. When
I had finished drinking the mixture [the sickness] was gone [it left my body]...
that whole sickness it was gone just like that. That’s when I thought that, I
thought someone did something to me. When Dalia came... Dalia said the same
thing, she prayed over me, she said the same thing, so I think that all people that
see things [have visions] I think it is real... because I did not tell her the story [but
she knew]... Afterwards I was ok... I did not go [to the hospital] because I was
back to normal, my wits had returned... I think that I was sick with something
different... It was not normal... if I was sick with a normal sickness... I would have
been sick for a whole week, [and] I was way too sick [for it to be normal] like [I]
felt, my insides were not good, not good, not good at all, [when] I breathed it was
sore, it was sore inside, I felt that I was so weak, very weak... I wanted them to
pray over me... [because] I thought it was not a straight sickness... I thought it was
something different... If it were a normal sickness it builds up [slowly]... [but this
sickness] it came on strong all at once.”

Rosemary conveys associations of a no streit sik: that it is not normal; that it does not feel
like a normal illness. She emphasizes how strong and overwhelming the sickness was,
how weak she felt. She explains that she could not move; that she could not even open
her eyes or even drink the medicinal plant drink at first. She describes this type of
sickness as something “different;” something she had difficulty putting into words; she
just knew that it did not feel right. She explained that she knew that it was sorcery
because the sickness came on quickly and that it went away quickly as well, as soon as
she drank the kastom lif. Rosemary also admits that she was not sure about the powers of
these two healers or other people who claim to have visions prior to this experience. She
explains that this experience changed her mind. The fact that Mikel and Dalia knew what
had happened the night before and that they could identify the person who had caused her
illness—even though she did not tell them these details—convinced her that they had real
powers. She became a believer. Other people that I interviewed found it similarly
difficult to explain how they knew that they were victims of sorcery; some commented
that they “just knew” or they just “felt it.” Healers also talk about experiencing certain feelings in the body that guide them toward making the right diagnosis and giving the right treatment. They describe these feelings as a physical sensation and as “signs” that they are on the right path. This is one of the topics of the following section.

**Sources of knowledge and diagnosis**

How and from where do Tautuans gain their medical knowledge and diagnoses? Tautuans live in a world where webs of knowledge constantly intersect. Das and Das’s (2006) description of a decision-making context in Delhi conveys this world of possibilities. They write, “We see that the space surrounding therapy is crisscrossed by possibilities. Suggestions and countersuggestions come from all directions.” Das and Das are acknowledging that people draw from a variety of sources when making diagnoses and deciding upon treatment. Tautuans also draw from many sources of medical knowledge and diagnosis, which represent the spectrum of Western, Christian, and *kastom* and their intersections.

Particularly significant sources of medical knowledge and diagnosis in Tautu are *abu* or *bubu*: ancestor spirits and recently deceased family members. *Abu* appear in visions and dreams to convey varied information, including warnings and prophesies (Tonkinson 2003). They also reveal both the cause of and cure for the illness. Healers use dreaming and other divination techniques to communicate with *abu*. Sometimes healers would drink kava to facilitate these processes.\(^\text{12}\) Traditionally, these techniques and the right to use them were passed down through family lines. Today, people are

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\(^{12}\) See Deacon (1934) for a description of different methods of divination (690-691).
either taught this skill by their elders or given this power by ancestral spirits or the Christian God (Shirakawa 1999). Only a select few persons have the special skill of discovering the cause of an illness through dreaming (Shirakawa 1999). Both Simeon (1979) and Shirakawa (1999) found that these men were called *klevas*; in Tautu, however, the term *kleva* is not reserved for dreamers but applies to a variety of traditional healers. Also, many of the villagers, including those that do not identify as healers report learning information through dreams.

Many of the *klevas* I interviewed stated that they experienced visitations from *abu* in their dreams. Sometimes the messages are visual, i.e., the visitor shows them the face of the person who is responsible and/or what plant to use. Some people remember full scenes playing out while others remember specific visual clues. Sometimes the messages are auditory, i.e., they hear a voice that relays instructions or specific information. For instance, one consultant told me that she heard a voice in a dream, which told her that a fellow villager had lost his hearing because he was stealing. Sometimes people experience or see these events play out again in real life. The feeling of ‘deja vu’ is often explained as being the result of experiencing something in waking life that one had already experienced in a dream. These messages may also be simultaneously visual and auditory. Several persons described leaving their sleeping body and going on a trek (with the visitor or alone) to see the sick person or an important site during their dreams. Shirakawa (1999) explains this process: “It is said that the spirit of a... *kleva* emerges from the body while he/she is sleeping and sees what is happening to the body and spirit
of a sick person” (50). Typically if one is visited by an abu, he or she reveals the cause of the illness to be kastom; and as such, he or she will identify a corresponding kastom remedy as the cure rather than a biomedical treatment. This finding aligns with the observations of Shirakawa (1999) who found that “native spirits and sorcery” are most commonly identified as the causes of illness during the dreaming process.

In general, Tautuans view these experiences as being actual, real encounters. Not all dreams are authentic experiences, however. These dreams are particularly important and are more likely to contain accurate accounts of past, present, or future events. Notably, my consultants point out that some dreams are just dreams while others are deceptive dreams, as do Ambrymese (Tonkinson 2003). Some may even represent the influence of the devil or other evil spirits. One must be careful, therefore, about interpreting one’s dreams. Both laypersons and specialists talk about the special significance of dreams that one experiences in the early morning just before daylight.

While abu continue to send messages and/or inspiration to healers through visions and dreams, God and his angels also appear in dreams and send visions as well. Select villagers experience visions while awake; these persons are said to have special gifts.

_Dumej bierr_ or _duwof_ (“dwarf” in Bislama) are another important source of general and medical knowledge. They, too, supply diagnoses and inform humans about new medical plant remedies. While they can also appear in dreams, they are said to be real, human-like creatures. Tautuans describe them as trouble-makers, who are small in stature, have exceptionally large heads, and live longer than the average human. They

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are said to be “wild” and to live mostly in the bush or in caves and appear whenever they like. While they are invisible to most people, one can sometimes see their tracks in caves. Traditionally, only certain lineages have the *kastom* right to associate with the dwarves. Tautuans still maintain this belief. Not every member of the lineage, however, is able to see and interact with dwarves: only those members who have been approached by the dwarves and who agreed to drink a special concoction given to them are able to see them. Dwarves are said to live only on Malekula; below, however, Paviar-Smith (2006) reports that they live on Santo as well. Significantly, in addition to medical knowledge, dwarves are also associated with economic prosperity and gift-giving. The following *kastom* story describes dwarves called “*kinkin*” in the language of Aulua, Southeast Malekula:

“*Kinkin* are very short ‘little people.’ The people are really really short. They are not big but they are strong. They live in holes in rocks. Their fingernails are very long. Their hair grows down and covers their ears. They have a lot of hair. They live on the Islands of Santo Espiritu and Malakula. Many *kinkin* live on the two big islands of Vanuatu. But the Malakula *kinkin* are not so numerous, they have been disappearing. Before, there were plenty. We still see them today, but on Santo they are disappearing, they are going slowly; they are quietly disappearing. Today they can still find *kinkin* on the island of Santo. That’s all for the story of the *kinkin*” (Paviar-Smith 2006, 51-53).

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14 Descriptions of *dumej bierr* bring to mind the “*Menehune*” of Hawai‘i (Luomala 1951), the “*duwof*” of the Fore (Lindenbaum 2002), and the “*veli*” of Fiji (Pigliasco 2012).
One of my closest consultants, Delwin, is a healer who specializes in malaria and *sik suka* (diabetes). Delwin interacts with dwarves. Two dwarves, one black and one white, frequently visit her during the day and also in her dreams. The dwarves first came to her when she was deathly ill with malaria. They gave her a concoction, the sweetest milk she had ever tasted, and she was immediately cured. The dwarves later gave her knowledge of how to treat *sik suka* (diabetes) with the roots of a common plant. These two dwarves are said to have visited several other villagers as well but only in their dreams.

Delwin tells me that she has mixed feelings about her gift, her ability to interact with the dwarves. Sometimes she tries to ignore them and wants them to go away because she is afraid of them. Her mother, however, thinks that she should be friendly with them. She says that the dwarves give her daughter lots of luck. Her daughter is always finding money and never faces trouble or difficulty. Delwin’s mother thinks that if her daughter was friendlier with the dwarves that they would give her more remedies to help heal people. One day after I had been asking her about her encounters with dwarves, Delwin told me the following *kastom* story about an old woman’s encounter with dwarves. I have paraphrased this story.

“An old woman is visited by two dwarves who tell her to go with them, but she is paralyzed. She says she cannot go with them. “No, you can,” they say, and she goes with them. They come to a *nangae* tree. “Feed us,” they say. “I can’t I’m too sick,” she says. “No, not anymore,” they say, so she collects the *nangae* nuts, cracks them, and gives the kernels to dwarves. Then they say, “lift up this huge rock.” The old woman says she cannot lift it because she is too weak. But they tell her to try, and she is able to lift it. There is a hole under the rock with lots of
noises coming from it. The old woman and the dwarves go down the hole, and there are all sorts of goods there. They say that she can have anything she wants; she just has to ask for it. “Ok,” the old woman says, “I want a knife.” The next day it comes on an airplane with her name on it. Then, she asks for some nails, and the next day the nails arrive. The old woman’s children want to know where all the things are coming from. The dwarves tell her not to tell, but eventually she tells her family that she got everything from the dwarves. As a result, she loses everything. The old woman gets really sick again, and the dwarves tell her that they made her sick because she did not listen to them.”

This *kastom* story parallels Delwin’s real-life experience with the dwarves. Just as they cured the old woman in the story, they also cured Delwin. As this story illustrates, one must also be careful not to make the dwarves angry, however, for just as they have the power to heal, they also have the power to harm. This theme, of the power to heal and the power to harm going hand in hand, appears in Tautuans’ views of sorcery and the power and danger of *kastom* medicinal plants as well. In addition to illustrating the healing and harmful powers of the dwarves, this story can be interpreted as a “cargo cult” tale—recall my discussion of cargo cults from Chapter 2—as it contains elements of prototypic cargo stories, including a hidden, underground source of cargo, i.e., Western goods and money (such as the knife and the nails); the transportation of this cargo through Western technology (via the airplane); the secretive nature of this source, and the eventual loss of the goods due to a violation (Lindstrom 1993; Trompf 2004). As Delwin’s mother and this story attest, dwarves are associated with gifts and prosperity; when one is on their good side they share their wealth and knowledge. Further, this story
and Delwin’s current relationship with dwarves demonstrate traditional views and practices surrounding the production and protection of knowledge—such as the traditional copyright systems discussed in Chapter 2. Rather than developing new knowledge on their own, people derive new knowledge and thus power—the power to practice the knowledge, to share the knowledge, and to profit financially or socially from the knowledge—from specific culturally sanctioned sources, certain agreed-upon authorities. Generally, only knowledge gained from these authorities, such as dwarves, is considered authentic. As stated earlier, Delwin’s says that the dwarves are the source of her new cure for diabetes. This knowledge, like other types of powerful knowledge, allows her to treat illnesses, to give the gift of health, and to receive gifts of food, goods, and money in exchange for her knowledge and services.

Papa God and angels are also sources of dreams and visions, and Tautuans recognize them as being authentic sources of medical and other knowledge as well. Christian ideas about dreams and visitation from Papa God have thus been combined with kastom ideas (Tonkinson 2003). Shirakawa (1999) found this to be the case on Tongoa, Vanuatu as well: both ancestral spirits and the Christian God provide medical knowledge in dreams. He notes, too, that he met several klevas who claimed that spirits and/or God taught them the cures for AIDS and cancer. I also encountered klevas who claim to know how to cure these and other illnesses for which Western medicine has not yet found a cure. That the general public believes these claims indicates the faith that Tautuans put in God and in kastom. I will go into more detail on this topic in Chapter 6.

Christianity more generally is also a source of medical knowledge and diagnosis. Tautuans frequently seek the guidance of the church pastors, elders, and persons with
special spiritual gifts of vision and healing. Some of these persons, while Christian, also practice kastom healing methods. Tautuans also pray in solitude and turn to their bibles in search of guidance in times of illness. They quote biblical verses and tell well-known biblical stories, such as the story of the raising of Lazarus from the dead (John 11: 1-45) and the story of the man healed at the pool of Bethesda (John 5: 1-15). These accounts serve as primary examples of the miraculous healing powers of Jesus and Papa God. They are often referred to during times of illness to remind or call attention to the efficacy of spiritual healing. When they have the opportunity, Tautuans also listen to Christian radio programs and read the national newspapers, which often include bible quotes, advertisements, reports about various Christian events, and even profiles of famous spiritual healers.

In addition to informal worship and prayer gatherings, Tautuans also gain health information in formal church services where the scripture, sermons, and announcements are sources of medical knowledge. For example, one Sunday, Elder Lawrence addressed the children sitting in the front of the church. He began by holding up a frangipani (plumeria) flower. “What’s this called? he asked.” “Frangipani,” the children replied. “Who made this?” “Papa God,” they said. “Yes, Papa God made this flower. This flower is like our heart: it’s white. It’s five petals spell J. E. S. U.S. Jesus,” Elder Lawrence explained. “What makes our hearts black?” he asked as he colored on the flower with a black marker. The children called out their ideas, and he repeated them. “Sin, swear, yes, fulap samting, I no gud. I no mas blak. Mas waet” (“Sin, swearing, yes a lot of things. It’s not good. It must not be black. It must be white.”) He paused and then said, “Olsem wanem smoking? Smoking i mekem hat i blak tu” (“What about
smoking? Smoking also makes the heart black”). He then held up a pack of cigarettes and proceeded to read the warning label: “Smoking i kasem kansa blong lang” (“Smoking causes lung cancer”). He held up another package, one from New Zealand, explaining that it had a photo of two hearts on it. “Wan hemi wan red, helti hat. Narafela wan, hemi wan blak hat” (“One is a red healthy heart; the other is a black heart”). Elder Lawrence’s message is clear: to be healthy, to have a clean, white heart, one must strive to be free from sin; one must also however abstain from polluting one’s lungs by smoking cancer-causing cigarettes. Notably, this sermon contains biomedical ideas about health as well as Christian ideas about what it means to be a healthy Christian and thus illustrates the connection between morality and health. This sermon illustrates one way in which religious and medical knowledge are performatively connected and (re)produced within the church.

As this example shows, Tautuans engage with biomedical information in various ways and in various locations. Another source of information is Norsup hospital. In addition to biomedical practitioners whom I will describe in more detail in the following section, Tautuans receive information from posters and colorful murals decorating the interior of the hospital. For instance, on the walls of the main outpatient waiting room there are numerous murals including ones illustrating malaria prevention, TB prevention, proper nutrition, the benefits of breastfeeding, and even bible quotes/spiritual health. Tautuans also receive health information from the Ministry of Health’s various health campaigns. It appears that the MOH’s campaigns have been successful in educating the people of Tautu, as villagers’ explanations frequently contain biomedical information conveyed in these campaigns, such as the importance of sleeping under a mosquito net, of
hand-washing and of eating “3 kaen kakae” (“three kinds of food” [from the three food groups]). In addition, in surveying villagers about malaria, a common response was that one “should go to the hospital” (emphasis added) to get a blood test if he/she suspects that he/she has malaria. I have seen various posters, calendars, and pamphlets produced by the MOH and NGOs in people’s homes on topics, such as healthy babies and children, village cleanliness, diabetes, and HIV/AIDS. I also frequently spotted health related posters on buildings and bulletin boards around Lakatoro, the urban center. The most noticeable is a large sign outside of the Lakatoro market that informs people about HIV/AIDS and encourages them to get tested. While the sign is not as large as a billboard it has the same purpose: to catch the attention of people driving and riding in trucks.

Schools and the Ministry of Education are another important source of health information. Teachers hang colorful, illustrated posters and hand-made signs in their rooms in Tautu school. Several friends of mine let me visit their classrooms, in which they displayed information on topics, such as proper nutrition, the benefits of local food, dental hygiene, and hand-washing. The curriculum of Tautu school does include some health education. Sex education is not required, however, and one informant explained that many teachers are too embarrassed to discuss it. The general attitude was that it was up to the teachers to take on these issues. The Ministry of Health, however, is currently developing more materials for teachers. For instance, the MOH has developed teaching materials for all grade levels as part of its new malaria campaign. In addition, the MOH carries out some public health activities, such as de-worming, in the schools. Due to its close proximity to Norsup hospital, Tautu is also home to occasional public health talks.
and educational ‘meetings.’ In fact, the Ministry of Health held a three day long conference on primary healthcare in Tautu’s “Women’s House.”

Biomedical knowledge is also (re)produced in everyday conversations. I was initially surprised to hear *kastom* and Christian healers using biomedical jargon and terms for anatomy in their explanations of their work. Because I was always asking questions about health and because the community knew that I was educated at American universities, I also became a source of biomedical information during my time spent living in Tautu. At first I avoided some of these questions because I did not feel comfortable taking on the role of public health educator and because I found it very difficult to explain biomedical concepts in Bislama and Tautuan. I distinctly remember fumbling terribly when at a village meeting someone asked me to explain what cancer was. After this awkward exchange I called my mother (a registered nurse) back in the U.S. to check my facts and to ask for suggestions about how to explain this concept. During a prayer group later that week, the group prayed for my language abilities to improve. As my language competency grew, and as I slowly became more comfortable in the community in general, I became less fearful of these questions and found it easier to communicate these concepts. Whenever I did give the biomedical information requested (if I knew it) I explained that this information was what I had been taught in school, and that I was doing research to discover other ways of viewing the topic at hand. I presented the information as one of many approaches on the topic, and I encouraged conversation and even debate. Overall, these exchanges of knowledge were very pleasant.

15 Built by the New Zealand military, the rent from this building, rented out as a guest house and a meeting center, goes to the Presbyterian church’s women’s group.
and extremely informative (for myself in the least if not for everyone involved). Many people expressed a desire for even more information and stated that they would like for the Ministry of Health to provide the whole community with more health education opportunities to “raise awareness.”

This section has covered a range of sources of health information and knowledge in Tautu. It should be noted, however, that the information conveyed by these sources is constructed to take on various meanings depending on the context of the illness and the individual’s positions and relations to his/her peers and medical practitioners. Tautuans receive various health messages, and not all of these messages are accepted or understood as they were designed to be. These messages are interpreted in multiple ways that reflect the person’s social, political, and economic affiliations and motivations and the cultural context. How this information is interpreted is another important part of the answer as to why and how kastom medicine continues to flourish in Tautu. As I will show in Chapters 4 and 5, kinship and social relations play particularly important roles in Tautuans’ interpretations of illness and treatment decisions. First, however, I want to discuss further sources of treatment in Tautu, a discussion linked to the foregoing analysis of models of causality. In similarity to illness categories in much of the health discourse, treatment categories in health discourse muddle and even misrepresent Tautuan perspectives on health and treatment, which reflect complex intersections of ideas about customary and modern forms of medical knowledge.
Types of treatment

Tautuans select from and combine a variety of types of treatment, which can be classified in several ways. One way to classify types of treatment is dichotomously: traditional/kastom or modern/Western. This is the classification scheme utilized by international health agencies, NGOs, researchers, and national and local governments around the world. For instance, Saethre (2007) finds, “In remote Aboriginal communities in Australia, researchers cast health beliefs and treatments to either an Aboriginal or biomedical system, which are considered to be irreconcilable and in conflict” (96). As a result of its missionary and colonial history, Vanuatu’s Ministry of Health also utilizes this scheme. Not surprisingly, local people also use the oppositions of traditional/kastom in discussing their medical options as well (Shirakawa 1999; Widmer 2007). As do other Ni-Vanuatu, Tautuans refer to medicine as either kastom meresin (custom medicine) or “meresin blong waet man” (white man’s medicine) (Shirakawa 1999). Saethre (2007) similarly observes that the Warlpiri people of Australia “spoke of two different [medical] traditions,” as such, they “echoed the views of much of the literature relating to Aboriginal health...” (97). Saethre, however, noted that “there is a great degree of complexity in Warlpiri health behaviour that tends to be overlooked if simplistic and dichotomous models of health care systems are employed” (97). This is also the case in Tautu, where the dichotomy of “custom medicine” and “white man’s medicine” oversimplifies Tautuan practices and obscures the ways in which these forms of healing overlap and inform each other. Saethre notes that this scheme also erases “much of the variation within both of these approaches.” In this section, I unpack these categories to bring this variation into focus. I showed that within the category of kastom medicine
there are a variety of practices including massage, food and diet recommendations and restrictions, and *lif meresin* (“leaf medicine,” which also refers specifically to medicinal plants). There is also a range of practices within the category of “white man’s medicine” including treatment received at the hospital or Aid Post and prescription and over-the-counter pharmaceuticals. Furthermore, as I argue in detail in the dissertation, with illness categories, Christian understandings and forms of healing are also unaccounted for in this scheme, as discussed above for illness categories.

Medical anthropologists have devised several alternative schemes. One common way to classify sources of medical care is to divide them based on the type of actor administering the treatment. For instance, Polgar (1963) outlined three phases of healing: 1) the “self-addressed phase,” in which a patient takes actions to heal himself/herself 2) the phase in which a patient seeks the help of “lay health actors” 3) the professional phase, in which a patient seeks the help of a health specialist (398-399). Similarly, Chrisman and Kleinman (1983) developed three categories of healthcare: the popular sector, the folk sector, and the professional sector. In their model, self-medication and actions taken by families and other lay persons fall under the popular sector. Informal healers, those without formal training, comprise the folk sector while the professional sector encompasses healers with formal training and recognition. While this latter set of categories has been widely used, I steer clear of the labels ‘popular,’ ‘folk,’ and ‘professional’ because they draw artificial boundaries, which fail to elucidate local practices and privilege Western forms of knowledge and training. The term “professional,” for instance, implies formal training in a Western sense. Because indigenous healers do not learn their skills in school or go through any state-sanctioned
certification program, under this classification system, they would fall under the folk sector while biomedical practitioners would be placed in the professional sector. This scheme fails to account for indigenous healers’ statuses and that many do in fact undergo formal training under an apprenticeship. To provide an alternative scheme, I have modified Polgar’s categories and grouped treatment into two categories: 1) home-based self-treatment 2) treatment by a practitioner. These categories are not mutually exclusive. Using these more appropriate categories allows me to address the ways in which local people, both patients and healers, mix “traditional,” “biomedical,” and “Christian” medicines. Again, the propensity towards the integration or simultaneous use of different medical systems is a common approach of many people around the world. This approach is also popular among Westerners, as the growing literature on “Complementary and Alternative Medicine” or CAM attests (Etkin and McMillen 2003; Tindle et al., 2005). While Tautuans refer to the categories of “traditional,” “biomedical,” and “Christian” as diverging roads, I rework this metaphor, suggesting that a more accurate description must recognize the mergings of these roads. In highlighting the fluidity of these processes and categories, I underline the complementary nature of these seemingly disparate types of medicine, which may be more appropriately viewed (in terms of Tautuans perspectives) as gifts from God forming a unique web of care.

*Home-based and self-treatment*

Home-based self-treatment includes treatment-seeking behaviors that do not involve the assistance of a practitioner. Some of these actions, of course, may occur outside of the home, for instance, at a friend’s house, but they generally occur close to the
home. In many nations around the world “home management” and/or “self treatment” are typically the first actions taken in the course of an illness, and most health decisions are made in the home (Williams and Jones 2004). This is the case in Tautu. I label therapies ‘self-treatment’ when an individual administers the treatment on himself or herself. Is it common, however, for relatives, in particular, female relatives such as sisters, mothers, and grandmothers, to administer or assist with such treatments. Again, the boundaries between these categories are permeable, as practitioners often make house-calls, and as defining who is a practitioner, or rather, who is not a practitioner is problematic due to there being variable degrees of skill and recognition.

Tautuan home and self-treatment frequently includes the use of (and often combination of) medicinal plants, store-bought or borrowed pharmaceuticals, massage, prayer, holy oil, confession, dispute resolution, rest, breathing in steam, bathing, swimming in the ocean, avoiding certain foods or behaviors, or eating or drinking certain types of food and drink, such as citrus fruits and hot tea (called “Lipton” in Bislama). Drinking tea as therapy, in particular, illustrates how Tautuans integrate kastom and Christian concepts. The practice of drinking tea was first introduced by missionaries (Widmer 2007). Charlotte Geddie, the wife of the famous missionary John Geddie, wrote about Ni-Vanuatu’s fondness of drinking hot tea, which she and other missionaries considered a sign of indigenous populations becoming Christian and “civilized.” In her journal, Geddie wrote that Ni-Vanuatu viewed hot tea as having healing properties. She wrote that converts often came and asked her for it when they were ill (Widmer 2007). Today, Tautuans continue to drink hot tea for its therapeutic effects, yet they have kastomized this European practice. Like the practice of sharing food, the practice of
drinking tea is a social, bonding event in which family members and those with reciprocal relations join together. Further, if black tea is not available in the stores or if a family cannot afford to purchase it, it is common for Tautuans to drink hot tea made with local leaves.

Medicinal plants are widely available in Tautu. Many Tautuans plant these medicines around their homes and in their gardens. Others grow wild and are found easily in the bush. In Tautu, the general public remains knowledgeable of many of these plants. Conducting research in 19 villages spread across the archipelago, Bourdy and Walter (1992) observed that “the general population [of Vanuatu] is knowledgeable about local plants, and everyone knows a few medicinal recipes” (Bourdy and Walter 1992: 179). While some healing knowledge is known by the whole community, some specialized or protected knowledge is only known by certain persons, certain families, or special healers known as klevas (Simeon 1979; Laing 1995). Traditional copyright systems, such the system described by Lindstrom (1990, 2008), protect such knowledge and govern its exchange.

That the general population has knowledge of medicinal plants again problematizes divisions between “professional” and “non-professional,” as there are many levels of expertise in Tautu. The constant flow of this type of knowledge makes determining who is a “professional” practitioner a challenge. The main three medicinal plants repeatedly mentioned as significant, common-knowledge plants are coconut (Cocos nucifera), the Chinese grapefruit or pomelo (Citrus maxima or Citrus grandis)
and several types of peppers (*Capsicum*). These plants are commonly used in home and self-treatment. Coconut oil, in particular, is thought to alleviate many different kinds of illnesses, from skin infections and irritations to sore throats and difficulty breathing. Peppers and pomelos are said to both prevent and treat flu and to help one stay generally healthy. Notably, these medicines are also foods, illustrating Etkin’s (1994 & 2006) observations about the ways in which these categories often overlap.

Because they conflated all *kastom* practices with sorcery, many missionaries and other biomedical practitioners ignored the use *lif meresin* and as a result failed to consider the biological actions of these *kastom* plant medicines (Laing 1995). Because there are no previous studies of the pharmacopoeia of Tautu, I am unable to gauge the trajectory of medicinal plant knowledge. However, Tautuans lament that *kastom* knowledge of medicinal plants is being lost. The loss of traditional medical knowledge was attributed to knowledge-holders failing to pass down this information. The widespread concern

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16 These medicinal plants fall under “the public domain” (Bourdy and Walter 1992). My consultants gave me permission to share information about these particular remedies.

17 From 1985 to 1987 Bourdy and Walter collected information about plants used for female reproductive health at a number of villages across the archipelago. See their work for a list of these plants. Also see Simeon (1979)’s study conducted in the village of Litzlitz on the island of Malekula. Simeon observed healers and laymen using a variety of traditional medicinal plants, some foods.

18 Billo, Cabalion, and colleagues (2005) and Billo, Fournet and colleagues (2005) tested a variety of medicinal plants used by Ni-Vanuatu and found that some had antiprotozoal and antimycobacterial properties.
about the loss of traditional medical knowledge has been and remains an important justification for efforts in Tautu, the national government, and the region of Melanesia to protect *kastom* and to control development and the encroachment of foreign society.

Tautuans use medicinal plants in a variety of ways. One of the main methods is to “squeeze out the juice” of the plant, mix the “juice” with water, and drink the mixture. As other scholars have also observed, one may also chew and spit the mixture on the patient, make a tea with the plant, boil, heat, or roast the plant over a fire prior to application, or have the patient eat the cooked plant (Lindstrom 1980; Bourdy and Walter 1992). Ethan, a healer from the Northwest part of the island visiting family in Tautu, demonstrated one of the ways to apply a medicinal plant to me one afternoon on a bench outside of his relative’s house. He placed the leaves of a plant in his mouth and chewed it for about a minute until the leaves had mixed with his salvia. He then placed this mixture, used to treat a skin infection or a sore, on the calf of his own leg. As Bourdy and Walter (1992) found, I also found that Tautuans utilize different parts of plants, including the roots, trunks, stems, branches, leaves, seeds, fruits, flowers, sap, and bark. The roots of one plant may be used for one illness while its leaves are used for another. A plant’s fruits, seeds, or roots may be eaten while its leaves are used for medicinal purposes. The remedy may be a mixture of several parts of one plant or multiple plants. There is also variety in the frequency of use. Some plants are taken only once, while others are taken or applied daily or at other intervals, e.g., three times a day, once a week, or once a month.

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19 Lindstrom (1980) underlines the particular importance of spitting as a form of treatment and magical protection on Tanna.
Tautuans can also purchase medicines such as painkillers at locally owned stores. As on the island of Tongoa, few people have the cash to buy them, however, and it is common for people keep leftover pharmaceuticals from clinic or hospital visits in their homes (Shirakawa 1999). The main pharmaceutical that Tautuans have access to is Panadol, a brand name for paracetamol (INN) or acetaminophen (USAN). Because I shared my own supply of over-the-counter medicines, I discovered that villagers view Panadol to be a panacea and take these pills for almost every ailment. A few nearby stores sell Panadol, but few Tautuans can afford it. Tautuans obtain other pharmaceuticals, mainly antibiotics and anti-malarials, free of charge at Norsup hospital or the Aid Post in Lakatoro. As a result of intermittent shortages of medications, it is common for people to stockpile such medications.

Holy oil is also used both in prevention and treatment. Applied either directly to the painful area or to the forehead of the individual in the shape of a cross, it is used in a similar way that coconut oil and some medicinal plants are used. *Ehmetmet*, the Tautuan language term for “protection,” is used when describing both leaves and holy oil, when they are applied with the purpose of warding off evil. One consultant used holy oil to treat sorcery attacks by pouring the oil around the boundary of his house. This use conveys the idea of holy oil acting as a barrier against the forces of evil and illness. While the healing power of the oil ultimately comes from the Christian God, the community and certain spiritual healers also pray over the oil. The oil, then, is also a symbol of community solidarity against evil as well as the powerful gifts of these individuals and their special relationships with God. Tautuans are apt to use holy oil
while they are undergoing other treatments. Prayer and holy oil in particular are thought to enhance the efficacy of other treatments.

*Treatment from practitioners*

Practitioners include *klevas*, Christian spiritual healers, and biomedical practitioners trained in western medicine. These categories are permeable, however, as many healers combine approaches and techniques. This permeability illustrates the ways in which the categories of biomedical, *kastom*, and Christian healing are blurred. Notably, the majority of healers in each category are linked by a common belief: that their powers are God-given. There are many different types of *klevas* with different toolkits, skill sets, and sources of power. Both men and women can treat all types of illness, including those related to sorcery. Women are taking on new roles in Tautuan society as female healers are branching out of midwifery and performing a wider variety of services. That it is becoming more acceptable for women to be *klevas* in Tautu is particularly important due to the fact that women generally prefer seeking the assistance of female healers.

A single healer can prescribe or utilize a combination of therapies, including medicinal plants, cutting/bleeding, cupping, spitting, food or movement restrictions, and massage. My consultants informed me that some healers also burn certain plant parts and have the smoke go towards the ill individual in order to "ronem" ("chase away") whatever spirit is making them ill. I did not observe this method, however, and was informed that this method may be less commonly practiced in the present-day. Deacon (1934) observed that "massage is very frequently employed for swellings, sprains, and
strains, and seems to be very effective” (692). Some klevas specialize in only one or two of these therapies. It is common, in particular, for certain klevas to only specialize in massage and for others to only specialize in medicinal plants. Others, however, utilize and combine many or all of these therapies. Klevas are also apt to facilitate healing through confession or counseling, which restores balance in social relations. Many klevas in Tautu are also spiritual healers, who incorporate prayer and Christian beliefs into their practices. Widmer (2007) notes that “Figuring out the dynamics of the sick person’s social network is part of the kleva’s work” (181).

Further illustrating Tautuans’ integration of medical beliefs and practices is the fact that Tautuans commonly mix treatments not only in their own homes but also in the hospital. Biomedical practitioners explained to me that many of their patients drink kastom medicine even while being treated with biomedicine in the hospital. Tabita, one of the most popular massage therapists and spiritual healers, frequently works in the hospital even though she has no biomedical training. She explains, “Lots [of people] in the hospital they call out for me; I go and massage them in the hospital; all of the dressers and doctors they know me well; when I go [to the hospital to] work they know me.”

Some spiritual healers, however, only use Christian methods. They do not use medicinal plants, massage, or other more traditional therapies. Their treatments typically involve prayer and at times the anointment of the ill person’s forehead or other affected body parts with holy oil. Courtens (2008) finds this practice of anointment with holy oil to be common in West Papua as well. She notes that “blessed oil, a symbol of Christian origin, is applied in the same way healers use medicinal leaves during indigenous healing rites: they rub the oil on particular parts of the body” (164). Like Courtens, I also found
that some spiritual healers give blessed water to their patients to drink. Most of these spiritual healers more closely identify with the church or are more involved in the church organization. Typically they have some sort of official position within the church’s organization, either as ‘pastor,’ ‘deacon,’ or ‘elder.’ One exception is a young girl age 12. She and her mother, however, are highly active in the church and in youth group activities.

There is also a variety of biomedical practitioners at work in Tautu and the surrounding areas: Aid Post workers with basic training, nurses, nurses’ assistants, nurse practitioners, and doctors. While biomedical practitioners are less likely to utilize medicinal plants and other kastom elements, many, however, frequently use prayer in their practice. In addition, they may suggest that their patients seek counseling from a kleva or spiritual healer. Some admit to using these non-biomedical sanctioned forms of treatment and to following the advice of klevas, themselves.

*Twelve of Tautu’s most popular practitioners*

During interviews in which my research team and I asked approximately 25 residents of Tautu whose assistance they seek out during times of illness, twelve names were repeatedly mentioned: Rutie, Jimi, Delwin, Rebecca, Isaak, Kalsong, Tyrus, Tabita, ____________

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20 Courtens describes spiritual healers spitting blessed water onto their patients and blowing on the crucifix toward the patient during their treatment sessions. I did not observe these methods in Tautu. This may be in part because Courtens’ informants were Catholic, who also used rosary beads and statues of the Virgin Mary, whereas my informants were primarily Presbyterian.
Pastor Ethan, Elder Jonah, Karolin, and Dalia.\textsuperscript{21} These persons are known for their talents in Tautu and in other villages as well. Their practices further illustrate the inadequacy of models that set up “traditional” and “western” in opposition with each other.

Perhaps because my research team and I surveyed both men and women, our consultants mentioned the names of both male and female healers, in remarkably balanced numbers. This may also be due to our sampling technique, as we did not completely randomize this aspect of our survey. That two female \textit{klevas} were repeatedly mentioned is surprising when considering that traditionally all \textit{klevas} were men (Bourdy and Walter 1992) and that today male \textit{klevas} still outnumber female \textit{klevas}, at least in Tautu. The responses are also striking because they do not reflect the general trends of Tautu, where most \textit{klevas} are men, and most massage therapists are women.

Tautuans frequently identified Rutie and Jimi as go-to persons in times of illness. Rutie is a nurse who works at Norsup hospital. Jimi is a retired Aid Post worker. While they were both trained in biomedicine, they are both practicing Christians who subscribe to \textit{kastom} beliefs. As such, they are apt to consider and recommend biomedical as well as \textit{kastom} and Christian diagnoses and treatments. Delwin and Rebecca, female \textit{klevas}, or persons who specialize in \textit{lif meresin}, medicinal plants, were also frequently mentioned. While both female \textit{klevas}, Rebecca is more knowledgeable in the treatment of \textit{kastom} sickness and uses other types of \textit{kastom} treatment in addition to medicinal plant mixtures whereas Delwin mainly treats the non-\textit{kastom} versions of malaria and

\textsuperscript{21} These are pseudonyms. Another popular male \textit{kleva} is not in this list because he did not want to be included in my study.
diabetes. Unlike Rebecca, Delwin does not use other kastom techniques; she only uses medicinal plants. Rebecca has a larger toolkit than Delwin, as she has been learning remedies from her father for some time while Delwin has only relatively recently embraced her gift and begun treating individuals. Isaak and Kalsong are male klevas. Kalsong treats more varieties of illness, including kastom illnesses, with a variety of kastom techniques while Issak mainly treats “normal sicknesses” with medicinal plants. It should be noted that many other villagers have knowledge of medicinal plants. These four individuals, however, are the ones most prominent in my interviews and observations.

Similarly, while many Tautuans are versed in holem bel, i.e., traditional massage, Tyrus and Tabita, are thought to be especially gifted in the art of healing massage. Tautuans frequently seek their services. I mainly observed them treating digestive and muscular complaints but was told that they treat a variety of maladies. Tabita is also a traditional birth attendant blessed with the special ability of being able to reposition babies in the womb and to assist in childbirth. Notably, both Tyrus and Tabita identify the Christian God is the source of their healing gifts. They view themselves as mediums: God performs healing work through them and their kastom techniques. It is significant that both a female (Tabita) and a male (Tyrus) were identified as especially gifted massage therapists.

While other spiritual healers were also mentioned, Pastor Ethan and Elder Jonah were most frequently mentioned. Both Pastor Ethan and Elder Jonah facilitate healing primarily through prayer. The title “pastor” refers to the head of the church who has had graduated from seminary school and who has been appointed by the Presbyterian church.
They are often not from the place in which they are stationed. “Elders” are local residents elected by the church council. They assist the pastor with the church service and perform other duties including maintenance of the church building and property. Both pastors and elders agree to follow the church’s moral guidelines, which prohibit imbibing kava, alcohol, tobacco, or marijuana. All church members can potentially be spiritual healers, not just elders or pastors, but people with official titles are perhaps more likely to be spiritual healers because they are already highly involved in the church and viewed as leaders of the community. One of the major roles of pastors and elders is to offer counseling and advice and to pray with the sick. However, not all elders or pastors are healers, and among those that do have healing powers, some are said to be more powerful than others.

While other healers also incorporate prayer with their other practices, Pastor Ethan and Elder Jonah primarily use prayer. They at times, however, also counsel sick individuals and facilitate the settling of disputes or other tensions that may be causing stress or harm. As does the general public, they also encourage people to confess. Pastor Ethan and Elder Jonah caution against the use of some kastom medicine and in some instances are also apt to recommend that a person go to the hospital. Mainly, however, in times of illness, they ask for the Christian God to intervene. Pastor Ethan

Further research is needed to investigate who can possess “mana” in Tautuan society. Are pastors, elders, or spiritual leaders in Tautu thought to possess “mana”? Are klevas or massage therapists thought to possess “mana”? Can both men and women possess mana? How mana is recognized and whether the traditional concept of “mana” has merged with Christian concepts of spiritual gifts are additional lines of inquiry needing further study.
and Elder Jonah still believe in *kastom* causes of illness. They, however, view faith in God to be the cure for these types of illness. As described previously in Chapter 2, a common perspective is that the forces of *kastom* and the force of the Christian God are at odds with each other; as such, healing involves the Christian God’s defeat of the evil forces of *kastom*, including the work of malevolent spirits and sorcerers.

While the most celebrated spiritual healers are men (likely due to their official positions in the church), there are a handful of Tautuan women serving as spiritual healers in their community. The noticeable differences between male and female spiritual healers support Eriksen’s (2008) interpretation of male and female types of leadership. Male spiritual healers appear to follow a more hierarchical form, which reflects both traditional organization and the organization of the Presbyterian church, while female spiritual healers take a more group-based egalitarian approach. The two most frequently mentioned female spiritual healers are Karolin and Dalia.

While other villagers are acknowledged as having the gift of vision, these two individuals are especially sought after and thought to have particularly powerful gifts. While they are both visionaries and devout Christians, Karolin’s ability to diagnose through dreaming is more aligned with *kastom* or traditional practices because Karolin inherited her gift from a family member, whereas Dalia received her gift from God via the angel Gabriel. Further, Karolin’s dreaming is facilitated by the *kastom* practice of sleeping with an item of the sick individual, such as a piece of their clothing, whereas the angel Gabriel visits Dalia and provides her with information. At times Dalia goes into trances or states of paralysis or unconsciousness prior to or during this visitation. Dalia’s use of her visions to defeat *kastom* illness and sorcery demonstrates her integration of
kastom and Christian/western ideologies. She uses her gift to identify sorcerers and to locate the charmed items they use to cause harm. This approach toward illness again demonstrates the perception of the relationship between Christianity and kastom as opposition. The Christian God is envisioned as being at battle with the evil forces of kastom. The Christian God is portrayed as being all-powerful: if he chooses, he can be victorious over any kastom cause. Dalia and other spiritual healers and laypersons point out, however, that the ill individual must have “faith” in order for this to take place.23

The concept of “faith” is significant in many aspects of healing in Tautu. In fact, what seems to separate specialists from non-specialists, professionals from non-professionals, is the community’s faith that the healer’s knowledge and power is authorized by some agreed-upon authority, either abu, dwarves, the state, or the Christian God. As my discussion of these twelve practitioners has shown, a single healer often derives knowledge and authority from multiple sources. These practitioners’ actions, words, experiences, and roles in the community demonstrate the present-day Tautuan worldview in which the lines between kastom, Christian, and biomedicine are blurred, if not transparent or non-existent.

23 Review of Crowley (2003)’s Bislama dictionary indicates that there is no direct translation of the English word “faith;” Crowley translates “faith” as bilif (belief) or tras (trust). My consultants, then, appear to have adopted the English word “faith” into their Bislama religious discourse.
Conclusion

This chapter has provided several perspectives on categories of illness and medicine, including those of the Ministry of Health, health NGOs, international organizations and health discourse, local Tautuans, and my own perspectives as a foreign researcher living in Tautu. In my discussion of both illness categories and types of medicine (including sources of knowledge, diagnosis, and treatment) I have argued that the binary oppositions commonly used to represent illness experience, including categories of traditional/modern, local/foreign, natural/supernatural, and non-professional/professional fall short in Tautu. In relation to illness categories, I have suggested that the concepts of streit sik and no streit sik—illnesses that follow a straight course and illnesses that follow a crooked course—better convey the actual beliefs and behaviors of Tautuans. In relation to categories of medicine, I suggested that the categories of home/self treatment and treatment from practitioners are better suited to the healthcare environment of Tautu and better reflect the commonalities of Tautu’s practitioners. Although the categories of kastom medicine, biomedicine, and Christian medicine are salient in Tautu and envisioned as opposing alternatives or diverging roads, I find that in practice they are integrated options, roads that cross at times and at other times merge. These crooked roads, these crossings and mergings—the multiple meanings of illness in Tautu and the integration of kastom, biomedical, and Christian beliefs, practices, and identities among patients and practitioners alike—illuminate why and how kastom medicine continues to flourish in Tautu. The next chapter provides another piece of the answer to this puzzle by examining the processes of diagnosis and treatment and the myriad factors that influence health decision-making in Tautu.
CHAPTER 4. FINDING AND FOLLOWING ‘THE RIGHT ROAD:’ TREATMENT PROCESSES IN TAUTU

Introduction

In this chapter I outline how treatment processes illustrate the integration of biomedical, kastom and Christian domains of knowledge. I also continue to highlight the significance of kastom ideologies in particular the importance of Tautuan concepts of personhood. Examination of medical decision-making and treatment choice in Tautu thus serves to problematize further the artificial categories of kastom, Christian, and biomedical healing. I also continue to explicate the symbolic meanings of “the road” and “the gift” in Tautu in order to illustrate conventions surrounding “proper” treatment and how treatment is perceived as a process of exploration and as a process of disentangling. In addition, I challenge the models of “hierarchy of resort” and “rational decision-making,” popular models of treatment choice prominent in public health and some social science literature. Like the classification schemes discussed in the previous chapter, these models presume that the domains of biomedical, kastom and Christian healing are separate systems. I conclude that Tautuans’ pragmatic nature and the variable and fluid nature of the environment in which Tautuans make decisions negate the validity of these formal models. I move beyond the “Rational Man” (Young 1981; Crandon-Malamud 1993) by addressing socio-cultural and political-economic factors influencing decision-making including access, convenience, and kinship.

This chapter thus provides several pieces of the multifaceted answer to the question of why and how kastom medicine continues to flourish in Tautu by demonstrating how
Tautuans’ integrate Christian and biomedical concepts within a *kastom* framework in the context of treatment as well as by showing how indigenous exchange practices govern patient-practitioner relations. *Kastom*’s significance also emerges in my examination of the numerous factors influencing treatment choice. Tautuan’s explanations of their medical decisions underline *kastom*’s continued relevance in times of illness and adversity. I suggest that the *kastom* medicine’s embeddedness in the social network plays a major role in Tautuans’ preference of *kastom* medicine. As an entry point into these issues I first provide an ethnographic example of an illness and treatment episode.

**Neli’s story**

When she was in 8th grade at boarding school, Neli had a lengthy illness experience in which she sought out various treatments for a *lam* (“lump,” a sore or boil) on her lower leg. Neli initially told me her story during an informal conversation. I was not planning on interviewing her, so I did not record her first account. I later asked her to retell her story.

**Bislama:** “I stat long skul ia long 2003, yia 8 blong mi long Rensarie... ples ia i stap soa...Mi [bin] go daon long clinic. Oli bin givim wan meresin ia blong bun i soa. Afia mi kam bak mi dring mi harem gud... I gat wan lam i kam aot long ples ia... i stap kam aot. I kam raep. Mi brekem... I kam olsem wan boel ia...I no raep gud... no save katem....Top blong kabis, putum long em... Mi no save wok abaot... kabis putum long leg blong mi: mekem i slak, helpem pulum ol fas ol doti i kam aot.... Wan paen kila.. hemi japanis.. givim blong tut ia... hemi givim long mi...

Wan taem mami bin givim long brata blong mi, mekem boel i brok, so mi dring...
Mi dring long naet... boel i brok ol doti wota blong boel i kam aot... Mi harem mi save wok abaot save go long skul... Long lanj i kam back... nomo save wok abaot... leg i soa we soa... mi jas slip nomo... go daon long clinic.. nas i givim bak sam meresin... kolkol i go insaied long bodi blong mi... leg i stap soa we soa....

Panadol, no gat, Panadol i no wok...mi bin go bak long klinik...nas hemi givim wan injection, pinim mi; afta mi slip... hemi se bae yu go bak nao; leg i gud nao... mi go bak antap... Truk oli no ron, from Satede... mi waet long Mande... blong go bak long haos... Mande long moning.... skul truk i kam putum mi long raondabaot; oli no save se bae mi kam bak... Taem mi kasem haos ia i solap solap... afektem narafala leg blong mi... Rachel i talem long mi; mi luk rod blong yu i fas fas i fas fas; i fas fas olsem wanem; hemi se wan man i spolem yu ia... Sapos wea i sik nating bae mi luk se i stret... Rod i fas fas... Lif i lus... afta mi karem bak bakegen... hemi kakae lif afta hemi spet long leg blong mi... Mi mas dring plante... I konkon mi no wantem nating, be mi mas dring... dring blong 3 deis... Leg blong mi i stap go daon... boel i finis... Las lif blong mi mi dring... Mi save wok abaot nao.. mi lego wud... Pasta Solomon i kam... hemi stap wetem Pasta Ethan... hemi kam blong prea long ol man... Babu i girap... Mi no wantem oli prea long mi... i olaet nomo... mami Rachel i mekem lif long mi finis... Babu i fos... yu mas go oli mas prea long yu... Hemi ask olsem wanem. Mi wan student nomo... prea prea prea prea go go... Hemi talem amen... afta hemi sling slingem hed blong hem olsem... Laki yu bin kam... Oli bin spolem yu ia, oli bin spolem yu ia long skul... Pasta se yes hemi mekem lif blong yu be yu laki be sapos wea yu bin yusum... Lif ia nomo... bae yu stap se wan yia i pas... brek brekem leg blong
It started at school in 2003, when I was in 8th grade at Rensarie School; this spot on my leg was painful... I [went] down to the clinic. They gave me a medicine for sore bones. Then, I came back, I drank [the medicine] I felt good... There was a lump [boil] that came out at this spot [on her leg]...it kept coming out [getting bigger]. It got ripe [came to a head]. I broke it [popped it]...It was like a boil...It was not ripe enough [ready to pop]...could not cut it...the top of island cabbage, I put it on it [the boil]...I could not walk...I put the cabbage on my leg: I wilted the cabbage [to] help draw out the blockage, all of the dirt came out... A pain killer, a Japanese brand... [they gave it to me] for my tooth...they gave it to me... One time my mother gave [the pain killer] to my brother [and] it made the boil break open, so I took it [the medicine]... I took it that night... the boil broke, all of the dirty water of the boil drained out... I felt like I could walk again and go to school... During lunch I came back [to my room]...I couldn’t walk anymore...my leg was very sore...I just slept...[I] went back to the clinic...The nurse gave me the same medicine again...coldness went inside my body... my leg was hurting; it was very sore...I didn’t have any Panadol, Panadol didn’t work...I went back to the clinic...the nurse gave me an injection, stuck me [with a
needle]... She said you go back now; your leg is better now...I went back up [to my room]... The trucks were not running [they were not in service] because it was Saturday... I waited until Monday...to go back to my [family’s] house... Monday morning... the school’s truck dropped me off at the roundabout; they [my family] did not know that I was coming back...When I got to our house my leg swelled up...it affected my other leg...[my mother sent for Rachel] Rachel told me “I see that your road is very blocked, it is very blocked;” [I asked] “How is it blocked?”; she said “A man has spoiled you. If it was a normal illness I would see that it was straight...The road is blocked, blocked...The leaf blew away...I had to keep picking the leaves over and over”... She chewed the leaves and then she spit on my leg...[then she gave me a mixture to drink] I had to drink a lot of it...It was so bitter I did not want to drink it at all, but I had to drink it...I drank it for three days...The swelling went down...the boil healed...I drank the last of the mixture...I could walk around now...I stopped using my crutch...[then] Pastor Solomon came [to Tautu]...he was staying with Pastor Ethan... He came to pray with everyone...My grandfather got up...I did not want for them to pray over me... I was just fine... mami [aunt] Rachel already gave me medicinal plant cure... My grandfather forced me... [he said] “you must go so that they will pray over you”... Pastor Solomon asked me what was wrong. I am just a student... [He began praying] the praying went on and on and on... then he said “amen”... after he slung his head from side to side like this... [he said] “It’s lucky that you came... they spoiled you, they spoiled you at school...” Pastor Solomon said yes, she gave you a medicinal plant but you are lucky because if you had only used the
medicinal plant... in about year [this illness] would have broken your leg and you would have been paralyzed and then you would have died... You were at school... One boy spoiled you”...I said yes, there is a boy, he struck me with a branch... he hit me on the leg... he [Pastor Solomon] described him well... the boy is like this... [he predicted that the boy] he will not pass... he will not pass his exams... that is it... they worked; all three things [all three treatments] they worked... and the boil hasn’t come back.”

Neli first sought treatment at a state-run biomedical clinic nearby her school. The health worker at the Aid Post gave her pain medicine. Neli took the pain medicine, and her pain went away. The boil however remained. Back in her room at school, while still under biomedical treatment, Neli applied a traditional remedy to her leg: she placed wilted cabbage on the sore “to draw out the dirt.” The next morning her leg was extremely swollen, and the pain had returned; it had, in fact, worsened. Neli returned to the Aid Post and took more pain medicine and got an injection. While the pain again subsided, the swelling did not go down. Because there was no truck running on the weekend Neli waited until Monday to travel to her home village. Her mother immediately sent for Rebecca, a prominent local healer, who came to their home. Rebecca diagnosed a sorcery attack, telling Neli that someone had “blocked her road.” Rebecca prescribed another traditional remedy: drinking a medicinal plant mixture specially formulated to combat sorcery. Neli drank the concoction, which she describes as extremely bitter. Rebecca also chewed up some leaves of a medicinal plant and spit the masticated mixture on Neli’s leg.
Neli says that as a result of these *kastom* remedies the soreness and swelling went down, and she was satisfied that the illness was resolved. Her maternal grandfather, however, was not as confident. He forced her to go see Pastor Solomon, a well-known spiritual healer who was visiting the village. Pastor Solomon prayed with Neli and immediately after praying he received a vision from God. Pastor Solomon identified the person responsible for causing her illness as a young boy who attended school with Neli. Pastor Solomon described what the boy looked like. Neli admitted reluctantly that this particular boy had expressed an interest in her and that she had not reciprocated. Some time later the boy hit her with a branch, on the leg that later developed the *lam*. Pastor Solomon told her that it was very lucky that she had come to him. While the illness had appeared to be resolved, he said that if she had not come and been prayed over in a year or so the illness would have returned and she may have even died. Pastor Solomon also predicted that the boy would not pass his exams and would not be able to continue with school. Neli later explains that Pastor Solomon’s predictions were correct; in her words his predictions had “come true.”

Neli insists that all three of the treatments—biomedical pharmaceuticals, medicinal plants, and prayer—she had used worked. She also, however, agrees with Pastor Solomon’s assessment: that she would have continued to suffer or possibly even die if the main, underlying cause had not been discovered. Neli and her grandfather attribute her full recovery to the power of prayer and God’s grace. It is significant that even though she had originally thought that her illness was resolved, Neli accepted Pastor Solomon’s judgment. As she later explained, his authority comes from God. Neli’s account demonstrates several of the main arguments of this chapter and this dissertation.
For one, her actions illustrate how treatment-seeking behaviors reflect the integration of multiple theories of illness as demonstrated in Chapter 3. Her illness narrative also illustrates Tautuans’ pragmatic approach toward health and is a helpful example of how healing is process of exploration and a process of disentangling. Her actions also demonstrate that a person may interpret an illness in multiple ways and that all of these interpretations may be in play at the same time. Due to the open-ended nature of interpretation, a person’s responses may or may not be linked by a single diagnosis. Neli’s story shows how diagnoses can change over the course of the illness. Her actions thus show that treatment decisions do not always directly correspond to beliefs about the cause of the illness. Further, Neli’s story highlights the influence of the social network, as Neli’s mother made the decision to send for Rachel, a kleva, and as her maternal grandfather insisted that she see Pastor Solomon. I will return to these points one by one, using Neli’s story as a starting point.

*Treatment as a process of exploration*

As Neli’s case shows, in Tautu, as in many areas around the globe, treatment is a dynamic process that shifts in response to each symptom and treatment outcome. Scholars, such as Etkin (1994), have noted that the process of diagnosis is not easily separated from treatment—treatment being defined as the application or carrying out of a remedy. Further, as Ludvigson (1985) observed on the island of Santo, Vanuatu, diagnosis is frequently interactive and retroactive. In other words, when a treatment is found to be efficacious, the remedy points to the underlying cause. In this interactive approach, discovering the cause of the illness, i.e., the process of diagnosis, may involve
a series of events in which the patient, like Neli, follows a number of roads (i.e.,
treatment pathways) before arriving at a correct treatment and thus a correct diagnosis.
Further, as on Santo, in Tautu when a treatment fails to work, people say that the
treatment failed not because it was the wrong treatment but because it was the wrong
diagnosis (Ludvigson 1985). As Neli did, patients, caretakers, and healers methodically
try and test various treatments and combinations of treatments until they find one that
“works.” Scholars describe this systematic process as “trial and error,” (Williams and
Tautuans use the metaphor of “the road” to discuss treatment alternatives and pathways
toward recovery I find that, instead of “trial and error,” the treatment process utilized by
Tautuans is better described as a process of exploration.

A focus on roads is another way to view the landscape of Tautu’s healthcare
environment. Roads connect patients, healers, churches, schools, Aid Posts, hospitals,
stores selling medicines, regional government offices, national government offices, and
NGOs with local bases in Port Vila and home bases in cities around the globe. These
literal, geographical roads are important because patients, healers and medicines travel
along these roads and because transportation is a major factor in healthcare decisions in
Vanuatu, as access and convenience weigh heavily in decision-making.

To get to a certain person’s house from the center of the village, there are always
several options. There is not necessarily a “right way to go,” and the routes are not rigid.
While people tend to take the same routes, and while the route taken is usually the one
that takes the shortest amount of time, these routes are inherently flexible. The way one
takes that day depends on the destinations and on the state of the path (if the path was
blocked, flooded or overgrown, etc), as what if any resources a person has, for instance if she has 100 vatu to pay for a ride in a truck. Sometimes people alternate between a bush path and a main road. The navigation of roads thus illustrates the “Melanesian pragmatism,” described in the literature on Melanesian religious practices; I find that this flexible, pragmatic approach characterizes not just the navigation of geographical roads but of metaphorical roads as well.

I find that the navigation of roads is a useful parallel for navigation of treatment options in Tautu. As in navigating routes, in navigating treatment options, there is not necessarily a “right way to go.” Before choosing a path or series of paths, Tautuans consider not only their desired destination(s) but also the states and conditions of the path(s) as well as what, if any, resources they have, for instance if they have 100 vatu to pay for a ride in a truck. While people tend to take familiar paths, and while the path taken is usually the most convenient or the one that takes the shortest amount of time to arrive at the desired destination (be it a literal or figurative destination), routes are inherently flexible. Tautuans are apt to alternate or change paths as they go, depending on the circumstances. The pragmatic approach that characterizes Melanesian religion and navigation characterizes health-seeking behaviors as well. While other factors come into play, Tautuans are ultimately concerned with finding whatever works. Their integrative approaches echo the findings of Lock and Nichter (2002) who argue that, “Patients are, almost without exception, pragmatic, and see nothing inconsistent about liberally combining different forms of therapy in their quest for restored health” (4).

As Neli’s actions demonstrate, in their search for the cause of the illness, Tautuans are apt to draw on the many sources of knowledge described in the previous
chapter. While Neli did not mention the interpretation of signs in nature or some of the other diagnosis methods, she does talk about the use of visions and prayer. Recall that Pastor Solomon’s treatment entailed praying to God and receiving a vision. Nearly all of the Tautuans I interviewed reported using prayer as a treatment and/or during treatment. In fact, it has become *kastom* for treatments to begin with a prayer to God asking Him to reveal the “right road,” i.e., to show the pathway that will lead to recovery. Here, again, the metaphor of the road comes into play. Local people use the term “road” in this context to refer to guidance from God. They say that God not only reveals the right road but also opens roads, and moreover, when these channels facilitating healing are opened they are often described as gifts from God. I will explain this connection further in Chapter 6. Many of the people I interviewed explain that they say similar prayers in private. One consultant stated, “*Taem wea mi sik mi yusum prea fastaem... taem mi prea God hemi givim directions long mi*” (“When I am sick I pray first... when I pray God gives me directions”). This is more evidence to support the claim that Tautuans envision the treatment process as a process of exploration. Moreover, the idea of God giving directions underlines God’s role as a source of diagnoses and instructions for treatment.

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1 An additional method of diagnosis involves burning leaves around the patient and chanting the names of spirits until there is an indication of who is responsible. There is also a method in which persons with special gifts, typically active members of the Christian church, locate ensorcelled items, such as items buried under ground or in trees, etc... For example, Dalia, introduced in Chapter 3, finds objects by communicating with angels. There are also biomedical methods of diagnosis: clinical diagnosis and diagnosis based on various diagnostic tests.
God also plays an important role in treatment by freeing people of their illness-causing sins. Pastor Solomon explains that part of his work is to facilitate repentance and forgiveness: “Sam taem sam man oli kam blong mekem confession... Mi traem mekem rod blong receiving forgiveness” (“Sometimes some people come to make confessions... I try to make the road [for them] to receive forgiveness”). By following the road to forgiveness, a sick, immoral body may return to a healthy, moral body.

_Treatment as a process of disentangling_

Neli’s illness narrative is an example of how treatment in Tautu can be understood as a process of “disentangling.” White (1990) notes that speakers of A’ara language in the Solomon Islands, as do members of other Melanesian societies, view misfortunes, including conflict and illness as “entanglement” (54). “‘Disentangling’ [then] refers to cultural activities in which people attempt to ‘straighten out’ their ‘tangled’ relations” (White and Watson-Gegeo 1990, 3). I will quote White (1990) at length because his explanation of disentangling theory as related to illness establishes an important lens from which to interpret treatment practices in Tautu.

“Disentangling theory attributes socio-emotional factors in cases of illness that persist despite the application of usual treatments. For example, in the case of a woman suffering from uterine pains and bleeding who had been treated without success by a variety of traditional remedies over a period of six weeks, a village leader finally said that he could see that ordinary treatments were not working because of problems between the woman and her husband. In the leader’s words, it was ‘their thinking which blocked the work of the other treatments’ and thus
they needed to disentangle their thoughts and feelings. ... the disentangling theory includes the premise that one person’s socio-emotional entanglements may cause illness or misfortune for third parties—for significant others or for the community as a whole. In the words of one informant, ‘if two people, husband and wife, are always arguing, then their child will continually be sick.’ Such reasoning appears to be extremely widespread in traditional models of illness’” (White 1990, 58).

Neli’s story culminates with Pastor Solomon identifying the root of her illness as an encounter with a young male classmate. As a spiritual healer, of main concern to Pastor Solomon were Neli’s past and present social interactions and those of her family members. Illustrating the significance of the social body in health, the real cause of Neli’s illness was a social. By bringing this conflict into the open, Pastor Solomon untied or disentangled Neli from these circumstances by facilitating “the public reworking of private grievances” as well as the spiritual reworking of this issue (White and Watson-Gegeo 1990, 10). By praying for the resolution of this conflict and by asking God to cancel out the sorcery, Pastor Solomon ensured Neli would no longer be subject to the effects of this conflict. Pastor Solomon is aware of his role as a mediator facilitating solutions to social problems, and in my interview with him, he explained that he actively takes on this role when healing patients. Pastor Ethan and other spiritual healers recognize and engage with these duties as well, acting as key leaders in managing conflict at the village level. This trend in Tautu reflects a broader trend in Melanesia: the “Christianization” of customary conflict resolution practices (White 1990; Ito 1985).

Most of the treatments I observed were for “stret sicknesses,” such as the flu (the Tautuan term for both the flu and the common cold). These sicknesses typically involved
treatment at home with various “home remedies” described in the previous chapter. As
“stret sicknesses,” these illnesses resolved quickly and did not require a lengthy or drawn
out process of identifying a diagnosis and searching for an efficacious treatment. These
*stret* sicknesses thus did not typically require “disentangling.” It follows, then, that a
*stret sickness* is a type of illness that “straight” rather than “tangled.” This observation
aligns with the meanings of “*stret*.” Recall that “*stret*” connotes “truth” and “agreement”
or the lack of lying or disagreement (Lindstrom 1990b; Crowley 2003). I obtained
examples of “*no stret*” or crooked sicknesses by interviewing people about their illness
experiences. These types of illness typically required disentangling. While I collected a
variety of illness narratives about “*no stret* sicknesses” the majority of these were
sorcery-induced illnesses. Further, the majority of these cases involved the use of prayer
and were said to be solved by divine intervention.

There are several forms of disentangling that treat *no stret* sicknesses. Apology
treats such illnesses by restoring relationships, i.e., the health of the social body.²
Tautuans encourage a sick person suspected of sorcery, theft, adultery or any other sin
who is not recovering well to admit their guilt to the person harmed. The practice of
confession also represents disentangling, in that it involves the “straightening out” of
one’s relationship with the church and with God. Tautuans encourage sick persons to
repent in order to recover from the illness. If a person does not recover after several
different kinds of treatments, villagers often gossip that the person is “holding onto to

² See Ito (1985)’s discussion of the role of apology in the Hawaiian practice of
*ho’oponopono.*
something,” meaning that their refusal to confess their sins is the root of their illness. Apology, confession, and repentance, then, act as a forms of treatment by resolving conflicts and restoring the status quo. These beliefs and practices also illustrate the ways in which medicine and healing can act as forms of social control; in Tautu, beliefs about illness and sin serve to enforce local morality.

One night while I was having dinner at a friend’s house on her porch a group of men, several young men and several older men approached her house. They beckoned her to come speak with them several yards from the porch. I did not follow my friend because it appeared to be a private matter, and as the whole group was talking softly, I could not hear their conversation. I could tell that it was a serious discussion, however, because my friend, normally talkative and energetic, was standing stoically with her hands clasped behind her. The older men were doing most of the talking. The conversation went on for a while until it culminated with one of the young men giving my friend some money. After the men had left I asked my friend what had just happened. She explained that the young man had inappropriately yelled at her the other evening and had thus come to apologize and present her with a gift. Displaying the connection between the (in)dividual and the social body, public apologies, ceremonial exchanges, gift-giving, and compensation payments are often made following disputes as measures to prevent illness. Scholars such as White and Watson-Gegeo (1990) and Lindstrom (1990b) see “shame” as the mechanism behind this process. Conflict resolution, then, works by quelling shame, thereby reopening “ordinary channels of communication and interaction” (16). M. Rosaldo (1980) finds that conflict resolution works to alleviate shame in the Philippines and other cultures as well.
Because the body and the self are permeable products of relationships, when these relationships are disturbed the disturbance may manifest as physical illness. Thus a person may confess a sin or a breaking of a taboo as a preventative measure. A person, too, may refrain from committing an immoral act or breaking a taboo out of fear of illness. These practices convey the concept of ‘dividuality’ in Tautuan culture (Strathern 1990). Unfortunately during my fieldwork I did not have the opportunity to attend a formal meeting called to resolve a conflict. While I was conducting my research there was one meeting called regarding a conflict between a husband and wife who wanted to divorce. I was not invited to the meeting and only learned about it after it was over. I later learned that the meeting was not just about mediating the affairs of this couple. The church and the whole village had a stake in the conflict because for a couple who have been married in the church and have taken vows in front of God to divorce is an un-Christian act with great repercussions on the family, their kinship relations, and on Christian kastom. It was implied that allowing this couple to divorce would create a precedent for divorce in the community, a community already deeply concerned about the loss of traditional values. People discussed this conflict as if the whole institution of marriage was being challenged. In some consultant’s views, marriage, and more importantly, keeping Christian vows, is of great importance. The conflict between two persons had become a larger moral issue. This situation demonstrates how persons involved in conflicts produce moral accounts and (re)produce social structural forces, such as the institutions of the Presbyterian church and Christian marriage practices.

As explained above, gift-giving plays a role in treatment as it facilitates social health by maintaining or restoring relationships between villagers. Gift-giving also plays
a role in the maintenance of relationships between patients and healers. *Kastom*, in the form of traditional exchange norms, directs *all* patient-practitioner relations, as Tautuans exchange various gifts for treatment services. Healers, be they *kastom* or Christian spiritual healers, follow *kastom* in that they never ask for payment but do accept gifts. Because biomedical practitioners receive a “salary,” i.e., financial compensation for their services from the government of Vanuatu, Tautuans generally do not feel obligated to reciprocate for biomedical services. It appears, then, that, at least in this respect, Tautuans view biomedical practitioners and the hospital as somewhat outside of the realm of “*kastom*.”

_Treatment as “covering bases”_

Recall that Neli took pharmaceutical pain-killers and placed wilted cabbage on her _lam_ (a *kastom* remedy) in the same afternoon. She drank another *kastom lif* remedy the following day. As in many other cultures, Tautuans mix various types therapies in the search for efficacy, i.e., relief from symptoms and/or a complete cure. As Neli did, people are apt to “cover all of their bases,” to borrow a U.S. colloquialism, i.e., engage in multiple (at times seemingly unrelated) treatment-seeking activities. In Tautu, this behavior is not restricted to the treatment of boils. In response to a stomachache, for example, a person may refrain from eating, drink hot tea or cold water, rest, imbibe a medicinal plant concoction or a pharmaceutical, go to the hospital, have their stomach massaged by a healer, or ask a pastor or family member to pray with him/her for recovery.
Kala’s illness narrative provides another example of the mixing of treatments. Kala explains that many years ago she had an illness where she was spitting up blood. She decided to travel to the biomedical clinic in Lamap by boat to seek treatment. This was before Norsup hospital was built. It took her one full day to get to the clinic. The nurse at the clinic gave her medicine for “TB” (tuberculosis). She took the medicine for three months. She also drank a *kastom lif* for “TB.” She does not remember exactly when she drank the *kastom lif*, but she says that it must have been shortly after she finished her TB medication. She also took Panadol (acetaminophen) during this lengthy illness episode. While Kala used a variety of medicines to treat her illness, she states that ultimately, it was Papa God who healed her. As Kala’s story confirms, it is common for therapies to overlap and for transitions from one therapy to another often occur with little space or time in between. These trends are not limited to Tautu. For instance, Saethre (2007) notes that among The Walpiri “publicly blaming a disease on sorcery does not inevitably exclude the possibility of clinical treatment. Likewise, clinical treatment does not necessarily lead to the rejecting of sorcery as a cause or attributing recovery to *ngangkari* [traditional healers]” (Saethre 2007, 106).

Because I had read the medical anthropology literature on medical pluralism and because I had mixed therapies myself I was not surprised by people disclosing that they had taken *kastom lif* medicine shortly before or after seeing a nurse in the outpatient clinic. I was surprised, however, when people told me that they took *kastom lif* medicine while hospitalized, even while on IVs. I was surprised when a consultant, Fred, told me that he took *kastom lif* for dengue fever while in the hospital shortly after being treated with antimalarials. The following is a loose translation of Fred’s narrative: Fred begins
his story by explaining that once he had malaria and dengue at the same time. He was extremely ill, so he went to Norsup hospital where he was hospitalized for one week. During the first three days in the hospital he took pharmaceuticals for malaria. The hospital workers did not know that Fred also had dengue. He kept throwing up over and over; he could not eat, he was very sick and losing weight. He was so hot from a fever, that the nurses had to take off his clothes and put cold water on him to cool him down. They did this for two days. Then the biomedical practitioners discovered that Fred had dengue, too. Fred says that he first took the malaria medicine given to him in the hospital, and then, when that was finished, he took the traditional plant medicine for dengue once or twice while in the hospital. He stayed a few more days in the hospital and then went home.

Why was I surprised by Fred’s open admission about taking kastom lif while hospitalized? The answer lies in my own relationship with and view of the hospital. After several experiences I came to realize that although I have been trained to deconstruct the aura of biomedicine I still view the hospital as a sacred space. This revelation occurred during a tour of the hospital in Port Vila. I had made friends with a doctor from PNG working in Vila Central Hospital and had asked if I could come meet with him at the hospital while I was in town. Upon meeting him he asked if I would like a tour of the hospital. I gladly accepted, expecting to be taken on a tour of, what in my mind were the “public” areas of the hospital, i.e., the areas to which persons un-trained in biomedicine, like myself, had access. The tour was not what I expected, as my friend brought me into a delivery room where a woman had just given birth and then brought me over to a table where the woman’s infant, minutes old, was lying. My friend
informed me that the infant “may not make it.” He also took me into a room where premature infants were in incubators. Upon entering these areas I immediately felt like I was breaking a *tabu*, since I did not have training or the proper attire. I remember thinking, *What am I doing in here? I don’t have scrubs or a mask on. My hands are not sanitized!* I felt out of place and was worried about contamination. My concern about polluting these sanctified spaces reflect Douglas’s (1966) arguments about cultural ideas of “sanctity” and ideas about pollution (re)producing the social order (8). I was not trained in biomedicine, so I felt that I had no authority, no right to be in those biomedically-governed spaces.

Van der Geest (2005) and Katz (1981) have pointed out that in many Western cultures the hospital has become holy. Van der Geest (2005) writes, “hospitals and other medical institutions thus become secular churches where people perform and act and speak words, which express and recreate their beliefs in the canons of ultimate truth (i.e., science and biomedicine).... (146). The discomfort and anxiety I experienced while standing, unsanitized, in these spaces in the Vila hospital helped me realize that I have a different relationship with the spaces of “the hospital” than do most Tautuans. This, I believe, is why I was surprised by Fred’s nonchalant account of the time he took *kastom lif* while hospitalized. Tautuans do not appear to share the same attitude that I have toward the spaces of the hospital. They see it as a public hospital, as public space. Families camp out in the hospital, sleeping beside the patient’s bed. It is not a *tabu* space: it is their space. Thus, bringing *kastom lif* medicine into the hospital is not thought to violate any *tabus*. Patients and family members do not see any problem with summoning *klevas* and traditional massage therapists to the hospital to give *kastom*...
treatments to the sick. Dr. Simon, the director of Norsup hospital, explained to me that he has had to create rules banning some of these practices, in particular, bringing *kastom lif* medicine into the hospital. Although he has tried to enforce this policy, he sighs, “They still sneak the medicines in.”

**Treatment choice**

*Beyond hierarchies of resort*

My approach toward the interpretation of treatment choice—and the changes it has undergone—parallels the developments that have occurred in the literature on this topic. One of the earliest models to explain how people chose to use particular sector(s) or system(s) of healing was Schwartz’s (1969) model called “hierarchy of resort.” This model involved “sequences” in which various systems of medicine are used, one after another, until resolution of the illness occurs. Schwartz outlined two basic types of sequences. An “acculturative sequence” involved biomedicine as the first resort, followed by Christian practices, which were then followed by traditional medicine as the last resort. The reverse, a “counter-acculturative sequence,” involved traditional medicine as the first resort, followed by Christian practices, which were then followed by biomedicine as the last resort. Schwartz applied this model to health-seeking behavior in the Admiralty Islands, Papua New Guinea. More recently, scholars have begun discounting this theory after realizing that medical systems are often integrated, rather than used in separate sequences (McGrath 1999; Miles and Leatherman 2003; Lock and Nichter 2002; Saethre 2007). Scholars find “hierarchy of resort” and its implied divisions to be too rigid (McGrath 1999; Miles and Leatherman 2003; Lock and Nichter 2002;
Saethre 2007). Some scholars, like Roa (2006), however, continue to use this model. Courtens (2008) appears to use this model as well, as she argues that “there is an order, even a hierarchy, in the healing rites people go through” (187). According to Courtens (2008), in northwest Ayfat, West Papua, the first step in the hierarchy includes “indigenous methods,” “generally herbal medicine.” Alternatively, people may first take pharmaceuticals or get an injection. The second step in the hierarchy is “a more extensive healing rite” performed by traditional healers (187). In her scheme, Christian spiritual healing is the last resort.

As I became familiar with actual treatment actions, such as those of Neli, and with all of the factors influencing Tautuans’ health decisions, and as I came to grasp the broader contexts in which medical decisions are made— the political environment complicated by ideologies of tradition and modernity, the entanglement of Melanesian religion and Christianity, and the significance of kinship, exchange, local knowledge practices, and views of personhood and the body, among others—I found it futile to try to develop any sort of formal model to explain Tautuans’ treatment seeking behaviors. I realized that attempting to formalize the idea of the “hierarchy of resort” with decision tree models prior to understanding local modes of reasoning and their underlying epistemologies was illogical, backward. Through my observations of actual treatments and conversations with people about their health decisions, I shifted away from such a model-centered approach, which I now feel also recreates artificial and misleading divisions. I moved toward an approach that emphasizes holism, complexity, and indeterminacy and, above all, the agency of Tautuans. I came to see “medicine” in Tautu not as a bounded cohesive “system” but as a plethora of possible interpretations or
pathways created through dialogue and framed by multiple, intersecting domains of knowledge and the “local ecology of care:” the specific socio-cultural and political economic environment of Tautu (Das and Das 2006, 195).

Beyond the “Rational Man”

Why did Neli go to see Pastor Solomon even though she was already satisfied that she was cured? Why did Fred and Kala take kastom treatments while being treated by biomedicine? Why do Tautuans use kastom or spiritual healing methods when they have accepted a biomedical diagnosis? The answer to these questions lies in Young’s (1987) and Crandon-Malamud (1993)’s problematization of the view that a patient is “Rational Man,” which presupposes that patients make decisions about treatment based solely on perceptions about the cause of the illness. Crandon-Malamud explains, “The patient... is not Rational Man looking for medical efficacy; rather he is a social and political animal who at times may be looking for meaning through efficacy which becomes a validation of some sociopolitical or economic proposition, but more often is looking for efficacy through meaning in a sociopolitical and economic context” (33). Das and Das (2006) agree, “contesting the view that patents resort to self-treatment because they have clear-cut beliefs about the causes of their illnesses and the efficacy of different types of medications (allopathic versus ayurvedic) for different kinds of illness” (195). Like residents of Kachitu and people around the world, Tautuans make decisions based on many factors, and “diagnosis is... only one of [these] many factors” (Saethre 2007, 95). Another problem with approaches that imagine the patient as Rational Man is that these “rational-action” frameworks, common in healthcare and social science (Pescolido 1992)
are geared toward individualistic societies and thus ignore the reality that decisions are often not made by individuals but by pairs, groups, families, or the “therapy managing group” (Janzen 1978; Pescolido 1992).

Understanding treatment choice in Tautu requires attention to socio-cultural and political-economic factors. Factors frequently identified include, age, gender, income (specifically access to cash), education, employment status, occupation, occupational training, social status, seasonality, time of day, perception of severity, access to transportation, access to or distance to treatment, cost of treatment, symptom recognition and diagnosis, local models of illness and treatment, household dynamics, social obligations, the influence of social networks, and previous experiences with illness, treatments, and practitioners, among others (Janzen 1978; MacPherson and MacPherson 1990; Young and Garro 1993; Ryan and Martinez 1996; Weller et al., 1997; Williams and Jones 2004; Geissler et al., 1998; Geissler et al., 2000; Winch et al 2000; Hausmann et. al., 2002; Das and Das 2006; Saethre 2007; Widmer 2007). I found the majority of these factors to be relevant in Tautu. The relevance of these and additional “extramedical” factors, including kastom ideology, which I will discuss below, points to the dangers of studies that only consider factors determined to be strictly medical. Such studies run the risk of medicalizing social, religious, political, and economic issues.

Access

Young and Garro’s (1982) study found that access to biomedical health services, rather than illness beliefs, better accounted for variation in the utilization of biomedical health services in Mexico. Access is important in Tautu, as well. Due to government
policy, Tautuans receive free healthcare and medications at Norsup hospital. Most residents cannot afford to buy pharmaceuticals, so the hospital is the only source of biomedical treatment. My consultants explain that they visit the hospital frequently because it is a short distance away, just a walk down the road. In contrast, consultants living in Unua village, about an hour’s drive from the hospital, rarely go to the hospital except for emergencies. They explain that the hospital is too far; the dirt roads are pothole-ridden, and they cannot afford to pay the round-trip fare for ride on a truck. Literal, geographical roads and access clearly play a major role in treatment decision-making.

Interestingly, access issues also explain why Tautuans choose not to visit the hospital. Even though they live nearby the hospital, sometimes going to the hospital is perceived as being inconvenient. In fact, many of my consultants state that they want the Ministry of Health to put an Aid Post inside the village so as to make biomedical services even more easily accessible. If the trucks that provide transportation are not operating, if one does not have the money to pay the fare, if it’s too late or too early in the day, or if one is too ill to walk the mile, many Tautuans opt to stay home. While the distance of one mile may seem to be not too prohibitive, to an ill individual, especially a child or a person with malarial fever, walking a mile is nearly impossible. Because they also have access to Christian and kastom medicine and home remedies and thus because biomedicine is not their only option, many Tautuans opt to stay home rather than make the trip to the hospital. One consultant explains, “Why would we go to the hospital when the medicines [medicinal plants] we need are right here [around their homes, in the village]?” If the necessary medicines are not within reach, Tautuans send for a healer who comes to their
home, as did Neli’s mother. If they are unable to make a house call, it is common for the healer to send medicinal plants along with instructions. As a result, the ill person does not have to leave the comfort of his/her home. In general, biomedical and non-biomedical medicines are viewed as being equally efficacious and as being part of the same hybrid healthcare system. To a Tautuan then, it is logical to use whatever is convenient and close. If this treatment does not work, then the next option is considered.

Further conveying the importance of convenience are consultants’ responses to questions about whose assistance they seek during times of illness. As stated in Chapter 3, 12 people, various types of healers, were frequently mentioned. Notably, all 12 of these healers live in Tautu. Ten out of 12 of these healers live within the boundaries of Big Tautu while two live in Small Tautu. Because all of these healers live nearby, their services are easy to access. That fellow Tautuans are mentioned rather than healers living further away highlights the significance of proximity in influencing treatment choices.

Kinship and the social network

While they are important, issues of access only partially explain how Tautuans make decisions about treatment. Social relationships also play a central role in the health decision-making due to the “dividual” nature of personhood and local theories about the social causes of illness. Recall the important roles that Neli’s mother and grandfather played in her narrative and the identification of a social interaction as the underlying cause of Neli’s illness. In the previous section I explained that 12 persons were repeatedly mentioned as being sought after during times of illness. I used this as an
example to illustrate the significance of convenience. An alternative reading of these responses, however, is that these healers are popular not because they are geographically close but because they socially close: they are connected to the ill person through the roads of kinship and/or through social obligations, including commitments to the church and the village community.

To investigate the role of the social network my research assistant and I asked 20 individuals a series of questions about whose assistance they seek when they are sick. Approximately 90% of people mentioned close female relatives, such as the patient’s mother, grandmother, aunt, sister, or daughter. This result underlines the central role of women in caring for the sick and making decisions about the health and treatment of their family members. Some women did, however, also mention that their husbands took care of them when they were sick. Sick persons also seek the assistance of other more extended family members, in particular if the extended family member has some form of healing expertise. When asked specifically if they seek the assistance of a biomedical practitioner, i.e., doctor, nurse, Aid Post worker or other hospital staff, the majority (75%) replied that they did not. The few who replied that they did mentioned the name of a nurse who lives in the village, and most of the persons who mentioned this nurse are related to her. Similarly, a smaller number of respondents also mentioned that they seek the assistance of a former aid post worker, who is currently retired. Most of the people who mentioned this person are related to him as well. These data show that in addition to proximity, familiarity and kinship also come into play.

When a non-related person’s assistance is requested, i.e., a person not in the immediate kinship network, in most cases this person is still part of the person’s larger
social network through some connection. I was surprised to learn that *kastom lif* medicine, such as the medicinal concoction for diabetes, is routinely sent or received via truck, ship, or plane to members of the kinship network or the broader social networks residing in other villages. I was surprised, too, by expansiveness of these networks, which can encompass and cross villages and islands. While these findings suggest a pattern of people’s treatment decisions being heavily influenced by their kinship and social relationships, more research needs to be done in order to test this theory.

Generally, there is a pattern of patients using medicinal plants or pharmaceuticals when the illness is thought to be a *streit* sickness, when no “foul-play” is suspected, or when the illness is not thought to be the result of a supernatural encounter, be it an encounter with a ghost, an ancestor spirit, or the devil. Likewise, seeking treatment from a practitioner with expertise in *kastom* and/or Christian healing, typically indicates the perception of the presence of foul-play or supernatural involvement. Another explanation for why self and home treatment are preferred is related to types of reciprocity in Tautuan society. Treating oneself or receiving treatment from a close family member is governed by expectations of generalized reciprocity while assistance from a practitioner often involves engagement in balanced reciprocity (Sahlins 1972). In other words, there are often increased expectations and added costs, for instance, entrance into new exchange relations, associated with seeking the assistance of a specialized practitioner, in particular a practitioner to whom the patient is not related. Thus, a person may wait to seek the assistance of a practitioner if he/she does not have the resources or is not prepared to take on these obligations. This can be interpreted as the avoidance of social obligations. On the other hand, an ill person and his/her therapy managing team
may decide to seek the assistance of a practitioner in order to “straighten out” social relations, in which case the help of an outsider is useful and, at times, necessary. This can be interpreted as “communitizing” the illness, bringing the issue outside of the household and into the social realm by involving others.

**Gender**

Is gender a factor in treatment decisions? From conducting participant observation and informal interviews with Tautuan women and men, I discovered that women generally prefer female practitioners and that, likewise, men generally prefer male practitioners. While gender is a major factor in the decision-making processes of Tautuans, it, however, is only one factor among many factors. As one of my consultants explains, sometimes you “don’t have a choice.” If there is only one person who knows how to heal a specific illness, then one must go to that person, the person’s gender aside. As most klevas, or persons who specialize in lif meresin, are men, Tautuan women have less options when seeking out a cure that involves a medicinal plant mixture. As most massage therapists are women, men have less options when seeking out a cure that involves massage. This is not a major problem in Tautu, however, because, as noted earlier, there are several men who specialize in massage living in Tautu, and there are several women who specialized in medicinal plants living in Tautu as well.

I did not ask my consultants about whether they would seek treatment for an illness associated with a “tabu pat” or “private part,” from a practitioner of the opposite gender. I did, however, interview both male and female healers who stated that they treated both men’s and women’s health problems, and I observed patient-practitioner
interactions that involved males treating females and vice versa. For instance, Ethan, the healer from the Northwestern Malekula, was visiting Tautu in order to help his female relative conceive. I did not get a chance to interview his female relative and ask her why she sought his help instead of a female healer. Based on my understandings of Tautuan decision-making I, however, suppose, that Ethan’s reputation as an effective healer and that fact that he is related to the patient, played important roles in this decision.

Another issue related to gender is the kastom of avoiding in-laws, called “tawians” or “tambus.” As noted earlier, these relationships illustrate the combined significance of gender and kinship in Tautuan sociality. The importance of respecting rules and tabus surrounding this relationship came up in conversation when I was inquiring about treatment-seeking factors. My consultants reiterated that one cannot seek certain types of treatment from one’s in-laws because it is tabu for in-laws to touch. Thus, one may obtain lif meresin from one’s in-laws but not receive any massage or other treatment that involves touch.

Preference of the kastom road

As shown in Chapter 3, the Ministry of Health’s health education campaigns have been successful in educating the people of Tautu on various health topics, and Tautuans are aware of many of the biomedical recommendations for various illnesses. Many people, however, freely admit that they do not always follow the advice of the MOH. One of the mains reasons people give as to why they do not follow the advice of the

3 What specific illnesses are classified as “men’s health problems” and what specific illnesses are classified as “women’s health problems” needs to be further investigated.
MOH is that they simply prefer *kastom* medicine. As in other areas, such as Western Samoa, biomedicine is not necessarily thought to be the best or most powerful type of medicine (MacPherson 1990); it is simply one medicine among other, equally powerful medicines. Tautuans state that *kastom* medicine is as powerful if not more powerful than biomedicine. Some people state that they prefer *kastom* medicine because they believe that *lif meresin* (plant medicine) is more “natural” than Western pharmaceuticals, while others say that they do not like the side effects of biomedical pharmaceuticals. As on the island of Tongoa, in Tautu people prefer to use *kastom* medicine for both *kastom* and non-*kastom* sicknesses (Shirakawa 1999). In Tautu laypersons and healers similarly have great faith in the ability of *kastom* medicine to treat both *kastom* and non-*kastom* illnesses. This faith in *kastom* medicine is a major factor in treatment choice, in particular the decision to opt out of seeking biomedical services. While Shirakawa does mention that some traditional healers receive messages from the Christian God, what he does not make clear, however, is the intricate relationship between faith in *kastom* and faith in God, as narratives about gifts from God serve to authorize claims about *kastom*. This issue is the focus of Chapter 6.

Using *kastom* medicine and expressing preference of *kastom* medicine have broader meanings in both Tongoa and Tautu. These actions and expressions are statements about a person’s identity, about her desire to be seen as following the *kastom* road rather than the way of the white man. They are thus also political statements, indicating a person’s participation in the protection and revival of *kastom* medicine and a person’s value of tradition over foreign influence. *Kastom* ideologies emerging in the medical discourses of Tongoans and Tautuans, show how “medical dialogue [operates as] an idiom through
which people express values” and how “medical discourse is infused with meaning over
and above the medical” (Crandon-Malamud 1993, 31 & 203). Preference of kastom
medicine is also tied up with biomedical hegemony and international affairs. I will
discuss this issue, in particular the adoption of biomedical terminology and concepts in
the re-evaluation of kastom, further in Chapter 6.

Conclusion

In this chapter Neli’s illness narrative and her experiences with biomedical, kastom,
and spiritual healers provides entry into the topics of treatment processes and treatment
choice. In particular, her narrative shows that Tautuans view treatment as an exploratory
process involving the navigation of roads in search for recovery and discovery of the real
or underlying cause. Her narrative further illustrates the way in which treatment involves
processes of ‘disentangling’ and the ‘straightening out’ social affairs. In interpreting the
actions of Neli’s and other Tautuans who mix medicines, I have argued that these actions
challenge the models of ‘hierarchies of resort’ and ‘the Rational Man’—models still
currently employed both by health organizations and social scientists. Moving beyond
these models, I have shown that Tautuans’ treatment-seeking behaviors reflect Tautu’s
specific socio-cultural and micro-level political and economic context. In particular I am
arguing for the significance of kinship, gender, and preference for and pride in kastom in
medical decision-making. At the same time it is also important to recognize the
indeterminant and open-ended quality of Tautuan treatment-seeking behaviors. In the
following chapter I expand upon these themes by exploring the myriad meanings of
health and illness in Tautu, reexamining the metaphor of the road in addition to the
linkages between personhood, sociality, reciprocity, and morality, as they emerge in Tautuans’ conceptualizations of what it means to be healthy and what it means to be ill.
CHAPTER 5. OPEN ROADS WITHIN AND BETWEEN BODIES: PERSONHOOD AND EXPERIENCES OF HEALTH AND ILLNESS IN TAUTU

Introduction

In the previous chapter I discussed treatment in Tautu, in particular the importance of social relations based on kinship, gender, and exchange relations in influencing treatment decision-making and in directing the objectives, conventions, and courses of treatment processes. In this chapter, I examine the ways that the socio-cultural construction of personhood in particular informs Tautuans’ experiences of health and illness. I explore the symbolic meanings of common expressions and metaphors in health discourses, specifically in relation to health as flow, balance, proper placement, cleanliness, morality, equality, and being nurtured. All of these meanings of health are interrelated in that they illustrate Tautuans’ integration of Melanesian, Christian, and biomedical forms of subjectivity. Melanesian sociality and “dividuality,” or the relational, permeable concept of “the self,” are visible in Tautuans’ descriptions of what it means to be healthy and what it means to be sick.¹ Also emerging in these descriptions are Christian and biomedical emphases on individual morality and responsibility.

Personhood in Tautu thus reflects issues that have been discussed in scholarship on the

dividual aspects of persons, cross-culturally (Douglas 1998; LiPuma 1998; Fowler 2004) as well as scholarship on the introduction of “individualism” in Vanuatu and Melanesia (Lambek and Strathern 1998; Widmer 2007; Hess 2009; Wardlow 2006). Throughout my discussion I am interested to identify ways in which larger cosmologies and social formations are mapped onto “the person” and “the body” (Leslie 1976; Comaroff 1985; White and Kirkpatrick 1985; M. Strathern 1988; Kleinman, Das, and Lock 1997). In particular, I use Scheper-Hughes and Lock (1987)’s framework involving three ways of viewing the body: “1) as a phenomenally experienced individual body-self 2) as a social body, a natural symbol for thinking about relationships among nature, society, and culture, and 3) as a body politic, an artifact of social and political control” (1987: 6). I add a fourth body, the spiritual body, to this framework as an additional analytical frame in order to highlight that spiritual bodily experience is frequently neglected when interpreting experiences of health. I am not suggesting that these bodies are separate; in fact the spiritual body is not easily pried apart from the social body as ancestors and spirits are part of one’s community. My discussion of “natural” and “supernatural” deals with a similar issue. I argue that religious views and the cultural principle of balanced reciprocity link these levels of bodily experience, as health derives from the proper, orderly flow of blood, food, goods, services, and other social and spiritual obligations.

Health as flow

As I have discussed throughout this dissertation, the concepts of the gift and the road are significant metaphors in Tautuan culture. In Tautu, as gifts travel along sel (literal roads) and through selek (social relationships) they (re)establish reciprocal
connections between persons. Gift-giving and the maintenance of open roads are thus key in the (re)production of Melanesian sociality and personhood (Strathern 1988) and, as I will argue, in the protection and re-gaining of health. Healthy persons have healthy, reciprocal relationships; healthy relationships are those in which the roads of sharing and exchange are open. Tautuans thus place value on movement in opposition to stasis, on reciprocal exchange in opposition to one-sided expectations, and on sharing in opposition to selfishness. The concepts of “flow” and its opposites, “blockage” or “entanglement,” are additional metaphors that give expression to underlying principles of reciprocity.

Tautuans use the metaphor of blockage as opposition to flow to refer to illness related to disruption of the social fabric or the closing, breakdown, or dysfunction of these relationships. A “blocked road” refers specifically to illness as the result of sorcery or black magic. Recall that, in her illness narrative in Chapter 4, Neli explained that Rebecca, a kleva, used this metaphor to inform Neli that she was a victim of sorcery. Neli stated, “Hemi i bin talem long mi, ‘Mi luk rod blong yu i fas fas... wan man i bin spolem yu’” (“She [the healer] told me, ‘I see your road is blocked... a man damaged you [used sorcery on you].’”) In this case, blockage is the product of inter-personal relations, of a disagreement between Neli and a young boy that resulted in the young boy using sorcery on Neli. The effects of social relations on health have been widely documented (Kleinman, Das, and Lock 1997). A particularly relevant example is White’s (1990) description of “a woman suffering from uterine pains and bleeding.” He explains that in the Solomon Islands social entanglements are discussed as “blockage:” in this woman’s case, it was concluded family issues and tangled thinking had “blocked the work of the other treatments” (White 1990, 58 emphasis added). As in the Solomon Islands in
Tautu, treatment, like conflict management, involves a process of disentangling in which “tangled” social affairs are “straightened out.” Health, then, connotes a lack of conflict and maintenance of the status quo, i.e., normal relations in which the regular patterns of exchange go uninterrupted. In discussion of physical bodily states and process, illness is described as “blockage,” “entanglement,” and substances being “fas” (stuck) whereas health is represented as the flow and circulation of bodily substances. According to my consultants, a sick, stuck body feels tight and heavy. Correspondingly, a body with proper flow has a feeling of “lightness” and being “full of energy.” Tautuans also use the metaphors of a river to convey these feelings. Health is a running river. Illness is a stagnant pool.

Ideas about the flow of blood further illustrate these meanings of health and illness. *Blad laen* (literally, “blood line”) is an especially important concept. As in many cultures, blood is a strong metaphor for kinship and descent (Lindstrom 1990; Knauft 1999). That blood is most frequently the first item that Tautuans list in a free-listing exercise, and that blood appeared in nearly every surveyed person’s response illustrates

2 Some illnesses, in particular, *sik suka* (diabetes), are associated with the concept of *blad laen*. Some consultants state that having a family member with *sik suka* is indicative of increased risk of developing the illness. *Blad laen* appears parallel to the biomedical concept of genetic predisposition.

3 I asked Tautuans to freelist everything that makes up the body. Blood was one of the most common responses, and was also frequently the first item listed. For example, an 85 year old female resident of Big Tautu listed “*blad, intestine, leva, hat, strings*” (“blood, intestine, liver, heart, strings”) while two other female residents similarly listed
the significance of ideas about blood and blood flow in Tautuan understandings of health and illness. Tautuans also frequently listed the local language term “naou” (“strings” in Bislama). According to my consultants, the concept of naou parallels the Western biomedical idea of the circulatory system and its parts: arteries, veins, and capillaries. Many Tautuans use the metaphor of “pipes” to describe naou are “the pipes” that blood “runs through.” The main work of naou is to karem (“carry”) or pasem (“pass”) the blood to the body parts. Naou work with the heart: the heart pumem (“pumps”) or pasem (“passes”) blood to the naou, which are found throughout the body’s entire interior. A 26 year old male resident explains, “I kat plante strings mo ol strings ia oli stap insaed long bodi; wok blong strings oli pasem blad go lo ol pats blong bodi. Ol string ia oli stap lo hed kasem leg daon” (“There are plenty of strings and all of them are inside the body; the job of the strings, they pass blood to all of the parts of the body. All of these strings are in the head [they go from the head] to the bottom of the legs [and feet]”).

When Tautuans talk about bodies in informal, everyday conversations, i.e., without being prompted by me, the talk is usually about heads, bellies, naou, and blood.

“blad, hat, strings, masels, bun” (“blood, heart, strings, muscles, bone”) and “blad, strings, bun, hat,” (“blood, strings, bone, heart”) respectively. As these responses show, a handful of organs, including the heart, liver, kidney(s), and intestine(s) were also frequently mentioned in addition to bone, water, and muscles. A smaller number of my consultants additionally incorporated the biomedical concept of “the cell” into their views of the body.

4 See Appendix B for a chart of body parts and illness terms in the Tautuan language.
From what I observed, the most common health complaints are headaches and bellyaches. Notably, these complaints are connected to naou and blood, as “tight” or blocked naou are commonly identified as the cause of such aches. One consultant explains that if one has tight or blocked naou then the blood becomes blocked or stuck and cannot flow properly. Naou, normally loose, open channels, can become tight or blocked in a number of ways. The most common association, however, is with “hard work” or being overworked. A 46 year old female conveys this idea: “sam taem yu mekem wan strong wok bae ol strings blong yu save mekem bel blong yu i soa” (“sometimes you do strenuous or hard work then all of your strings can make your belly sore”). Naou can also be in the wrong place or can cause blood to collect in the wrong place. As a 73 year old female resident explains “sapos blad i fulap long wan pat yu mas folem ol strings blong blad i ron gud” (“if blood is full in one part you must follow the strings so that the blood runs well”). Traditional massage, nousi jenem, is thought to promote health and healing by promoting blood flow. A female resident explains, “Taem masagem bodi blong man i helpem blad ron gud long ol strings” (“When you massage men/women’s bodies it helps blood run good/well through the strings”).

Consultants explain that certain naou of one body part correspond with certain naou of other body parts. A portion of a conversation with Tyrus, a popular massage therapist, demonstrates these connections (below). The conversation appears in the language of Tautu, but I have also included translations in both Bislama and English.

Tautu: “Ko norrong nose nau ne nembe ker nga ngel re blujei ker taem nga batum ererer ale ko pousi yok ngok batum ette mun ererer ale saemtaems ol
shoulders *ber barem bor rerer daum ette ko pousi daum ok ngel nau san yok ngok nau rem blam attan yok taem nga kits spare ale daum ette mun erer.*”

**Bislama:** “Mi save ol string blong bodi yumi long bak blong hed blong yumi taem hed blong yumi i soa bae mi save holem ples ia bae hed blong yumi i nomo save soa ale sam taem shoulders blong yumi i save soa o bak blong yumi be bae yumi no holem bak wan string long ples ia long leg blong yumi daon taem wea yu holem ale bak blong yumi bae hemi nomo save soa.”

**English:** “I know all of the strings of the body, of the back, of the head; when the head is sore I massage this place here then the head is no longer sore; then sometimes the shoulder can be sore or the back but we do not massage the back [but] a string here on the leg down [here]; when you massage [this spot here on our leg] then the back is no longer sore.”

It is not just specialists in traditional massage who understand how *naou* and massage work. Most Tautuans, non-specialists, report massaging their own bodies and those of their close family members. One day Patti, a close friend and consultant of mine, demonstrated to me how she massages herself whenever she has a “sore belly.” To illustrate her point she mixes both the language of Tautu and Bislama, but I have included both translations in Bislama and English.
Tautu: “No taem nga dupike ererer kup ousi yok ngok nambek blak ker pime yok yok ngok ngok kup ousi pime marre yok pime olbaot yok daum ette mun ber rerer dupike kle tu ete mun ber rerer.”

Bislama: “Mi, taem bel blong mi i soa mi holem ples ia afta long leg blong mi i kam long ples ia yu holem i kam antap long ples ia i kam olbaot long bel blong mi afta bae hemi nomo save soa.”

English: “When my belly is sore I press here, then here on my leg, [then] I go to this place here, you press going up towards this place [moving up the leg toward the belly] here then [I massage] all around my belly; afterwards it will not be sore anymore.”

Both those who practice and receive massages explain that the process of massage involves *folem ol strings* (“following all of the strings”), i.e., pinpointing and applying pressure to the various *naou* that correspond to the sore or affected area. A 29 year old man comments, “Taem yu holem wan ples blong bodi i save help ol string lo narafala pats blong bodi” (“When you massage one place of the body it can help all of the strings of the other body parts”). For example, massaging the *naou* of the leg promotes blood flow in the belly or the back in order to alleviate aches in those areas. Traditional massage therapists manipulate one body part by massaging the associated *naou* in another area. Tabita, another popular massage therapist and spiritual healer, explains that she knows all of the corresponding *naou* for various parts of the body:
Tautu: “Re nolok ker norrongnose naou jile naou ne nerre ker naou ne batu
ker naou ne nembe ker nir nembe norman nembe nesewin praevet pat
norrongnose kidni nono jile warrin lo loim norrongnose juari nemtek ker kungi
ker jungo ker.”

Bislama: “Long bodi blong yumi mi save evri string string blong liva, string
blong hed, evri string long bodi blong yumi blong man blong ol woman praevet
pat mi save, kidni, evri samting wea i stap insaed mi save blong ae blong yumi
blong nus blong yumi mo maot blong yumi.”

English: “In our bodies, I know every naou, naou of the liver, naou of the head,
every naou of our body, of men, of women, the private parts I know, kidney,
everything inside; I know [the naou] of our eyes, our noses, our mouths.”

Kalsong, 35, uses lif meresin with massage to fix the naou by making them “slak,”
(loose), the opposite of “taet” (tight).

Bislama: “Mi gat wan spesel meresin blong ol string wea mi stap givim long ol
man ... Yu kam mi masagem yu finis afta mi givim long yu yu dring... I [meresin]
slakem yu blong slakem ol string blong bodi. Sam taem yu fil taet... Ol string long
bodi blong yu i stap taet... Ol string oli kam oli connect wetem ol masel naoia...
Gat plante kaen naoia... hem ia blong blad hemi ia be i gat sam wea sam taem yu
mekem tumas hevi wok afta bae afektem yu naoia. Nid blong man i masagem yu
naoia... Mi save blong baksaed nomo... Sapos baksaed blong yu yu harem se i soa o i taet lelebet yu masagem leg blong yu nomo... Yu rilisim ol string ia from string ia i kam long baksaed ia i kam antap ia.”

English: “I have a special medicine for all of the strings that I give to people...
You come; I massage you [and] afterwards I give it to you [and] you drink it...
The medicine relaxes you, relaxes/loosens all of the strings of the body.
Sometimes you feel tight... All of the strings of the body are always becoming tight... All of the strings they come and connect with the muscles... There are a lot of kinds of strings... this one here is of the blood [he points to a vein on his hand], but there are some where sometimes you do strenuous work [and] then you feel it afterwards. [Then you] need for people to massage you now... I only know [the string] of the back... If your back feels sore or a little bit tight you just massage your leg... You release all of the strings here [in the leg] because the strings they come from the back here and come up.”

Here Kalsong explains that if the naou of the back are tight he massages the naou of the leg all the way up the leg starting from the foot up towards the torso.⁵ Tautuans explain that they use massage to relax, loosen, and open naou as a way of re-establishing the

⁵ I observed that the belly, however, is the most frequently massaged area of the body.

My observation is supported by the Bislama name for massage, holem bel, which translates to “holding or massaging the belly.” Massaging the belly is said to relieve a range of ailments, mainly aches and pains in other parts of the body but also coughing and sotwin (literally “short wind” or difficulty breathing).
flow of blood. These explanations underline the imagining of health as flow, for health, at the physical and the social level, requires open roads and channels.

**Health as balance**

In addition to flow, the concept of balance consistently appears in Tautuans’ definitions of health and is indicative of a “good,” healthy body. Balance is related to flow in that it is achieved through the continual flow of bodily substances. Illness results when there is excess, too much of something. For instance, having too much blood can cause ‘*hae blad,*’ (literally “high blood,”) the Tautuan interpretation of the biomedical condition of high blood pressure, which is typically diagnosed by a biomedical doctor. Not having enough blood is also a concern.\(^6\) One consultant explains that women should not have too many babies or should not give birth to one baby after the other because this causes them to lose too much blood and lose their strength. As do many others, he associates blood with vitality. While only one healer that I interviewed uses the methods of bleeding and cupping, his explanations of these methods also employ notions of balance and removal. He described extracting bad blood and other harmful substances in order for the blood to return to “normal.” Discussions about blood thus also convey ideas about health as balance.

Lindstrom (2012) observed the practice of bleeding among the Tannese where the goal of the treatment was the restoration of balance. He also encountered some humoral

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\(^6\) Having too much or too little blood is commonly thought to be a cause of illness in other cultures worldwide and other areas of Melanesia, including regions of PNG (Snow 1976; Strathern and Stewart 2010).
theory – theory that also operates in classical Greek medicine, Islamic, Ayurveda, Chinese medicine, and some Hispanic medical systems—in which too much heat or too much coldness contributed to illness (Good 1990). In Tautu, while some foods and plants are considered to be intrinsically hot and others cold, and while some “hot” foods, e.g., peppers and ginger, are recommended for colds and flu, more investigation needs to be done to determine the extent and implications of these associations and whether these hot and cold associations are indigenous or introduced. Tyrus, one of the healers introduced in Chapter 3, describes the body as containing a balance of three elements: sugar, salt, and oil. He explained to me that sometimes these elements are unbalanced or there is too much of one element. He uses massage to achieve balance by reducing the amount of an overly abundant element. To treat diabetes, for example, he uses massage to reduce the amount of sugar in the blood. Further research should investigate whether these ideas are widespread and whether the notions of the elements of the body are based on a humoral system and/or biomedical concepts (Leslie 1976).

While it is not very common for Tautuans to discuss humoral elements (other than blood), Tautuans do frequently talk about the roles of temperature in health and illness. Being too rali (cold) and being too tutun (hot) are frequently discussed and pinpointed as causes of illness, and as such, one must strive for a balanced temperature. Ways to achieve a balanced temperature include drinking certain medicinal plant mixtures, staying out of the sun, shielding oneself from the rain and wind, swimming or bathing, wrapping oneself or one’s children in kaliko (fabric or cloth), drinking plain water, and drinking hot

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7 Failure to maintain a balanced temperature is also a common cause of illness among the Warlpiri (Saethre 2007, 99).
Health also involves maintaining equilibrium through the regular intake and output of water and wind. Being exposed to too much or too little *wind* (wind) is said to be another common cause of illness. My adoptive mothers, aunts, and sisters frequently advised me and other family members to cover our heads and ears with cloth while we were sleeping in order to prevent illness by “blocking the wind.” Because not having enough exposure to the wind can also make one ill, another common preventative activity among Tautuans is *tekem win* (taking in the wind), an activity in which villagers sit by the ocean and breathe in the fresh breezes. The significance of balance is also conveyed in these health recommendations and activities.

Regular bathing and swimming in the ocean are said to be both preventative measures and treatments for certain illnesses and general health. The proper amount of food and water (not too much but not too little) is also important in the maintenance of physical health. In particular, not drinking enough water is said to be a common cause of illness. One consultant explained that sometimes he gets sick simply because he has not had enough water: “*Sam taem mi no dring naf wota nomo... sam taem mi no tekem meresin be wota nomo i kurem mi*” (“Some times I just do not drink enough water... sometimes I do not take medicine, but water alone cures me”). As the following excerpt illustrates, in addition to prayer Pastor Solomon frequently recommends drinking water as a cure.

**Bislama:** “*Samtaem mi mi lukim sik ia ah no no yu bin lusum tumas wota nomo yu karem wota yu dring yu olraet... long level blong sik olsem fulap man oli kam sik*”
English: “Sometimes I, I see the sickness, ah, no, no, you just lost too much water. You go get some water, and you drink, [and] you [will be] alright... At the level of sickness like this a lot of people they come, they go to the hospital, they can’t tell me that they [the hospital staff] said no, your sickness I think maybe you have a problem to do with the kidney or something like that, so you just need water... Swollen leg or big belly, I tell you just drink water; drink a full glass of water before you eat to clean the inside [of the body]... I must pray over the water... You drink, [but] don’t finish the water [and] keep refilling it.”

Pastor Solomon combines physical and spiritual treatments by praying over the water. His prayer over the water imbues the water with special healing power, power that remains as long as one leaves a little bit of water in the container. New water, when combined with the special water, takes on this special healing essence. Comaroff (1985) found that Zionist healing rituals contain notions of “heat” and “coolness,” with too much heat impairing the flow of blood; as such, healing rituals are envisioned as promoting blood flow by “washing away” “defilement,” and thereby “quenching thirst and cooling the heated blood that is incapable of smooth flow” (234). Further research should
investigate the possible connections between heat, coolness, and blood flow in Tautuan medical thought and spiritual healing in particular.

A healthy body is also a well-oiled body, a body with the right balance of oil. In the past and in the present bodies are rubbed with coconut oil. Coconut oil is also ingested and considered as a cure for just about every illness. Tautuans also use “holy oil,” oil that pastors and spiritual healers have prayed over, to anoint bodies. These oils are thought to protect the skin and the body from a variety of harmful elements. A healthy physical body thus involves the proper balance of temperature (hot/cold), air/wind, water, and oil. A healthy physical body is also balanced in that it is not too soft or too hard. A body that is too soft is a sick body. A soft, sick body is described using the metaphor of nalok or laplap (a soft traditional food of grated and cooked yam or other root crops).

As in other cultures, Tautuans value moderation. Moderation reappears as a theme in discourses on the maintenance of health. Unhealthy behaviors include “kakae tumas, wok tumas, mo no lukaot gud bodi” (“Eating too much, working too much, and not looking after one’s body”). Not drinking too much, not sleeping too much, not “walking around” too much, and not having too many sexual partners are also deemed important. Ideas about balance also come into play in discussions of emotional and mental health. In Tautu, villagers recognize and emphasize the mind-body connection. A healthy body is physical, mentally, socially, and spiritually well. This view comes across in villagers definitions of health. For instance, one villager explains, “Gudfala helt hemi wan environment or wan person wea hemi laef helti mo strong mo tinting blong hem i klia mo hemi i hapi ol taem.” (“Good health it is an environment or a person that
lives healthy and strong and thinks clearly, and he is happy all of the time”). Villagers agree that people often get sick because, as summarized by one consultant “Samtaem oli wok tumas [a] oli wari tumas” (“Sometimes they work too much [or] they worry too much”). The idea that stress or thinking too much can cause sickness is a common belief, demonstrated by the colloquial phrase, “Yu ting ting tumas. Bae yu sik.” (You think too much. You will be sick”). Villagers often issued this warning to me, and when I sprained my ankle my adoptive family told me that I needed to stop thinking so much, indicating that my injury was related to my tendency to worry. Stress or worrying is also described as “ting ting blong rat” (“rat-like thinking”) in which “rabis” (negative) thoughts are stuck in one’s mind.\(^9\) Rather than being stuck, thoughts should flow freely. The following is an example of a death that is said to have resulted from stress (combined with high blood pressure) caused by a social, family problem:

\[
\text{Tautu:} \quad \text{“Ngok ne lese re mambi se no san ne a gat hae blad presa ko sista se no ololi problem san ololi aot awan lajan ko ete ongoni te mambi awan elek nale olwe ji mambi ar oro susi ewel ale mambi ataual wan taem nga ko etjeu kle tu ale nam ousi kle tu dupine nam ousi nam ousi nga bim ra ra luwe etske mun nam lai awan hospital ko etske mun emetj.”}
\]

\(^9\) As mentioned in the introduction, Nigerans describe “a feeling like ants are crawling in their heads” (Kleinman 1989). Rather than ants, Tautuans use rats (“rat-like thoughts or thinking”) to describe a mental health problem in which one has anxiety and negative thoughts. This is a culturally specific metaphor that signals rats’ associations with evil, and sorcery in Tautuan culture; recall that a sorcerer can take the shape of a rat.
**Bislama:** “Hem ia mi luk long wan mami blong mi hemi gat hae blad be wan sista blong mi i mekem wan problem hemi aot hemi go long wan defren ples be hemi no askem long mami blong mi ia hemi stap toktok i kam bak... oli talem se Ronda i go ale mami blong mi hemi sek wan taem hemi fol daon ale mifala go holem hem holem bel blong hem mifala i karem hem i go long hospital be hemi ded finis.”

**English:** “This here, I saw [it] with one mother [maternal relative] of mine; she had high blood pressure, but one of my sisters [female cousin] caused a problem; she went off somewhere, but she did not ask her mother; my relative was somewhere talking and when she came back, someone told her that [her daughter] Ronda left; then my relative shook once [and] fell down; then we held her, held her belly [did traditional massage]; [and then] we carried her to the hospital but she was already dead.”

This example illustrates the significance of social relations on (in)dividual health. The daughter’s disobedience caused her mother to shake, and collapse, and later die. As I am arguing in this dissertation, this example is typically of many in which illness is attributed to poor or mismanaged social relations.

One consultant grouped the following illnesses together because they are all caused by “tingting blo yumi” (“our thoughts”): stress, depression, mental illness, addiction, and domestic violence. Another consultant grouped stress and depression together, explaining that they are connected because, “taem yu taed tumas mo yu wari mo
harem no gud” (“when you are very tired and you worry and don’t feel well”). Kava (Piper methysticum) is commonly considered to be a cure for worrying, as well as for high blood pressure, also thought to be caused by thinking too much. Notably, drinking kava at a nakamal (traditionally a men’s meeting place) is an important social activity and common method of conflict resolution. Kava thus serves roles in both (in)dividual and social health.

Health as proper placement

Orderly bodies

Tautuans also envision health as the correct placement and alignment of bodies and body parts. Health also involves persons and bodily substances being in their proper places as well as social and spiritual relations being in order. Order derives from following tabus (taboos) and other social and spiritual rules. Traditional gender separation practices are an important aspect of individual-societal relations and bodily experience in many parts of Melanesia (Knauft 1999). This remains the case in Tautu, despite Tautuan men and women no longer living separately. As in other areas of Melanesia, in Tautu, traditional gender separation practices were largely eliminated by missionaries, who encouraged men and women to live in nuclear families (Jolly 1997; Knauft 1999; Hess 2009). Some segregation practices regarding circumcision, menstruation, pregnancy, and birth, however, do persist, albeit in modified forms. Young males are circumcised as a group and live together in isolation with their mother’s

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10 The mental health problems of Tautuans is an area of research that needs further examination.
brothers for about one month.\textsuperscript{11} The proper placement of persons/bodies, here in the form of segregation, is essential for the health of the young men and the community. While they no longer reside in a women’s birthing house, women who have given birth stay along with their newborn babies within the confines of their family’s house for about 30 days. This is for the well-being of the mother, the baby, and the whole village. While women are no longer required to reside in a menstrual hut during their menstruation periods, it remains \textit{tabu} for them to go into the gardens or handle food that may be consumed by men, for it is stated that men may become deathly ill if they come into contact with menstrual blood.

These practices are tied to ideas about the correct handling of bodies and bodily substances. When they are outside of their perceived proper boundary or when they are not properly managed, normally beneficial substances, such as semen and menstrual blood, can be polluting or dangerous (Douglas 1966; Keesing 1982, 1985, 1989; Jolly 1994, 2002; Knauf 1999; Strathern and Stewart 2010). The management of these substances demonstrates the links between the physical body and the social body. Both physical illness and fractures in the social fabric can arise from failure to keep substances or persons within their correct boundaries, places, or sides, i.e., by not following the protocols governing social and individual behaviors. Examples include protocols regarding the sharing and exchange of food and goods; protocols surrounding the handling of bodily fluids; protocols surrounding birth and death; protocols surrounding

\textsuperscript{11} While this practice remains \textit{kastom} in many respects, according to my consultants, it is preferable for a practitioner trained in biomedicine to perform the circumcisions nowadays.
circumcision, menstruation, and pregnancy; and rules governing sex and marriage practices. All of these involve the regulation of the movement of goods, bodily substances, or bodies. Even marriage practices are related to the movement of goods and bodies: the man’s family pays bride price (a large sum of money and/or food and goods) in exchange for the bride to move to the village or compound of her husband and his family, where she will be a main contributor to the family’s health and well-being.

Tautuans’ management of substances and sides reminds one of Keesing’s (1982) vivid descriptions of the Kwaio world. As do the Kwaio, children in Tautu learn a specific set of rules, including protocols for men and women. These rules provide a unique orientation to the environment and to society, to the physical and social-spiritual world. Like the Kwaio, Tautuans must follow these rules in order to minimize danger and the risks becoming injured or ill. These rules are also tied to place, and they are explicitly related to religious beliefs and relationships with ancestral spirits. I will discuss some of the religious implications of the meanings of health in Tautu in a later section.

Ideas about the proper placement and management of bodily substances, bodies themselves, and the social rules that accompany this management provide insights into broader social relations and cultural values. In Tautu, bodies must not only be in the correct place but also on the correct *saed* (side). In Tautu, as in other areas of Vanuatu, sociality and exchange involves the management of “sides” be they gendered sides (male, female) or familial sides (those based on kinship relations) (Rio 2007; Hess 2009). Through practices of avoidance, keeping distance, showing respect, or joking, persons ensure that persons are “on their correct ‘side’” (Hess 2009). There are two main sides related to kinship significant in Tautuan social interactions and thus social health. The
first one is the “tawian” relationship between in-laws. In-laws must stay on the correct side by keeping physical and conversational distance from their in-law counterparts. There are tabus against tawians touching, sitting or being in close proximity to each other, and saying each other’s name. These tabus are accompanied by a joking relationship. One is encouraged to joke with his/her tawians, who are referred to as “tawi” rather than by name, for it is tabu to say the person’s name. The second significant relationship is that between nephew and his mother’s brothers. For Ni-Vanuatu men, this relationship has continued to be central to ceremonial exchange and the main rites of passage, including birth, circumcision, marriage, and funerary rites. A man’s maternal uncles are his main guides and sources of goods and exchange items in all of these rituals. Due to the significance of this relationship, there are tabus against one’s nephew or maternal uncle visiting him if he is ill. According to my consultants, the nephew or maternal uncle must stay away or risk causing the other’s death. This relationship clearly illustrates the link between the individual and the social body in Ni-Vanuatu society. Maintaining these kastom tabus are essential for (in)dividual health at the same time as they maintain configurations of sociality with which they are linked. It appears that maintaining the social order between and among bodies facilitates physical order within bodies.

As in other areas in Vanuatu and Melanesia where such kastoms have been retained, in Tautu, people have added additional layers of meaning onto these practices. For example, sik mun (“moon sickness” in Bislama), i.e., a woman’s menstrual period, has taken on Christian connotations. Some women jokingly refer to their menstrual period as “sabbath” (in reference to “the Sabbath”) because it is a proscribed time of rest.
By using this term they are calling attention to the positive aspects of this *tabu*, as it allows them a break from the intensive daily labor of caring for kin and the garden and harvesting crops and preparing meals. Notably, both men and women in Tautu claim that these traditional *tabus* align with Christian practices. When I inquired about this practice, some villagers quoted biblical passages interpreted as supporting these *tabus*. One consultant advised me to read chapter 15 of Leviticus, which states that men should avoid sexual contact with women while they are menstruating.\(^{12}\)

According to my consultants, before the arrival of the missionaries women slept together in women’s huts and worked in women’s gardens. A woman’s “proper place” was in these areas. Now, a woman’s (ideal) place is in the home or garden of her father or her husband. If a woman is too mobile or goes places thought to be unacceptable for a woman, she and her family are at risk of becoming ill. If a woman stays in the proper places, she and her family are thought to be at less risk and to enjoy greater health. Friends and family often warned me not to “walk around too much,” and on one occasion a family member told me that I was sick (vomiting from a self-diagnosed stomach virus) because I was going to places that I should be avoiding (particularly people’s houses who were suspected sorcerers).

Due to social norms Tautuan men had and continue to have greater mobility. They, however, can also become ill as the result of being in the wrong place. Certain places are implicitly dangerous. In particular, both men and women avoid certain areas thought to be inhabited by ghosts or spirits. One can become sick simply by being in

\(^{12}\) Consultants also stated that men should avoid contact with a pregnant woman if they are going hunting or fishing because such contact would *spolem* (ruin) their efforts.
these areas. Over the course of my fieldwork, I found that a person being in the wrong place is often an explanation given for the person facing harm or illness. For example, according to village gossip, one man died because he went to Lakatoro; the urban centers of Lakatoro and Norsup are thought to be particularly dangerous places for both men and women. One consultant explained that these places are dangerous because they are places where people mix, i.e., where people from many different places congregate. He implied that these places are dangerous because kastom rules and protocols regulating interactions between persons are less powerful in these contexts. As Rousseau (2012) explains, “the commonly held view (amongst ni-Vanuatu and anthropologists alike) [is] that ‘town doesn’t really have kastom’” (199). In other words, urban centers are unregulated by traditional social relations. Talk about these places illustrates a Melanesian concern with place and the role that place plays in shaping personhood and sociality (Hess 2009). Discussion of “mixing” is also important, as is “mixing” is connected to modernity: “mixing” is common in urban areas where Western influences are heavily felt. Talk about dangerous or unhealthy places thus also conveys people’s hesitations about participating in or adopting certain aspects of western culture and speaks to larger discussions about people’s responses to modernity and urbanization in Melanesia (Buchanan 1998; Rawlings 1999; Mitchell 2003, 2011; Jourdan 2007, 2008; Rio 2010, 2011; Lindstrom 2011; Rousseau 2012). Widmer (2007) notes that “kastom is always juxtaposed with modern/Western ways, and modern ways of living are often considered unhealthy and stressful, if unavoidable” (21). Urban centers, in particular Port Vila and Luganville, are considered unhealthy places “rife with sorcery” and are often contrasted with the “healthy” outer islands and villages (Forsyth 2006; Rio 2010).
As such, they appear to serve as metonyms for unhealthy areas associated with Western culture and greed.

*Putting body parts back into place*

Tautuans’ views about proper placement also emerge in health discourse regarding healthy bodies and healing processes. For a physical body to be a healthy body its parts must be in the proper position and alignment. Parts must be the correct size and must work at the right pace. One consultant explains that “*hat* disease *emi taem hat i no stap nomol size mo yumi kolem hat problem samtaem hat i wok ariap tumas mo slo lelebe*” (“heart disease is when the heart is not the normal size and we call that a heart problem; sometimes the heart works too fast or a little too slow”). As in other areas of the world, such as Western Samoa (MacPherson and MacPherson 1990), in Tautu, illness can also result from body parts being in the wrong place. In Tautu, a common traditional diagnosis is a person’s “*neme dumig*” (literally “devil’s tongue” in Tautu; “*splin*” in Bislama; or spleen in English) being “in the wrong place” or having “fallen down.” This illness is found in other areas of the Pacific as well, including Samoa (MacPherson and MacPherson 1990). The following illness narrative is Tautuan mother’s account of her son’s sickness, which at one point was diagnosed as a “fallen down *splin*.”

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13 A full list of body parts in the local language of Tautu and their translations can be found in Appendix B.

14 It is not clear whether the Bislama term “*splin*” is the biomedical equivalent of “spleen” in the English language or not.
**Bislama:** “Smol boe blong mi... wan taem hemi bin kasem flu. Hed i soa. Afta mitufala givim Panadol long hem. Ale i finis i nomo hot. Be mi luk se no sik blong hem i strong. Kaf, nus i ron... afta i ting bel blong hem. Afta mifala bin tekem hem i go long wan mami, anti ontap long we. Hemi holem bel blong hem. I holem finis naoia...[hemi se] splin blong hem i foldaon. From hemi stap klaem ol ting ol abaot hemi stap afta jump go daon. Hem ia naoia i mekem se hemi stap kaf i kaf. From se splin i stap kam antap. I no gud... hemi holem [hem mo mekem splin blong hem] i go bak, i stap daon ia, i mekem se kaf i go daon. Afta i kam bak...nomo givim Pandaol from hed i nomo soa. Mifala givim meresin blong kaf...

Amoxicilin? [mifala gat long haos]. Hemi dring... i mekem se kaf i go daon... afta mi mekem limon switim wetem hot wota... mekem i dring. Afta mi mekem fulap samting... boelem lif blong aranis mekem hemi swim long em. Dring frut blong limon. Skwisim i go wetem hot wota... ol samting ia i mekem se kaf i go daon... i gat wan samting... kokonas oel. Taem we i kaf long naet ale rabem kokonas oel long ples ia, putem long nus blong hem, long jes blong hem, bak blong hem... samtaem mifala no go long hospital [be] yusum ol ting ia nomo... yusum limon nomo wetem kokonas oel, holem bel. Finis naoia.”

**English:** “My young son... one time he had caught the flu. His head was sore. We gave him Panadol. It [the flu] was finished. He was not hot anymore. But I noticed that no, it [the sickness] was [still] strong. Cough, running nose... [I] thought [maybe it was] his belly? So we took him to one mother, [a female maternal relative] an auntie over there a ways away. She held [massaged] his
belly. She finished holding his belly [i.e., massaging him, and said] that his spleen had fallen down. Because he is always climbing everything all over, and he is always jumping down. This is what makes him always cough. Because his spleen, it keeps going up. It’s not good. She held [him and made his spleen] go back; it [his spleen] stayed down; this made it so the cough went down... Later it came back... we did not give him Panadol because his head was not sore. We gave him cough medicine. Amoxicillin? [that we had at the house]. He drank it... it made the cough go down. Later I made some lemon [tea] sweetened with hot water [and made him] drink [it]. Later I did a lot of things... boiled leaves of the orange tree and bathed him in the water. Made him drink lemon fruit. Squeezed the lemon with hot water... all of these things here made it so that the cough went down... there is one other thing... coconut oil. When he coughs in the night just rub coconut oil here [on the chest], put it on his nose, his chest, his back... sometimes we do not go to the hospital but just use the things here... just use lemon with coconut oil, massage. [And then] it is finished [i.e., the illness resolves].”

As this consultant explains, traditional healers use massage to put the splin back in its proper position. Often, as this narrative illustrates, massage is used in conjunction with biomedical pharmaceuticals and other kastom therapies.

A similar condition occurring mainly in adult women involves a misplaced or fallen down womb, “nar ne bebe” in Tautu or “basket blong pikinini” in Bislama. In both languages this body part—parallel to the biomedical uterus—translates to “the
“basket of the child.” Working in Central Pentecost and South Pentecost respectively, both Walter (1986) and Jolly (1994) report that villagers refer to the womb as a “basket.” They also point out the connections between the language of reproduction and the language of food production: reproductive parts are “seeds” while “babies are likened to taro or yams” (Jolly 2002, 165). Jolly (2002) suggests that these connections illustrate views of the body as being “a manifestation of an invisible intangible spiritual presence” (165).

Additionally, pregnant women can suffer from the unborn infant being in the wrong position within the nar ne bebe. Adult men can similarly suffer from “fallen down” testicles. Treatment of all of these conditions involves repositioning through massage. Tabita, a massage therapist whose services are especially sought after, explains this aspect of her healing work.

**Tautu:** “No mok ousi jenem no mok te luwane nerure jenem boro par elwe nousi dubai jenem nousi nau nir ko nosi neme dumig boro bejeu sapos/boro.

Boro norman san imse nemsiyen se norman ko netel wane boro beme attan ale boro lekter warring narne bebe boro etjeou ko netel wane ale boro bebe ete amatur erres ko betel wane nok ewe matjingen lele nok nga nousi jenem.”

**Bislama:** “Mi stap masagem ol man mi stap putum bak han blong olgeta sapos i kam aot mi stap holem bel mi stap holem ol string blong olgeta mo mi putum bak tang blong devel sapos i fol daon. Sapos wan man hemi sik long sik blong ol man sapos i kam daon mi save putum bak sapos ol woman basket blong pikinini i fol
“I massage men and women; I put their hands back in place if they come out of place; I hold [massage their] bellies; I hold [massage] their strings and I put [their] devil’s tongue [i.e., spleen] back if it [the spleen] falls down. If a man is sick with the man’s sickness where it goes down [fallen down testicles] I can put it back; if a woman’s baby basket [i.e., uterus] falls down I can put it back; if the child is not sleeping straight, i.e., in the correct position [inside the uterus] I can put him/her back in the straight/proper position; this is what I do when I massage men and women.”

Tabita voices the popular view that illness and soreness result from body parts being “out of place.” Tabita’s massage and midwifery practice thus centers on the restoration of alignment, the “putting back” of body parts into their proper places, movement from disorder to order. Like persons and substances, body parts cause problems when they are not in their correct places.

**Health as cleanliness**

In line with Douglas’s (1966) observations, Tautuans associate health with cleanliness (another form of order) and illness with dirtiness (another form of disorder). When asked about the meaning of health and what one does to promote health and prevent illness, my consultants frequently mention tidiness and cleanliness. Their
concept of cleanliness is focused on a “ples” (“place”) being “clean,” rather than on the body being clean. Consultants commonly explain that to be healthy, one should clean and straighten up places; one’s house, the space around one’s house, one’s village, one’s area, and one’s environment were frequently listed. More specifically, one should put the trash in its correct place and not just “throw it all about, all over the place.” Peoples’ responses placed emphasis on things being neat, in order, or in their “right place” rather than being sanitized or germ-free.

Missionaries played important roles in disseminating these health ethics. They worked to spread “clean Christian values,” to replace the old morals of “observing taboos and respecting spirits,” with “the new morals of peaceful conduct, school and church attendance,” with new domestic practices like cleaning and sewing, and with biomedical explanations (Widmer 2007, 84 & 86). The doctrines of biomedicine and Christianity are intertwined as both are based on the Cartesian dichotomy between the mind and the body and on an individualistic form of subjectivity in which a “rational” individual is responsible for her health and for her salvation (Gordon 1988; Rhodes 1990; Widmer 2007). As a result, illness may be considered to be the result of individual immorality, in particular the individual failing to live a healthy lifestyle (Gordon 1988; Helman 2000). Some Tautuans express notions of individual morality and responsibility. For instance, people often state that a person may become ill if “yu no lukaotem gud yu” (“you don’t look after yourself well”).

The emphasis on order is also the result of colonial and post-colonial health campaigns. The condominium government facilitated programs to improve water and sewage facilities and housing and implemented “health regulations” focusing on proper
hygiene (Widmer 2007, 259). Colonial agents conducted public health inspections of villages to make sure things were in order: if the villages were tidy, if the yards were maintained, if the animals were fenced in, if there were proper latrines and toilets, and if people were sleeping on beds and not on the floor (De Lannoy 2004; Widmer 2007; Rio 2010, 2011). Rio (2010) states that following these regulations was equated with “rispek” (“respect”) (67). Tautuans’ answers regarding what should be done to prevent illness suggest that they have internalized these colonial views about health and respect. This does not mean, however, that they choose to follow all of these regulations. For instance, most people let their pigs run wild even though they state that they “should keep their pigs in fences.”

While missionaries and colonial and post-colonial governments succeeded in introducing ideas about hygiene and individual responsibility over one’s health, these ideas did not replace traditional illness concepts. In their discussions of cleanliness and responsibility Tautuans’ also employ relational forms of subjectivity. As I am arguing, Tautuans are apt to look for social explanations of illness. Moreover, sick persons often convey feelings of victimization, punishment, and lack of control, indicating a lack of personal responsibility for their illness. In addition, people emphasize the role of the village as a whole on health. Many people claim that the main “stamba” (“stump” or “base”) of sickness is carelessness on the part of the entire village. For instance, one consultant said, “Mi ting se taem yumi careless nomo i mekem yumi save sik” (“I think that it is just when we are careless that we become sick”). The use of the “we” (inclusive) rather than “I,” “me,” or “you” is significant. The concept of “carelessness” is

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15 Refer back to my discussion of respect in Chapter 2.
a common theme. Another consultant similarly stated, “Yumi careless nomo” (“We are just careless”). Another consultant explains in more detail:

**Tautu:** “Ete ram loli lelen nembe ker ete ram loli lelen ne naim se ker ete ram careful re nono nga ram ain ren er be plate bankin spoon nor nong nga ram loli nga nen ren ete ram keaful ren ete ram rawe nir ram wejini ko po leng lu ete pri gooley ime ain ren ngok orrongnose rab kasem mesien ko taem nga kum ke re no nong ngok ku loli lelen ne arto erres ete se ku pimse.”

**Bislama:** “Yumi no mekem gud bodi blong yumi yumi no mekem gud haos blong yumi yumi no careful long ol samting wea yumi kakae long ol olsem plate kap spoon ol samting wea yumi mekem long kakae blong olgeta yumi sakem olbaot nomo flae oli sit daon long ol dog oli kakae long ol oli save mekem yumi save sik be taem yu mekem gud samting yu no save sik.”

**English:** “We do not make our bodies good; we do not make our houses good; we are not careful about all of the things that we eat off of like our plates, cups, spoons; all of the things that we cook with we just throw them all about [and] flies sit on them [and] dogs eat off of them; they can make us sick; but when you make it good you will not become sick.”

Again this consultant uses the collective “we.” Implied in her and other peoples’ explanations is a mindset of group responsibility. Tautuans’ discussions of cleanliness
and responsibility thus point toward both individual and dividual forms of subjectivity. Hess (2009) similarly finds that personhood on Vanua Lava, Vanuatu is characterized by vacillating dividuality and individuality as a result of social transformations associated with “modernity.” These meanings of health and illness further demonstrate Tautuans’ integration of traditional, biomedical, and Christian ways of interpreting health.

**Health as morality**

In everyday health discourse and in the definitions of health and illness that I elicited, Tautuans associate health with morality and illness with immorality. More pointedly, immorality is frequently identified as a cause of illness. When a person becomes ill the community may gossip about her illness stemming from a specific immoral behavior, such as stealing. Understanding the larger context in which these whispered accusations occur—Tautuans’ “local moral worlds” (Kleinman and Kleinman 1997)—is vital to grasping Tautuans’ perceptions of the relationships between immorality and health. So far my discussion has dealt with the physical body and the social body; in this section I will also address what I have termed “the spiritual body.” As in other cultures, in Tautu, the concepts of cleanliness, morality, and health are tied up together along with notions about sociality, spirituality, and the supernatural world. In the language of Tautu the word *nemim* refers to the spirit and the soul, both of the living and the deceased. Notably, the word for the body, *nembem*, has a very similar morphology. In Tautu, bodies and spirits are interconnected and have special relationships that can affect both individual and group health. The spirits of recently deceased family members and ancestors are both called *nemim babu*. Tautuans live in a
world where *nemim babu* are a real, felt presence in everyday life. In addition to *nemim babu*, God, “ghosts” (maleficent beings not associated with family or ancestors), and evil spirits and the devil are present as well.

The presence of evil is a common topic of everyday conversions. Tautuans have integrated traditional and Christian views of evil. In the local language the term *dumig* refers to any evil spirit, including the devil, and villagers use the term “*devel*” to refer to any evil spirit as well. They also, however, employ the Christian concept of “the devil” to explain sorcery, evil, and misfortune in general, not just illness. This aligns with Helman (2000)’s observation that “The patient’s perspective on ill health is usually part of a much wider conceptual model used to explain misfortune in general” (83). Stories regularly circulate around the village about black cats being chased out of the church and about dogs barking and chasing “*devel*” and/or “the devil” away at night. After telling my adoptive family that someone scratched on my door in the early morning, my adoptive mother replied that it must have been “the devil.” A close friend confided in me that she was very afraid of “the devil” and that he was constantly on her mind. I also witnessed a mother telling her son that “the devil” was in him as a way of scolding his bad behavior, in particular his lack of “respect” towards his family and elders. Here again, the theme of “*rispek*” (“respect”) emerges. According to Tautuans, a healthy person has “respect,” and to stay healthy a person should respect both traditional and Christian *tabus*, moral codes, and forms of authority. When asked what people should do to protect their health and prevent illness, some persons replied that people “should listen” to the “health workers,” i.e., the nurses, doctors, hospital staff, and Ministry of Health employees. They should also “listen to the chiefs.”
Notably, no one that I interviewed said that people should respect the *nemim babu*. It is also interesting that, from what I observed people, do not regularly identify *nemim babu* as sources of illness in present-day Tautu. It appears that the Christian God has taken over the role of punishing offenses and indiscretions, such as breaking a *tabu* or committing a sin. God regulating and ruling over all immoral behavior is likely the result of the merging of traditional and Christian moral codes as described in Chapter 2 and the result of missionaries promoting a worldview in which “God was in charge of the material world” (Widmer 2007, 84). As in the Samoan view (MacPherson and MacPherson 1990), in the Tautuan view, God is omnipotent: he is all-knowing, seeing and hearing all phenomena. This position allows him to see people’s true natures and behaviors. Tautuans hold the idea that God rewards and punishes person accordingly. A person’s appearance is thought thus to reflect his/her relationship with God: a moral person in “God’s favor” has a healthy appearance while an immoral person appears ill or physically weak. In this way medical beliefs can underpin and reify ideas about moral and immoral behavior (Gordon 1988; Helman 2000).

It is therefore common for villagers to conclude that an ill person “deserves” their illness. For instance, one consultant stated that persons with HIV/AIDS deserved their illness because it was their punishment from God for “walking about too much,” a euphemism for having too many sexual partners. In this euphemism we also see ideas about mobility and “the road” emerging in Tautuans interpretations of health and morality. This becomes clearer when considering the common expressions “*woman blong rod*” (“woman of the road”) and “*doti trak,*” (“dirty truck”) both terms for female prostitutes that bring to mind Wardlow’s (2006) work on “passenger women” in PNG.
Essentially, for a woman, mobility is cause for suspicion, for questioning of her sexual morality and her sexual health.

Tautuans have combined Melanesian and Christian views in their interpretations of how immorality causes illness. As discussed previously, according to Melanesian *kastom*, the actions of one person can impact the health of another person. Persons can suffer illness due to someone else's transgressions, e.g., the breaking of a *tabu* (taboo) or another type of infraction. It is common for the guilty party to be the sick person's parent, spouse, or another close family member. There are various traditional restrictions for both parents, which are said to protect the infant’s health, including restrictions on movement (avoidance of sacred places), on certain foods (avoidance of fish caught by a hook or trap), and on certain activities (avoidance of hard work and bathing in the ocean) (Codrington 1891). Melanesian theories of conflict and illness “include the premise that one person’s socioemotional entanglements may cause illness or misfortune for third parties—for significant others or for the community as a whole” (White 1990, 58).

In Tautu, as in many other areas, these theories have been combined with Christian notions about sin. Illustrating dividuality, one person can become ill due to another person’s sin. According to one consultant, there was a case in Tautu where God punished a father for being an adulterer by causing his infant to become ill with diarrhea. The man and his wife took the infant to the hospital for treatment, but the treatment was unsuccessful. The baby did not start to recover until the man confessed his sin. While the consultant was telling this story a family member of his chimed in, explaining that it
is common for a baby to become ill if the mother or father has sinned.\textsuperscript{16} She added that if no treatments are working this is an indication that the baby is sick because of her parents’ sin(s). She reiterated that the mother and/or father must confess to save the child. The consultant who had started the story then provided a biblical example to support this common belief: the death of David’s infant son was also punishment for David having sinned by committing adultery (2 Samuel 12:14-31). He and other consultants commonly refer to this story as evidence of this logic.

Gossip about infidelity and other immoral behaviors frequently circulate in response to news about illness, especially when the illness is protracted or is thought to have no biomedical explanation or cure.\textsuperscript{17} On one occasion I was privy to some gossip about a young man who had been accused of being a sorcerer. According to villagers he had cut his leg on barbed wire, and, soon after, his entire leg had swollen up to his knee. He went to the hospital but was sent home two days later because the doctor could not help him. The villagers saw this as a sign that it was a “kastom sik.” During this conversation one villager reported that the accused walked through a cemetery in Vila every evening. Everyone saw this as evidence that he was practicing black magic and that his leg swelled up because he is “holding onto” some magic or some powerful stones. They conjectured that he probably smokes marijuana\textsuperscript{18} and speaks with the dead.

\textsuperscript{16} White and Watson-Gegeo (1990) mention this interpretation of sin and illness as well, in particular how adultery can cause a child to become ill.

\textsuperscript{17} See Brison (1992) and Besnier (2009).

\textsuperscript{18} As Rio (2010) notes, smoking marijuana is associated with evil and delinquency, e.g., sorcery and stealing.
in the cemetery or digs up their bones and squeezes leaves on them so they will “do his work.” The villagers present during this gossip session explained that this man’s foot had swollen because God was punishing him for doing sorcery. They concluded that in order for him to recover he must confess and give up the magic or stones he is holding. They explained to me that they had touched the bible and sworn to stay away from marijuana and black magic and that they continuously pray that anyone who touches these things will suffer or die. The villagers present declared that this young man’s predicament was evidence that their prayers had worked. This example illustrates how morality is regulated and reinforced through discourse, in particular through gossip. Haviland (1977) summarizes this, describing gossip as a “primary metacultural tool” “through which cultural rules are [learned and] manipulated” (170). Besnier (1990, 2009) also sees gossip as a window into the links between illness, social interactions, and ideas about morality.

Some Tautuans, especially older generations, state that participation in Western or foreign culture can also increase a person’s susceptibility to illness via increased immorality. Two male healers, with different backgrounds, one with some biomedical training and the other a kastom healer, express similar ideas. They lament the rise of prostitution and divorce and relate these activities to the loss of traditional values and the rise of illness. They both state that taking oral contraceptives, a Western practice, can cause cancer in women, and use this fact as evidence of the “risk” that they associate with the Western lifestyle. The healer with some biomedical training, however, further states that while he knows that immunizations are successfully preventing many illnesses, he believes that they are also causing some other illnesses. He states that immunizations are
to blame for the loss of “respect.” he told me on several occasions that immunizations cause children to become “stubborn” and “wild like animals,” wild in the sense that they do not have respect for their elders. He says that this happens because the immunizations are created from animal blood. His personal beliefs thus are another example of the link between ideals related to tradition, morality, and health.

While all illnesses are potentially viewed in moral terms, Tautuans do not always blame the ill person. I have shown that there is a variety of other entities to which blame may be attached. Moreover, there is not always agreement on who or what is to blame. In addition, Tautuans state that some illnesses “yu kasem nomo” (“you just catch”). This expression connotes a lack of personal responsibility for the illness. And what about when good Christians suffer? Tautuans employ the concept of “God’s will” and “God’s plan” as explanations for an innocent person’s failure to recover (Widmer 2007, 77). Mixing English and Bislama, one church elder utilizes both the concept of “God’s plan” and the metaphor of “the road:” he states, “Sometimes God doesn’t answer [your] prayer. He will heal you, but on another road, [it’s] not your time to heal... [it depends on] plan blong God long laef blong yu (God’s plan for your life).”

Health as equality

Equality and inequality are additional themes arising in Tautuans’ definitions and experiences of health and illness. Tautuans prevent illness by sharing food and other resources and by maintaining traditional reciprocal relations. In health discourse, traditional exchange is valorized as a source of community health, and jealousy stemming from inequality is constructed as a source of illness. According to Tautuans being too
wealthy or greedy are “risky” behaviors, i.e., behaviors that put one’s health at risk. Barker (1990) observes,

“Like other Melanesians, Maisin have nary a good word for people who appear to them to be greedy, secretive, bossy, overly rich, or in some other way non-reciprocal. Such people are seen as prime targets for sorcerers, and may well be sorcerers themselves” (182).

Tautuans thus avoid acting “flas” (flashy), a term associated with the “glamour” of modernity (Jolly 2002, 25). Taking care to not elicit jealousy is a method of illness prevention. My consultants explained to me that they purposefully do not wear nice clothes, show off their possessions, or boast about their accomplishments so as to prevent others from viewing them as divorced from the community or from viewing their actions as non-kastom. In other words, visibly showing solidarity and reverence of kastom prevents one from being a victim of sorcery. Sorcery, thus, serves to maintain an egalitarian ethos, i.e., moral value being placed upon social and economic equality, and thus community unity (Tonkinson 1981). Janzen (1978) argues that sorcery among the Zande serves similar purposes. Taylor (2008) explains, “the cash economy represents a contaminant of group sociality” (66). This view is conveyed in the popular phrase “Moni, moni i spoelem yumi” (“Money, money spoils us”) (Taylor 2008, 66). The remedy for this affliction is participation in kastom exchange and “social entanglement;” as such, “kastom becomes a source of social agency by which unequal economic relations are redefined in a milieu that is locally controlled” (Taylor 2008, 68).

The following examples further illustrate the connection between health and equality. After having only been living in the village for several months a man in his 60s,
Emmanuel, passed away. According to Dr. Simon, Emmanuel was a diabetic in the advanced stages of the illness who had succumbed to infection stemming from sores on his leg and foot. Years prior to his death Emmanuel had had one of his legs amputated due to a similar infection. Everyone in the village acknowledged that Emmanuel did have diabetes or sik suka. His death, however, was not attributed to sik suka but to sorcery. Every villager I spoke with was sure that he was a victim of sorcery because he had profited from a court ruling that had granted him ownership over a profitable and sizeable plot of land. His subsequent wealth had elicited great jealousy. This was proof of the “real” cause of his death. Delwin, the healer whom receives knowledge from dwarves, told me that she had treated Emmanuel with the cure she learned from the dwarves. She and others in the village explained that Emmanuel discontinued his biomedical treatment because he firmly believed he was a victim of sorcery. As such, his refusal of biomedical care can be viewed as a political statement. Moreover, his case demonstrates the very real health effects that sorcery beliefs have on residents of Tautu.

Another Tautuan’s death was similarly explained. According to village gossip, one woman’s death was the work of a sorcerer who was jealous of her and her husband’s (a government employee) success. Several additional persons informed me that they, themselves, had also been victims of sorcery due to similar issues involving the perception of social and political-economic inequality. One consultant explained that he, like Emmanuel, had been victimized due to his success in gaining claims to valuable land. Another claimed that he was repeatedly victimized due to his successful career in provincial level politics. Tonkinson (1981) and Rio (2011) similarly report that it is commonly believed that successful people, such as those working in business, politics,
and the medical and teaching professions, are especially at risk of being victims of sorcery. It appears that in addition to opening persons up to jealousy and risk of illness and death, another effect of ‘modernity’ on Tautuans’ bodies (in these cases taking paying fulltime employment positions) is emotional distress: fear and anxiety.

In Tautuan health discourse both greed and sorcery are associated with anti-social behavior. Among Tautuans, as among the Kabyle, suspicious behaviors include “working when others are resting, lurking at home when others are working in the fields, traveling on deserted roads, loitering in the streets of the village when others are asleep or at the market” (Bourdieu 1992, 75). As Bourdieu notes, these behaviors are threatening because they go against the grain of solidarity and conformity. Greed and sorcery’s associations with blood further underline the value of equality. As in other parts of Vanuatu, a common expression in Tautu is “stikim nek” (“sticking the neck”), which means “draining relatives of money” (Rio 2011, 61). In Tautu, a bothersome person always asking for money is called a “mosquito,” and when people use this phrase they make a gesture in which they use their pointer finger to jab into their own necks. These two phrases show that asking for money is associated with sucking a person’s blood, and thus with draining of their power. Rio sees this as “an ambiguous humorous way of rendering the encounter of kinship-gift relations with a capitalist mode of production and exchange... stikim nek is how relatives bleed and feed off each other using the moral order of the domestic mode of production” (61). These associations also appear in interpretations of crime in the neighborhoods in and around Port Vila. Rio (2010, 2011) notes that local persons and local media interpret rising theft and murder in these areas as being the result of greed as well as a desire for blood. Rio (2011) presents a fascinating
“vampire” story of a woman who accused her boyfriend of drinking her blood so as to obtain the powers necessary to succeed in his crime sprees. In this case, local people and the media interpret these actions—stealing, being greedy, and drinking of blood—as unnatural and as non-traditional behaviors associated with the influence of Western culture and evil.

**Health as nurturing and being nurtured**

In Tautu, as in other places in Vanuatu and Melanesia, health is associated with being both a contributing member of a family and community as well as a recipient of others’ contributions, such as time, caring, and goods. Hess (2009) similarly observes that in Vanua Lava, Vanuatu, “a ‘good’ person is someone who embraces the prescribed obligations, such as sharing, helping, feeding, and sitting down together” (41). Illustrating a Melanesian sensibility, to be healthy, to some consultants, means that one is able to work and to maintain social responsibilities, such as being able to work in the garden, help construct a house, or shell out copra. Alternatively, these views can be read as health being the result of nurturing and being nurtured. Becker (1994) describes “nurturing,” as a process in which communities work on bodies in order to make them an ideal shape. This work involves constant monitoring, shaping, and commenting on the forms of bodies. Becker contrasts such nurturing with American bodily work, work that focuses on personal rather than communal efforts; an individual is expected to shape her own body according to social norms, on her own. As in Fiji, in Tautu, reciprocal exchanges and food-sharing are thought to strengthen the body, promote health, and
prevent illness, illustrating the connection between the (in)dividual body and the social body.

The general ‘body languages’ of villagers further convey Melanesian and Ni-Vanuatu relationships with bodies and support the significance of nurturing in Ni-Vanuatu views of health and illness. Supporting the concept of the “dividual,” in interactions between persons there is a noticeable closeness, as the boundaries between self and other are less pronounced. Tautu is a contact culture where touching and grooming is commonplace. Villagers are frequently grooming and nurturing others by braiding hair, killing lice, killing mosquitoes, giving massages, etc... These acts of nurturing nurture the receiver and the giver of the act, and as they nurture the relationship, they nurture the collective health of the community. Another form of nurturing is showing concern by asking about peoples’ health as well as their specific symptoms and visible signs of illness or injury. When I sprained my ankle and was walking around the village with a noticeable limp, nearly every person I encountered asked me about my injury. “How did it happen? Are you ok?” This was not simply concern for the feeble foreigner (as foreigners are generally thought to be more

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19 Hall (1966) distinguished between “contact” and “noncontact” cultures: Mediterranean, Arabic, and Latin American societies were described as highly sensory, ‘contact’ cultures, wherein people maintained close “interaction distances” and exhibited a higher level of involvement in their communications with one another (e.g., touching, breathing in one another’s face, direct body orientations). In contrast, Northern European and Western European cultures are more reserved, ‘noncontact’ cultures, with larger “interaction distances.”
susceptible to illness and injury): I regularly witnessed Tautuans asking fellow villagers about their injuries and illnesses as well. Past and current sores, scrapes, bruises, scars, birthmarks, limps, swollen or disabled parts, coughs, running noses, atypical demeanors, etc... are topics of everyday conversation. Such talk serves to demonstrate and confirm social ties.

In my own southern American upbringing, there is a sense of embarrassment around these subjects, and a good mannered person does not draw attention to other people’s “flawed” bodies or lack of health. Living in Tautu I had to become accustomed to the open discussion of such issues, of my own personal health issues and those of others. In particular, I became accustomed to people, mainly my adoptive family members, commenting on the sound of my voice. “Your voice does not sound normal. You sound sick. You sound tired. Are you ok?” Becoming comfortable with people commenting on my body size took more time. My body and eating habits were a constant topic of conversation. Many villagers commented that they were actively working on my body and trying to make me fatter, so that other villagers and my American family would see that they were taking good care of me. As such, they expressed that they were happy to see me gain weight. Body size and weight are important indicators of health and illness in Tautu. Again, balance and moderation is important. Healthy people are not too fat or too skinny; they are “fatfat gud” (fat in a positive sense). In similarity to Fijians, the Ni-Vanuatu ideal body is “sturdy, well-formed, and filled-out” (Becker 1994: 103). In Tautu, as in Fiji, being fatfat (fat, in a

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20 There is an unhealthy form of fatfat, however. Being too fat is said to be the result of eating too much and not exercising. Tautuans associate being “too fat” with being at risk
positive sense in Bislama) is an indication that the village and society is taking care of that person (Becker 1994). Individuals’ bodies and their size is an indicator of social status and social health. Illustrating again the role of reciprocity is the fact that a lot of this communal work happens through exchange and food-sharing. Becker notes that the opposite of “nurturing” is “negligence,” i.e., failure to properly care for a person. Being too skinny is associated with not being cared for and being generally unhealthy.\textsuperscript{21}

Residents of Tautu expressed concerns about being perceived as negligent: for instance, when I was ill, did not have an appetite, or did not eat “enough” villagers worried about what others would think. It was clear that my body was a reflection of the entire village.

Because nurturing is reciprocal, just as I had to become comfortable with allowing others to nurture me, I also had to become comfortable nurturing others. To follow social norms I not only participated in acts of nurturing but initiated them as well, in particular inquiring about other’s health and tending to their needs when I was able. Because my main resource was money, my main contribution was providing and sharing prestige foods, in particular rice and tea. Near the completion of my time in the village, I consulted with my research team regarding how I should thank everyone for assisting me. My research team and I agreed that donating a water catchment tank and holding a small of developing “\textit{hae blad}” (high blood pressure). Notably, no one stated that being too fat will put one at risk of \textit{sik suka} (diabetes).

\textsuperscript{21} Being too skinny can also be a sign that one is the target of sorcery. In particular, there is a type of sorcery where the black magic affects the victim’s sense of smell and makes all food smell like excrement. As a result, the person cannot eat and thus loses a lot of weight. People say that this can be a fatal illness.
ceremony to bless the tank would be an appropriate gesture. It was understood that I
would also provide light refreshments, mainly biscuit (cookies) and juice. Held after
Sunday’s church service, the ceremony was well-attended. Several church elders and
community leaders blessed the tank and made speeches thanking me for my work and,
more importantly, for being an active member of the community. Most important,
according to one leader (and many other villagers who had told me this time and time
again), was the fact that I had eaten with them, and that I had eaten what they ate. As a
result I had in the words of one of the leaders, become a “woman Tautu,” (a woman
of/from Tautu). This leader’s words underline the importance placed on sharing food. In
Tautu, as in many places around the world, sharing food is an act of solidarity that
establishes relationships and thus creates persons and identities. Further, food-sharing
and other acts of nurturing shape individual and community health by reinforcing social,
political, and economic ties.

Conclusion

How do Tautuans define and experience health and illness? This chapter
answered this question by tracing how culture and sociality are mapped onto the body,
thereby bringing together several areas of inquiry—including reciprocal exchange,
personhood, and the body. By illustrating how the body serves as a symbol of social and
spiritual relations I highlighted the significance of indigenous concepts of person and
self. I argued that Tautuans view health as flow, balance, proper placement, cleanliness,
morality, equality, and nurturing. In particular, I discussed the importance of the cultural
principle of reciprocity, which structures imaginings of relations both within and between
bodies. I used the significance of flow and openness—open roads and open channels—to illustrate the intimate connections between the social order, the spiritual order, and the physical order of the human body. While I illustrated the ways in which these meanings of health reflect the marriage of traditional and Christian/modern subjectivities, I also underlined the significance of *kastom* as the foundation or scaffolding framing these interpretations of health. Despite having adopted some Christian and colonial ideas about cleanliness and individual responsibility, for Tautuans, bodies and persons are not isolated entities with intrinsic qualities to be simply reduced and empirically investigated (as they are in biomedicine). Bodies and persons are intimately linked. In this chapter I addressed the integration of *kastom*, Christianity, and biomedical concepts as they appear in Tautuans’ definitions of health and illness. In the following chapter I trace this integration as it emerges in healers’ narratives about their “gifts from God.”
CHAPTER 6. ‘GIFTS FROM GOD:’ THE GIFTS OF HEALTH AND HEALING

Introduction

One of the main threads of this dissertation is the significance of the gift and gift-giving in Tautu. My objective has been to apply theories about gifts and reciprocal exchange—theories which have been integral in interpretation Melanesian personhood and social practices—to the domains of health and medicine (Mauss 1923; Strathern 1990). I have shown that the healing beliefs, behaviors, and bodily experiences of Tautuan villagers reflect a cultural principle of balanced reciprocity. This chapter furthers this thread by arguing that the principle of balanced reciprocity is also visible in healers’ accounts of their “gifts,” their healing knowledge and power. I find that these accounts reveal the embeddedness of all healers’—kastom healers, massage therapists, spiritual healers, and biomedical practitioners—in exchange relationships, not only with patients and fellow villagers but also with ancestors, living and deceased relatives, and Papa God. Throughout this dissertation I have also argued for the importance of examining health ideologies and practices in relation to religious ideologies and practices. In particular, I have highlighted the roles of religious ideologies and practices in shaping local illness categories, categories of care, treatment processes, and meanings of health and illness. In this chapter, the interconnections of religion and medicine manifest in the soteriological aspects of healers’ accounts and in their evaluations of traditional medicine as well as in the myriad ways in which healers integrate and reconfigure kastom, Christianity, and biomedicine.
The overwhelming majority of healers I interviewed describe their skills as being gifts. It is notable that despite differences in knowledge, specialties, medical training, and affiliations, each of these healers “ascribes to a common story” (Ochs and Capps 1996, 32). By ascribing to a common narrative, the narrative of having received a special gift, diverse healers convey their membership in several larger communities: the community of healers, the local community of Tautu, and the global community of Christians. In addition, in their stories of how they received their gifts, a common theme of transformation emerges, as receiving the gift marks the healer’s entrance into their position and their identification as a healer. Traditionally, ancestors, family members (both alive and deceased), and dwarves were the sources of these gifts; currently, Tautuans believe that these gifts come from Papa God as well. While healers still receive healing knowledge from traditional sources and through traditional means (dreams, visions, signs, and feelings in the body), these forms have merged with Christian understandings of spiritual gifts. Healers self-identify as mediums or “instruments” through which God works. In addition to being directly given by God, healing gifts can be passed on through traditional means. These narratives thus also represent the integration of kastom, biomedicine, and Christianity, underlining the creativity present in Tautuan Christianity, an example of the global trend of the indigenization of Christianity. In addition, these narratives further demonstrate the significance of the spiritual body and the Tautuan focus on linkages and connections. Picking up the metaphor of the road again, I use this concept to emphasize religion’s and God’s roles as roads between varieties of medical practice. I conclude that Tautuan healers’ are linked through these sel (roads) and selek (relationships) with God.
In addition, I introduce a new type of road in this chapter: clinical trials, a pathway envisioned as linking Tautuans and their medicines to modernity and the outside world. This road is also related to “the gift.” In Tautu, there is a second type of gift narrative, a retelling of Genesis, in which God gave traditional healers the gifts of medicinal plants and continues to provide them with healing knowledge, serves to legitimize traditional medicinal practices. This narrative allows Tautuans to use a Christian framework to achieve specific goals: mainly the reconstruction of kastom and redefinition of the “good” parts of kastom medicine as gifts from God. I underline the agency of Tautuans in these engagements, highlighting their efforts to empower themselves through the legitimization of their participation in a variety of healthcare options and through the reconstruction of their relationships with tradition and with foreigners.

Notably, in addition to Christian discourses, Tautuans appropriate biomedical discourses as well. Healers and laypersons alike discuss kastom medicines in biomedically reductionist terms, describing them as containing “active ingredients.” Several healers also requested assistance with the establishment of clinical trials for their medicines: they seek “scientific evidence” of the efficacy of their plants. In fact, the desire for clinical trials appears to align with a traditional emphasis on “trial and error” as described in Chapter 4. Thus another theme emerges in this discourse: the importance of “testing” (both plants and persons). I point out the irony that this reconstruction of kastom medicine as pre-biomedicine or as pre-pharmaceuticals serves to undermine the dominance of biomedicine while at the same time illustrating the hegemony of the scientific discourses of biomedicine. Ultimately, however, the reframing of kastom
medicine through a Christian lens represents the appropriation of aspects of “modernity”—specifically Christian, biomedical, and scientific ideologies—as well as the globalization of aspects of local practice. Tautuans’ medical discourses are thus examples of “glocalization” and the negotiation of and interaction with multiple modernities (Appadurai 1996; Clifford 2001; Ong and Collier 2005; Robertson 1992, 2006; Tsing 2000).

**Receiving the gift**

I recognized the significance of “the gift” while I was conducting in-depth interviews and life histories with all types of healers representing the full range of practitioners as outlined in Chapter 2. In lengthy one-on-one interviews, I asked these healers questions about their lives. In particular, I asked them to tell me about how they came to be healers. In response to this line of questioning, several healers told me stories about how they had received “gifts.” For many healers receiving a gift marked their entry into healing “work;” they described undergoing a transformation, a shift from being a regular person to being a healer, a special person with special powers. Many of stories share a common plot development. The story begins with the person being deathly ill. During the peak of this experience of great pain and suffering God, Jesus, or an angel visits the person and cures her. At the same time that this figure gives her the gift of life and health he also gives her the gift of being able to heal others. In this common plot development, God saves the person so that she can heal others and share her experience. The person thus transforms into a healer as she, herself is healed. She thus enters into a contract with God: the newly healed individual with new healing powers has the obligation to use her God-given health and gift to repay the debt she acquired when God
restored her health. Imagining healing gifts as involving reciprocal relationships, a configuration well established in ancestral religious practices. As discussed in Chapter 2, health and well-being depended upon persons’ exchanges with ancestors and their active management of highly complex and moralized interpersonal relations. Tautuans’ interpretations’ of Godly gifts illustrate a similar configuration. In what follows, Tyrus, a popular massage therapist, shares his story of how he became a healer.

*English*: “I don’t think, I *know* that he [Father God] gave me this talent. I had come down with a major sickness; my body kept getting smaller [i.e., he lost a lot of weight]... I did not sleep; then during the last week of the three months of this illness I heard a voice; now this voice it was not my voice but the voice of my wife; I finished praying, and I laid down, and then my wife saw a vision; she saw Jesus open the door of heaven... when Jesus saw he came down to my wife; he said tell your husband not to worry I have heard his prayer; I will heal him, and I will give a job to him.”

*Bislama*: “Mi no ting, be mi save se hem [Papa God] hemi bin givim talent ia. Mi bin kasem wan bigfala sik bodi blong mi i go go go i smol evri wan mi no slip afa las wik blong tri manis ia mi harem wan voes naiia voes ia i no toktok long mi be i toktok long waef blong mi, mi bin prea finis ale mi ledaon ale waef blong mi hemi luk wan vision i luk wea Jisas i openem do blong heven... taem i [Jisas] luk luk i kam daon long waef blong mi hemi se yu talem long man blong yu bae i no wari mi harem prea blong hem finis bae mi hilim hem mo bambae mi givim wan wok long hem.”
Tyrus’s narrative follows the common plot discussed above: he was deathly ill with a “major sickness;” he was visited by Jesus; he was healed by Jesus; and he was given a “job.” The “job” that Jesus gave Tyrus was to heal his fellow villagers through the use of traditional massage. This sense of duty parallels the reciprocity built into Tautuans’ views of Christianity in general, as discussed in Chapter 2. Also notable is Tyrus’s statement about having the illness for nearly three months, as Tautuans commonly reference time in terms of threes, reflecting the importance placed on the holy trinity. As Good (1990) and others note, narrative is a way of making sense of suffering and creating “coherence, a story line, a meaning” (164). These narratives then can be viewed as a way for these persons to come to terms with their near death experiences; because they see their transformation into a healer as connected to their suffering, their suffering had a purpose; their suffering takes on a certain meaning in their overall life histories.

Similar narratives with nearly identical plot developments appear in the accounts of healers in other cultures as well. Csordas (2002) finds among Roman Catholic neo-Pentecostals the theme of transition, but not from old self to new self but from current self to “real self” (26). Trompf (1977) finds this story to be common in Christian Western nations, such as the United Kingdom, as well as in Papua New Guinea. Writing about a healer living in Port Moresby, Trompf (1977) states that “the source of her power derives from an encounter with Jesus on the fringes of death... in which [she received] instruction about using leaves as an aid in healing... [she did not die but was to] “go back and heal the sick in his name” (289). Courtens (2008) describes similar attitudes of spiritual healers in northwest Ayfat (West Papua) where healers construe their gifts as “assignments” from God (168). Reciprocal obligation, the idea that healers should not be
selfish with their gifts because to do so would be dishonoring their agreements with God, is visible in this account as well. This interpretation of the gift also appears in the bible. In 1 Corinthians Chapter 12 of the King James version of the bible, the apostle Paul explains that there are many types of “spiritual gifts;” the gift of healing is only one of many spiritual gifts given to individuals so that they can serve others in the name of Christ. Paul also conveys the view of Christians forming a communal body and that Christians should use their gifts for the common good, for the good of the “body of Christ,” i.e., for God and all members of the church community. Tautuans’ views of the social/spiritual body as described in the previous chapter aligns with this view of a communal body of Christ. Spiritual healers in Tautu talk about using their gifts to care for this communal body.

Upon receiving their God-given mission to heal others, healers say that they continue receiving gifts and messages from God. Thus, this gift is not a singular exchange: there are typically a series of exchanges throughout the healers’ lifetimes. The gifts may include specific healing knowledge, techniques, and/or special powers such as the ability to make diagnoses and predict the future. God is often said to be ever-present, guiding the healers in their daily lives and directing the outcomes of illnesses and events. The most common way that healers receive the first and additional gifts from God is through dreams. In this way Godly gifts are similar to ancestral gifts for they both are exchanged during dreaming. Courtens (2008) finds that dreaming is also a common practice among Christian healers in northwest Ayfat. As have other scholars studying Melanesia—including Stephen (1979), Stephen and Herdt (1989), Lohmann (2003) and Tonkinson (2003)—Courtens (2008) points out that “dreams are an important means
through which healing knowledge transferred from ancestral spirits to their descendants,” and she finds that in some cases a single healer can use dreams to communicate both with the spirits of deceased family members and ancestors as well as with God (165). She also discusses the roles of “visions” and “voices” in which healers see or hear God (165). I, too, found that healers in Tautu experience dreams in which they communicate with God and receive important “divine messages” (Courtens 2008, 167). They experience “visions” while awake as well.

The gift of biomedical training

Be they doctors, nurses, or other healthcare workers, many of the biomedical practitioners that I interviewed, talked about their medical knowledge and skills as being “gifts.” While some tell similar “deathbed” stories others have less dramatic tales of how they received their gifts. Nevertheless, many share similar views regarding their relationship with God and biomedicine, in particular regarding their roles as mediums or tools through which God performs healing. The following account is another “deathbed” narrative, but this time it is the account of a biomedical practitioner, Jimi. Jimi told this story along with many others in response to me asking him about his life history.

Bislama: “Long 1955 mi bin sik... blad i ron long nus i ron go go go i ting wan tu deis i finis mi fiva naoia long 25 of disemba krismes taem long yia 1955... mi sik mi go long hospital long krismes taem... Mi slip 5 weeks; mi no bin kam gud, so dokta i ting se bae mi no save olraet; givim plante tritmint be hemi no cure-m mi... mi luk hemi singaot dadi blong mi i go. Hemi se yu go long ofis hemi go long ofis
English: “In 1955 I was sick... blood was running from my nose it ran, ran ran ran I think for two days. [And then] it stopped. I was feverish then, on the 25th of December, Christmas time in the year of 1955. Ok, I was sick, [so] I went to the hospital during Christmas time... I slept [for] five weeks; I was not getting better, so the doctor I think said that I would not recover; [he] gave me plenty of treatments, but he did not cure me. I saw him call out to my father to come... He said ‘You come to my office;’ [my father] went to his office. [The doctor] said ‘Sorry [about] your child, I tried my best, but I cannot make [him better], but it is with The Big Man only, Papa God.’ I saw my father come. I saw his face was not
right, disappointed... I said ‘Oh the doctor he gave some sad news to my father; maybe I will not be alright.’ Ok, I felt the fever come back again [so] I went to sleep. I slept... I said [to] Papa God, I was praying... ‘I said you, you created us in your image, and you know us well, and if you say we die we are dead, but if you say we are alright it is not hard, we must live.’ ‘I am praying again to you,’ I said, ‘The doctor I think he cannot cure me, but you, I have faith that you, you can make me alright if it is your will’... My fever was gone quick, finished by the time the sun went down, finished... The next day I got ready by my bed I said I will be feverish again, but I did not become feverish... I did not become feverish... After three days the doctor discharged me from the hospital... I returned to the village, I think I was there for two days, [and] then word came from PMH [that] said you will come, you will train as a nurse.”

Here Jimi explains that he had a serious, near-death experience that started with a nosebleed. Unable to leave the hospital bed and believing he was going to die, he prayed for God to cure him. According to Jimi, he was cured at once. He left the hospital three days later (the number three is employed in this narrative as well), and only a couple days upon returning home, he received news that he had been accepted to train as a health worker. In Jimi’s narrative what could otherwise be considered two unconnected life events, a near-death experience and acceptance into a healthworker training program, are connected. For Jimi, these two events represent one major event: God saving him and directing him towards his Christian duty and life’s work. In making these connections Jimi indicates his belief that God let him live so that he could be of service to others.
This idea is similar to the parallel Christian concept of a “calling.” It is significant that Jimi received his gift while in the hospital, in a biomedical setting, for he would go on to work in biomedicine.

Dr. Simon, a Ni-Vanuatu from Malekula trained in biomedicine, similarly states that the Christian God works through biomedicine and through biomedical practitioners like himself. Interviewing him in his office in Norsup hospital, I asked Dr. Simon to discuss his views on prayer and spiritual healing. Speaking in English he stated,

“I am Seven Day Adventist, and I too believe that there is a God, and I always say a short prayer before I do especially a [surgical] procedure inside the theater... I usually say a little word of prayer just to myself... my personal belief is if there is someone who is skilled, say a medical officer looking over a provincial hospital, [Dr. Simon is referring to himself] God uses them to perform a particular procedure to save lives; however if someone is pregnant delivering in the bush [and maybe] it's a breached delivery... I believe personally that if there isn't any skilled person around that God will perform a miracle to save a life, but if there is a skilled person around through divine intervention God will use that person to perform that procedure to save a life, but I do believe that if someone is stuck up in the bush if there's some problem [and] they need urgent care then if there is nothing else they can do then through prayer they will probably be healed in some way.”
Unlike Jimi, Dr. Simon did not have a near-death experience before deciding to enter medical school. Nor does he use the specific term “gift.” However, like Jimi, Dr. Simon believes that God guides his work, and that God works through “divine intervention” to make use of his biomedical skills. Many Tautuans agree that Western biomedicine and its forms—pharmaceuticals, immunizations, diagnostic technologies, and public health programs—are gifts from God delivered through various means: not only through biomedical practitioners working in Aid Posts and hospitals but also through other health workers and non-governmental and other international organizations.

**The gifts of spiritual healers**

Tautuans envision the powers of spiritual healers as gifts. Spiritual healers have multiple types of gifts: the ability to see visions and have special insights; the ability to diagnose illness, the ability to cure illness, and the ability to facilitate confession and forgiveness. While it is not always the case, some spiritual healers use their gifts in conjunction with *kastom* knowledge and traditional medicinal plants or traditional massage. For instance, one female *kleva*, a member of the Mormon church, sleeps with a piece of the patient’s clothing and then dreams about the cause of illness. Tabita, the massage therapist, traditional birth attendant, and spiritual healer introduced in Chapter 3, explains that while her mother taught her massage and how to be a traditional birth attendant, her talent for healing is a “gift” from God. She says, “Taem ia naoia mi kasem gif blong mi...God i jenisim laef blong mi” (“That was the time I got my gift...God changed my life”). Tabita explains that she received this gift because she prayed for it:

1 Tonkinson (2003) describes similar practices of “dream-divination” (90).
she asked God to send “the holy spirit” to her. She states that she seeks God’s assistance throughout the day and while treating patients. What follows is her short explanation of the role of prayer and communication with God in her work:

Tautuan: “No mok lot no mok wurus atua taem nga rorbong taem nga noro bamajin ko nomok wurus suri atua ko po ali matjin en te ker ko tir terren te ker ko ali noro mien te ker ko emas rappurus e nabong jile beli norrongnose sien.”

Bislama: “Mi stap prea askem Papa God long moning taem wea mi stat long wok mi stap prea from hem nomo i givim wok long yumi paoa mo tingting long yumi i gud blong yumi mas prea long hem ol taem.”

English: “I keep praying, asking [for the assistance of] Father God in the morning when I start work; I keep praying because only he gives this work, power, and thoughts to us; it is good; we must pray to him all the time.”

While Tabita gained some of her knowledge through traditional means, she nonetheless attributes her success in healing to her faith. She is able to heal people because she prays throughout the day. Tabita views God as the ultimate source of her success, for “only he gives this work, power, and thoughts.” Tabita receives this information through answers to prayers, feelings in her body, and also through dreams in which her spirit leaves her body and walks around. She explains, “Mi wokbaot, mi luk ol samting... oli soem samting long mi, mi talemaot” (“I walk around, I see everything... they show something to me, I inform people”). During this out-of-body experience she “is shown” things: accidents or
events that will happen in the future unless prevented. She then warns the persons involved. Tabita views her work as being a gift to her community, and it is clear that she takes great pride in her work. She boasts that patients from villages all over the island come to her house to seek her advice. In her 60s, she makes house calls to people’s homes and even to Norsup hospital; she says that some days she sees patients all day long. While the demands of her job are great, Tabita says that she does not mind because she considers it her Christian duty.

The subject of spiritual healing gifts arose in church one Sunday after a group of children and adolescents returned from a church conference in Southwest Bay, Malekula. During the church service all of those who had attended the conference stood at the front of the church while several of the adult group leaders shared their experiences. Sara, one of the adult female Sunday school leaders who had chaperoned the group, proudly announced that 10 children and adolescents had received the power to heal over the weekend. She reported that Elder Kelwell, a church elder living in Southwest Bay, had called the children on stage, and “he had given them [this] power...the power is now with them” (“Hemi bin givim paoa long olgeta... paoa i stap wetem olgeta finis”). Sara told the congregation that several “miracles” had already occurred as a result of this transmission of power: she reported that the children’s prayers had saved a baby, who had accidentally fell into some hot soup and was severely burned. She stated that due to the powerful prayers of the children the baby was healing quickly and would no longer die. Tobi, a male church elder who accompanied the group, added that everyone “could feel the power of God.” This example illustrates the ability of powerful spiritual healers

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and church leaders to act as intermediaries between people and God. Notably, in Sara’s explanation, the children and adolescents received their healing powers not directly from God but from Elder Kelwell.

Originally from another island, Pastor Solomon is a Presbyterian pastor and spiritual healer who has worked in Malekula for over 16 years. He is based in the central part of Malekula, covering 18 sections of the island from Bushman’s Bay to LitzLitz village. Pastor Solomon has an island-wide reputation for facilitating “merikels” (“miracles”) and healing through prayer. He, too, states openly that he has a special “gift” and that his popularity derives from being in God’s “favor.” When I asked people about Pastor Solomon they described his spiritual power in these same terms, in terms of “gifts” and “favor.” Because he is an official, pastor who has undergone formal education and training, Pastor Solomon does not use medicinal plants or massage. His methods of healing primarily involve praying with the sick and counseling them. Sometimes, however, he gives practical advice about eating well and practicing good hygiene while other times he gives specific directions, such as resting, drinking plenty of water. On occasion he advises people to go to the hospital. Pastor Solomon treats physical illness, mental illness, and social ills, facilitating the resolution of various conflicts and family problems. He sees this work as one of his main responsibilities as a pastor and spiritual leader of the community. As he says in the excerpt below, he views “praying with the sick” as his “job.” Like Tabita, healing the sick is a fulltime job for Pastor Solomon. He frequently visits villages around the island, and due to his reputation, often the whole village will come to see him. During one of these visits he may see 40-50 people. Not all
pastors and church elders have the talents with which Pastor Solomon is blessed. In the following excerpt, Pastor Solomon explains how he obtained his special powers.

Bislama: “Pastoral ministry hemi no jas only preaching tok blong God be prea wetem man wea hemi sik. Hemi stret wok... Fulap man oli kam. I gat 17 pasta wea oli stap be fulap man oli kam antap blong lukim mi... bae mi no sem blong talem mebi God i gat mo favor long ministry wea mi stap... i gat fulap man oli mas kam from taem oli kam long ples ia fulap oli hil... samtaem oli kam be mi mi no stap. Taem oli kam kasem ples ia oli waet oli aot oli hil finis... I spesal olsem mi talem from se mebi God i gat favor long ples ia from wea mi mi prea long ples ia evri taem long moning long dinner mo long supper mi go raon mi bledem Jesus ova. Mi dedicate-m ples long nem blong God Papa, God Pikinini, mo Tabu Spirit long ples ia taem man i kam long hem... Wan man i bin paralyzed wan saed i ded taem we em stap kam hemi wantem se trak i ron i mas reach-em haos hemi stap tingting blong reach-em haos i hil i jas tingting nomo long ples tu be i hil... Mi no hilim wan... God hemi hilim handred, handreds. Wan pikinini, 9 o 10, trak i ran antap long hem, hemi ded i splitem... afta i ded... mifala prea long hem i laef bak agaen i no sik i no bin gat eni tritmit hemi stil laef kasem tudei... Mi singaot merikel long hem... God hemi perform-em fulap merikels... i no hem nomo sam oli sik, oli no save kakae, oli haf ded be oli laef bakagan kasem tudei oli wokabout sam wea dokta i bin talem oli karem kansa, breast kansa, fulap kaen kansa jas prea ale... oli kam ale i go ahead... i mekem se plante man oli se yu go long man ia from God i gat favor... Not only to do with siknes be merikel, to do with sapos yu lusum mani, sapos wan man i rabem yu stilim ol ting... O wan samting i lus sam ples. Mi
save date-m date blong hem... Mi se afta tu deis bae hemi kam talem long yu, i jas kam... I gat fulap weis samtaem mi luk vision. Sam ting bifo delaet long moning mi luk finis se o wan man i kam i sek... Bae mi go olsem ia naoia. Samting mi no luk em be taem mi wekap long moning mi wokbaot mi finem wan samting olsem blad o eniting ale mi save se wan man mi ting trak i kilim be bae mi no wari from se hemi saen se i gat hilin long hem... Ol saens oli kam aot... Hemi to do with wan gif olsem long baebol, baebol i tok abaot gif o wisdom n knowledge. Yu talem sik blong yu, mi save se ansa blong hem ia naoia. Yu talem problem blong yu mi save finis se bisnes ia naoia. O ia, wan man i stilim be i no wan man long we ia, hemi klosap long famle nomo bae hemi karem bak ia... Not evriting from mi mi human... no eriting samting wan samting mi luk mi save talem... Be i depend on God’s own paoa nomo sapos mi luk mi luk sapos mi no luk. Gif ia i bin kasem mi afta wea mi stap long skul olsem pasta mi gradute afta graduation oli jusem mi blong kam long wan ples ia... mi no bin save ples ia... Mi gat wan granfata blong mi i bin go long ples ia faessttaem be hemi kam bak from long ples ia ol man oli kakae man long ples i long 1960s yet. Ale hemi go bak... hemi talem stori... Mi no rili sure se bae hao kaen mi mekem... Mi olsem instrument blong yu yusum. Mi save serve olsem wan missionary. Mi harea paoa blong yu [God] mi harea se yu stap wetem mi mi bin go serem do taem mi arrive long ples blong mi mi serem do mi ridim tok blong God baebol blong mi from Genesis to Revelations mi rid long hem mi no kakae wan tu tu manis mi finism ridim. Mi ridim ova mi prea afta mi openem do long eli moning i gat wan smol dog i kam pas i gat 5 pikenini blong hem... wan smol wan blong olgeta from 4 oli fatfat be wan i smal tumas... Mi se
ale yu no wantem hemi bae mi kilim em long nem blong Jesus mi shutem long
finga ale i ded jas falsaon i ded taem i naoia misala evriwan i fraet. Taem ia mi
stap harem samting ia naoia... Tat wae plante taem yu harem mi mi tok tok mi mi
laf mi no wantem kros sapos mi kros long wan samting bae i gat problem naoia...
Paoa blong mi i curse-m or rebuke-m enemy so taem wan sik i kam mi tok long
em mi rebuke-m mi date-m mi se bae tri minits tri aoa bifo sanset undue bifo
delaet... long namba tri dei Christ i rise up... hemi king hemi defeat-em paoa
blong sin, sik, ded... Bae namba tri dei yu olraet finis sam ova tri dei sam bae i
kase strret taem. I no mata sik i strong, i finis. Paoa blong mi i talem wanem bae
i hapen i hapen... Tok blong God i talem se... Yu talem wanem i hapen i hapen yu
talem maonten i muf, i muf yu no dto yu bilif se bae i kam to pas... Samtaem mi
prea samtaem mi talem nomo... Mi no mekem wan merikel God nomo hemi
mekem... handreds n handreds... Mi no holem man from mi fraet ol man oli ting se
mi mi gat magik. Mi neva holem wan man. Mi no wantem demonstrate-m paoas
wea mi mi gat. Mi wantem se ol man oli save se God hemi mekem ol wok ia... Mi
bilif se bambae i wok from baebol i se ol tok wea mi sen i neva kam bak empty... I
wok.. Mi date-m nomo... Yu released finis. Afta taem ia bambae yu released. 3
minits, 3 aoas, 3 deis, 3 wiks, 3 manis, 6 manis, 1 yia, 2 yias, longest 5 yias from i
depend... from case ia wea i hapen em i no to do with sik wea yu kasem nomo be
hemi to do with cursing... Witchcraft hemi wok ol kaen paoa... yu kakae yu go
sakem; hemi putem long wan tabu ples; hemi fidim long ol spirits. Mi neva
praktis; mi neva save; mi gas givim wan example... Hemi go jekem ap sapos i wok
o no o; hemi karem wan piece clothes i putum long wan samting blong mekem
English: “The pastoral ministry it is not only preaching the word of God but praying with the sick. Praying with the sick is my job... A lot of people come. There are 17 pastors here [on Malekula], but a lot of people come up to see me... I will not be ashamed to say that maybe God favors the ministry where I live. That’s why there are plenty of people, they must come because when they come to this place a lot of them heal... Sometimes they come, but I am not there. When they come to this place here as they are waiting [for me] they are healed. [The place]... it’s special like this I say because maybe God favors this place here because I pray here every morning and lunch and dinner I go around and bleed Jesus over [the place]. I dedicated this place to God the Father, God the son, and the holy spirit when I came to this place... One man was paralyzed, one side [of his body] was dead, as he was on his way he just wanted the truck to just reach [my] house, he was just thinking about reaching the house, he healed just through thinking about this place, and he healed... I don’t heal anyone... [It is the work of God] God has healed hundreds and hundreds... One child, 9 or 10, a truck ran him over, he was dead, [the truck] split him, and then he was dead.... We prayed over him, and he came back alive; he was not sick; he did not have any treatment; he is still alive today... I call this a miracle... God performs a lot of miracles... It’s not just this one [incident]; [God has healed] all [types of] sicknesses, [where] people cannot eat, [where] they are half dead and come back alive [and are] still alive
today and are walking around; some where the doctor had said they had cancer, breast cancer, lots of kinds of cancer; [we] just pray, and then they go ahead... It makes it so that a lot of people they say ‘You go to this man here because God favors him...’ Not only to do with sicknesses but miracles to do with if you lost money, if a man robbed you, stole all of your things... Or something is lost some place. I can put a date on it... I say after two days he will come tell you, [or] it just comes [back]... There are lots of ways [that God works]. Sometimes I see visions. Sometimes before daylight in the morning I see oh a man is coming, he’s shaking... I will go like this now [i.e., he changes his plans depending on what he sees]. Some things I do not see, but when I wake up in the morning, I walk around [and] I find something like blood or any kind of thing, and then I know that a man, I think, a truck has hit him, but I do not worry because there is a sign that there is healing in him... All of the signs come out... It has to do with a gift like in the bible, the bible talks about the gift of wisdom and knowledge. You tell me about your sickness, I know the answer to it here now. You tell me about your problem, I already know this business here now. Oh yeah, a man he stole it, but it’s not a man a long ways away, he is close to your family, but he will bring it back... [I do not] know everything because I am human... not everything some things, if I see it I can tell you... But it depends on God’s own power only whether I see it or I don’t see it. This gift here it got it after when I was in school, [studying] to be a pastor. I graduated, after graduation they chose me to go to this place [i.e., Malekula]... I did not know the place here... I have a grandfather, my grandfather went to this place first, but he [left and] went back [to his home
island] because [back then] here all of the people ate men [i.e., they were cannibals]. This was in the 1960s. So then he went back... [and] he told stories... I was not really sure how I was going to do it [i.e., live in Malekula]... [So I said to God] I am like your instrument for you to use. I can serve as a missionary. I feel your power. I feel that you are with me. I went and shut the door when I arrived at my [new] place. I shut the door. I read the work of God, my bible from Genesis to Revelations. I read the bible. I did not eat. In one to two months I finished reading it. I read it over again. I prayed. After I opened the door in the early morning there was a small dog with five of its puppies. The smallest of them, four were fat and strong, but one was very small... I said ok you do not want him, I will kill him in the name of Jesus. I [pointed my finger at him] and shot him with my finger. After that he was dead; he fell down dead. This time now everyone was afraid. This time I started to feel something now. That’s why lots of times [when] I talk I laugh. I do not want to be mad [because] if I am mad at something there will be a problem... My power curses or rebukes [sic] the enemy so when a sickness comes, I talk to him, I rebuke it [sic, i.e., stop it and send it back to the sender]. I date it. I say by three minutes, three hours, before sunset today, before daylight... On the third day Christ rose up. He is King. He defeated the power of sin, sicknesses, [and] death... By the third day you will be alright. Some over three days, [but] some it happens at the exact time. It does not matter [if] the sickness is strong, it is finished. My power, I say when it will happen, it happens... God’s talk said... You say when it happens, it happens; you tell the mountain to move, it moves. You don’t doubt it; you believe that it will come to pass... Sometimes I pray;
sometimes I just say it... I do not make one miracle. Only God He makes them...
Hundreds and hundreds... I do not hold [i.e., massage] people because I am afraid
that people will think that I have magic. I have never massaged one man. I do not
want to demonstrate the powers that I have. I want for people to know that God,
He is doing the work here... I believe that it will work because the bible says all
talk that I send it never comes back empty... It works... I just put a date on it...
You are already released [from the black magic]. Then, at that time you will be
released. Three minutes, three hours, three days, three weeks, three months, six
months, one year, two years, the longest five years because it depends... because
this case where this happened it did not have to do with sickness that you just
catch: it had to do with a curse... Witchcraft it works with all kinds of powers...
You eat, you throw away [your food]; he [the sorcerer] puts it one a taboo place;
he feeds it to the spirits. I never practice, I never knew [about sorcery]; I am just
giving an example. He just goes checks [to see] if it has worked or not; he carries
a piece of clothing and puts it on something to make this business here [i.e., a
curse or spell]. So we must put a curse that whatever this man makes it goes back
to him... he will catch the effect of it, so that he must put it out [i.e., stop the
magic].”

I quote Pastor Solomon at length because his narrative is an example of how the
discussion of gifts is intricately tied to many strands of Tautuan thinking, including
conceptualizations of personhood, social relations, and spiritual power. Pastor Solomon
thus hits on many of the major themes that appear in narratives about gifts and narratives
about the work of God: spiritual healers as mediums or “instruments” of God; receiving
the gift as a transformation; the power of place and how both people and places,
connected, become holy; evidence of miracles; “signs;” the significance of the trinity and
the number three; and the view that God and healers can send sickness back to the
sorcerer who created it. Pastor Solomon explains that he had already finished his training
as a pastor by the time he received his gift. While he was not ill in the time immediately
preceding his transformation, it appears, however, that he was experiencing some anxiety
stemming from being in a new place, in a location he associated with cannibalism and
heathenism. Faced with these challenges he set about reading the bible, immersing
himself in the word of God. After he finished reading the bible he decided to test God by
asking Him to perform an extraordinary act: striking down a small dog, the runt of a
litter. When the dog fell down dead, Pastor Solomon was convinced of his new abilities.
Conveying a sense of transformation, he says that he felt like something had changed.
He “started to feel something...” Pastor Solomon is careful to explain that he, himself,
does not perform miracles. Rather, he is an “instrument” through which God performs
miracles.

Pastor Solomon describes God as all-powerful and depicts God as the defeater of
evil. In particular, he voices the common view that God can defeat sorcery. In Chapter 2,
I presented the explanation that the introduction of Christianity did not eliminate sorcery
or uncover it to be myth (rather than reality) but instead placed it in the realm of evil
(Zocca and Urame 2008). This explains how Tautuans interpret sorcery in the present-
day: it is the work of both evil kastom spirits and the work of the devil. As such sorcery
remains very real. Yet while Tautuans continue to fear sorcery, they state that they are
not as fearful because as Christians they have God’s protection. Christianity provides the ritual tools to deal with sorcery. Through God’s power, Pastor Solomon is able to block illness and as well as to return the illness to its sender. It is significant that in this excerpt Pastor Solomon describes the process of healing illnesses caused by sorcery as a process in which the illness is sent back to the sender. The sender, himself, then must use his magic to do away with the illness. This is a common conceptualization of how God cures sorcery-related illness: by sending it back to the sorcerer. This conceptualization supports Trompf’s (1994) theory that Melanesian cultures are characterized by a “logic of retribution.” Further, this conceptualization mirrors Lattas’s (2010) observation about the Melanesian adoption of the Old Testament version of God: God as a vindictive punisher. This interpretation also demonstrates a reciprocal and relationship-based view of health and illness in which several relationships emerge as important: the relationships between patient and healer; healer and God; patient and God; sorcerer and patient; sorcerer and healer; sorcerer and God. Further, it is significant that, as Pastor Solomon attests, this process typically resolves within three minutes, three hours, three days, three weeks, or three months, etc. As Pastor Solomon and other Tautuans explicitly state, the number three represents the holy trinity (the father, the son, and the holy spirit) and the three days before Jesus rose from the dead. Other spiritual healers with whom I spoke also refer to the significance of things happening in “threes.” The gifts of spiritual healers and the ways they are envisioned, thus, shed light on the Christian ideologies of local Tautuans as discussed in Chapter 2.
**Kastom medicine as a gift from the ancestors**

In healers’ narratives *kastom* is also constructed as a gift from the ancestors. This form of the gift reflects traditional knowledge practices operating as “traditional copyright systems” in which medicinal knowledge and rights this knowledge are passed down through lineages as well as the traditional emphasis on reciprocity (Lindstrom 1990, 1994). Albert, a kava bar owner and operator, explains how this traditional system works in his family:

**Bislama:** “Mami blong mi yes hemi gat... hemi karem wan certain lif i karem long man boelem hemi swim long hem...mi no karem aot long hem, hemi no givim long mi... mi bin askem hem be hemi se hemi bin givim finis long wan man, long smal brata blong mi finis; be i stre; hemi save givim long wan man nomo... no save pasem long tu.”

**English:** “My mother, yes, she had it [medicinal plant knowledge]... she had knowledge of one certain leaf [a specific medical plant she gave] to men who would boil it and bathe in it... I did not get it [the knowledge] from her, She did not give it to me... I asked her, but she had already given it to someone, to my younger brother; but it is alright; she could only give it to one person...could not pass it to two people.”

In Albert’s family only one person per generation is able to inherit the right to use a certain *kastom* medicine. Other healers that I interviewed described similar practices. They explained that it is common for a healer to pass on her gift to only one of her
children or nieces and nephews. The child that receives the gift is usually the one who appears to have a natural talent for healing or who expresses an interest in healing. These practices align with those described by Lindstrom (1990, 1994). As discussed in Chapter 2, in these traditional systems while several people may have knowledge of protected information, such as medicinal recipes, only those who have rights to information are able to use it. These regulations demonstrate how healers act as “gatekeepers,” controlling access to health, not only in biomedical spheres but also in traditional spheres.

Delwin, a healer introduced in Chapter 3, does not explicitly talk about this process of inheritance, but she credits her father as the main source of her knowledge. Some of her knowledge, however, comes from additional sources, including ancestor spirits and dwarves. While she is a Christian, over the course of many conversations Delwin never explicitly acknowledged God as the source of her knowledge. Not until I asked her directly did she acknowledge God’s role as a guide in her healing practices. In the following excerpt, Pascal, another healer who uses lif meresin (traditional plant medicines), explains that he received his knowledge from two kastom sources: 1) from the spirits of his dead relatives in his dreams and 2) from his uncle.

**Bislama:** “Festaem we mi save lif ia mi drim long hem... Yu save totok long ol man we oli ded finis long drim... Samtaem hemi ril taem yu luk ol ded man long drim... Oli talem long mi long drim oisem ia nao se mi mas testem festaem... Mi karem rus blong tri ia, takem aot skin blong em afa yusum mit blem insaed blo

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3 Refer to Chapter 3 to revisit Delwin’s explanation of how she received knowledge from dwarves.
English: “The first time I learned about this leaf I dreamed about it... You can talk to people that have died in dreams... Sometimes it is real when you see dead people in dreams... They told me in a dream like this so that I must test it first... I took the roots of a tree, removed their skin, [and] afterwards used meat inside to make this medicine... I can feel it when the leaf works... The leaf makes the body’s water [i.e., fluids] stop running and making the body sore... They [his patients] pay me a little bit... Many people come to me to restore their life... When they take the leaf they are no longer sick... I know the leaf for malaria, too... The leaf for malaria I just give freely; they do not pay [for it]... I know the leaf through my uncle. He taught it to me... The leaf kills the bebet in your body.”

Pascal does not mention angels or Papa God as being the source of his knowledge or skills. Although he does not attribute his knowledge to Christian sources, he does however identify himself as Christian and takes pride in giving the lif treatment for malaria free of charge.

Bongfred, another male healer, said that he was not exactly sure who had given him his knowledge of how to use kastom plants to treat illness such as malaria, fish poisoning, cough, and body aches. He had been visited in his dreams by an old man and
an old woman. At one point during an interview he said that he thought the woman is the
spirit of his mother, but later he said that he was not sure. I asked him if the spirit could
have been an angel; he replied that he did not think it was an angel. He told me later,
however, that he always prays over his medicines before he gives them to his patients.
Bongfred ended our conversation after coming to the conclusion that perhaps he should
not talk about the spirit: he was afraid that if he talked too much about the spirit, the spirit
might decide not to visit him anymore.

Kalsong, another healer who primarily uses medicinal plants to cure “high blood
pressure” and sorcery-related illnesses, received his knowledge from his uncle and his
mother.

Bislama: “Hae blad pressure mi cure-m mo long saed blong sam sik wea sapos yu
yu ting se man nomo i mekem blong bae yu sik i no i kam nating mi helpem yu mi
save mekem wea yu save kam olraet... Mi no save mekem long yu be mi save
mekem aot... Evri meresin ia hemi ia wea i no gud i gat nara saed blong hem wea
i gat gud wan wea mi save mekem blong karem aot rabis wan... Mi lanem samting
ia from angkel blong mi hemi save meresin wetem mami blong mi. Hemi stap
prea, hemi stap prea afta hemi luk vision. Sam taem sapos yu sik yu kam yu
prea... sapos i prea long yu yu luk tu saem taem ale yu talem ale mi mi go karem
meresin naoia kam givim long yu taem mi mekem finis... Taem yu go nekis dei yu
kam bak yu talem o mi mi hil naoia mi hare m gud mekem se mi lanem mo meresin
long ples ia naoia... Samtaem hemi prea nomo i finis afta i talem i no go slip afta i
talem. Hem ia i kastom ia hemi prea wetem Big Man. Hemi jas prea nomo hemi
talem amen wan taem... hem ia hemi kastom... Mi no save talem stret from naoia
ia yumi stap long wan taem wea Satan i save kam long form blong God nomo
save talem wan samting long yu taem yu slip yu drim mi no save talem weta hemi
gud or hemi Satan naoia. Sam man oli go slip oli se bae mi slip faestam bae
tumoro i kam harem ansa, be hem ia hemi no God; hemi long saed blong kastom
naoia... Oli wok wetem kastom ia. Oli wok wetem devel... hemi kastom hemi ril
kastom oli se tumoro bae yu kam tudei bae mi slip bae spirit blong hem i
wokabaot... Mi mi mekem long delaet nomo... Hem ia long gud saed.”

English: “High blood pressure I cure it and with regards to some sickness where if
you think that someone just made it so you will be sick, it did not just come on its
own, I help you, I can make it so that you get better... I do not know how to give it
to you [this type of sickness], but I know how to remove it... Every medicine here,
the ones which are not good, there is another side of it where there is a good one.
I know how to remove the bad one... I learned this from my uncle; he knows
medicine [and also] from my mother. She would pray, she would pray [and] then
see visions. Sometimes if you are sick you come [and] you pray... If she prays
with you, you see it too sometimes [and] then you tell me [and] I go get the
medicine now [and] come give it to you. I make it... Then you go, the next day
you come back you tell me oh I have healed now, I feel good, this makes it so I
learned more medicine this way... Sometimes she just prays [and] then says it; she
does not go to sleep first; [she just] says it; this here [this practice of dreaming
that you are asking about] it is kastom... I cannot tell you [if it is real or not]
because we are in a time where Satan can come in the form of God and can tell you something when you are sleeping and dreaming. I cannot say whether it is good or it is Satan. Some people they go to sleep; they say they will sleep first [and] by tomorrow it will come, [they will] hear the answer, but this here it is not God; it is on the side of kastom now... They work with kastom. They work with the devil... It is kastom, it is real kastom; they say tomorrow you will come; today I will sleep [and] his spirit walks around... Me, I make [medicine] only in the daylight... This is on the good side.”

Kalsong explains that he received some of his knowledge from his uncle and some from his mother; notably, he states that his mother received her knowledge from God (through prayer and visions) before passing it on to him. This process of receiving knowledge (first via God and second via a relative) represents the combination of both traditional and Christian methods of obtaining a healing gift. In addition to explaining how he received his healing knowledge, Kalsong also speaks about the dangers of trusting dreams, for as previously noted, some dreams can be deceptive dreams sent by evil spirits. He also explains that there are two sides to kastom medicine: a good side and a bad side. The bad side involves creating sickness while the good side involves curing sickness. He says that the practice of dreaming is on the kastom side and involves working with the devil. This view of kastom is only one view; as I have shown, other people say God and angels work through dreams. This is an example of how Tautuans do not always agree about the boundaries between kastom and Christianity. In addition, Kalsong voices common associations made between darkness and evil and the private sphere with evil (connections highlighted in my discussion of social vs. anti-social
behavior in Chapter 5): actions done at night or in the dark and things that must be hidden are on “the bad side” while actions done in the daylight and in public are on “the good side.” Kalsong is also conveying a common belief among Tautuans: that the good side of kastom does not conflict with the church or Papa God and that healers who only use their gifts for good are in alliance with the church and God in a mission to defeat evil. The significance of context and “sides,” as discussed in Chapter 5, reappears his interpretation. I explore the implications of this (re)construction of kastom and kastom medicine further in the following section.

**Kastom medicine as a gift from God**

Two related ideas regarding the Christian God’s role in kastom healing emerged in my conversations with healers and the sick. The first is that nature and traditional medicinal plants are gifts from God and that God has provided and continues to provide whatever medicines people need in the natural environment. For instance, Kalsong says that God put medicinal plants on the earth so that healers can use them to cure people.

*Bislama*: “Ol lif blong mi ol no tambu. Mi talem se sam man oli karem meresin be ol mas haed ol man oli no mas luk yu be blong mi oli no tambu. Mi mi go karem mi mi kam mekem finis. Afta mi dring smal finis ale yu yu jas dring... I gat sam man wea oli stap mekem meresin oli yusum kastom... Lif blong olgeta hemi wok long sam defren wei... Samfala oli yusum lif wetem prea... Taem yu tekem wetem prea from ol samting ia... God nomo i putum blong bae yu yusum olgeta...
“All of my leaves [i.e., medicinal plants] they are not taboo/sacred. I mean that some people they carry the medicine, but they must hide, no one must see you, but mine they are not taboo/sacred. Me, I go get them, [and] I come back and make it [the medicine] in the open. Afterwards I drink a little bit [and] then you drink it... There are some people when they make medicine, they use kastom... Their leaves work in some different way... Some people they use leaves with prayer... When you take it with prayer because all of these things here... God, he put them [here] so you will use them [i.e., the medicinal plants]... Some people, they use the wrong side... God, he told people only to use [the plants] on the right side [i.e., in the right way].”

Again illustrating the idea that there is both a good and a bad side to kastom medicine, Kalsong points out that some people use the “wrong side” rather than the “right side” of the plants. Kalsong means that these people use God’s gifts for evil and that by doing so they are going against God’s command. He holds that God told people only to use the “right side” of the plants, i.e., to use the plants for good, for curing illness, not for creating illness. Kalsong’s discussion of the wrong and right “sides” of medicinal plants also illustrates the Tautuan logic that items are not inherently good or evil but their properties depend on their use and the context of their use. In Chapter 5 I showed how this logic is applied to bodily substances. Here, Kalsong is applying this logic to medicinal plants. His interpretation allows him to justify his use of kastom medicines and
to respond to the erroneous view that all *kastom* is bad. He is thus able to render compatible his identities as a Christian and as a healer who uses traditional medicine.

Other Tautuan healers and community members with whom I spoke referred to passages from the bible as evidence of God having given people the “gifts” of medicinal plants. Tautuans who use *kastom* medicines, healing specialists and non-specialists alike, reference God being the creator of nature to support their belief that traditional medicinal plants are God-given. They refer to these passages to suggest that God had a plan for these plants and that he put them on the Earth intentionally so that humans would use them as foods or medicines. They also reference the passage from Genesis 1 about God giving man “dominion” over all living creatures to support their belief that God intended for man to use traditional medicines in specific ways. As we were sitting and chatting on a mat outside of her house, one of my consultants pointed to a plant planted around her house and said, “*Hemi bin mekem* nature. *Lif ia mi stap yusum blong stopem blad taem blad i ron*” (“He [God] made nature. This leaf I use to stop bleeding”). She maintains that God gave people plants on purpose, for specific purposes. Another consultant, the wife of a healer, stated,

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4 The majority of villagers can identify and prepare a handful of medicinal plants, such as those for dengue fever, diarrhea, and “the flu.”

5 According to Miller (1987), some Ni-Vanuatu held these beliefs about their traditional Gods as well. He writes that the people of Efate believed in a “High God” named Supwe who showed them how to use certain plants as medicines.
Bislama: “Sam kantri ol bigfala kantri... oli stap folem reva... oli faenem sam lif i stap long reva... olgeta wea oli waes ia... bae mi talem olsem wanem...ol scientists... olgeta oli... luk samting ia... oli finem... ale oli karem i kam oli mekem meresin long hem... oli sanem i kam i go ol abaot long ol hospitals ... oli karem i kam long yumi long Vanuatu ale yumi yusum... oli stap talem se luk ol meresin ia...mi mi harem oli talem... ol kastom lif nomo oli mekem meresin long hem... ol samting ia Big Man hemi create-m olsem ol nature ia... hemi create-m blong man i luk... taem yu teken yu singaot nem blong Big man nomo long hem... Big Man i mekem ol samting ia... hemi blong hem... taem yu teken taem i go insaed bodi blong yu i mekem yu yu hil wan taem.”

English: “Some countries, all of the big countries... they follow a river... they find some plants along the river... those people that are wise... how should I describe them... all of those scientists... they... saw something here...they found [some plants]... and then they took it [the plants] [and] they made medicine out of it... [and then] they send it all over the place to all of the hospitals... they bring it to us in Vanuatu... and we use it...[people] they keep saying that look, all this medicine here... I heard them say... it’s all just kastom medicine that they are making medicine out of...all of this here God he created it, like nature... he created it so that man would see it... when you take it you just have to say the name of God [for it to work]... God he made all of this... it is his... when you take it [the medicine] when it goes inside your body he makes you heal right away.”
According to Tautuans, God not only provides the plants but also provides knowledge of how to use the plants. Many healers say that God is always aware of and watching over their efforts. One consultant summarized this belief, saying, “Papa God hemi stap luk. Hemi save” (“Father God is watching. He knows”). The implication is that God is directing her in her healing work. God and angels intervene by visiting the healer, by answering prayers, or by sending dreams, visions, insights, or bodily feelings. The transmission of knowledge can occur in several forms. Several healers that I interviewed explained that they do not always hear or see messages. Sometimes they feel a certain way. For example, Kalsong describes his communications with God as “feelings” in his body:

**Bislama:** “Long feelings blong mi nomo yes... feelings blong mi i stap talem long mi se wan samting bae i hapen. Hem ia i tru... God nomo hemi givim feelings...Yu mas prea from wok. God hemi mas ansaem yu. God bae hemi no save talem no long yu. God hemi mas givim. From hemi talem finis ani samting yu nidim yu askem.”

**English:** “Only through my feelings yes... my feelings tell me if something is going to happen. This here is true... Only God, he gives these feelings. You must pray because of this work. God, he must answer you. God, he cannot tell you no. God, he must give it to you. Because he said anything you need, you ask.”

In Kalsong’s view, God answers his prayers by giving him certain “feelings,” which guide him in the process of treating his patients. While this may appear to be an indirect form of communication, it can also be seen as a description of a direct and intimate
relationship with God. Kalsong illustrates the common Tautuan (and Protestant) envisioning of God as a father-figure, a close relative. Tabita similarly explains, “Samtaem mi harem nomo long bodi blong mi se wan samting bae i kam…” (“Sometimes I just feel it in my body that something is going to happen”). They both explain that this is a way to that they receive predications about the future.

As noted earlier, God also supplies messages about medicinal plants in dreams. After he had been diagnosed with cancer and had a tumor removed, Filip, a healer originally from the Northwestern part of Malekula, received a message in a dream about a cure for cancer. In the following excerpt he explains that a man told him to go gather a variety of plants. He says that “a man” (not God himself) appeared in his dream, but he claims that God was the source of the dream and the cure.

**Bislama:** “Mi stap long Santo afta wan drim blong mi long naet mi drim mi lukim wan man hemi se yu go karem ol lif ia wetem wan man wea hemi no mared... bae mitufala go... 2 long moning, mitufala go karem... God hemi lukim save wanem mi mi gat hem ia naoia hemi givim ia naoia mekem save se mi hilim plante man... 27 ol pipol wea mi winim long saed blong kansa.”

**English:** “I was in Santo [and] then my dream, at night I dreamt, I saw a man, he said you go get all of these leaves with a friend, a man that is not married... Us two, we went... [around] 2 [o’clock] in the morning, we went to get it... God, he saw and knew what I had [God saw that he had cancer], that’s it, he gave it [the medicine] to me to make it so that heal a lot of people. [There are] 27 people whose cancer I have cured.”
Filip employs the common “deathbed” narrative described above: God gave him an illness and afterward provided him the cure for the illness; along with the cure came an obligation to heal other people. Filip’s story thus parallels those of other spiritual healers. His gift, however, involves the use of medicinal plants. While traditionally healers attributed their powers and healing knowledge to the ancestors, now many Tautuans, such as Filip, claim that the Christian God is the main source of their powers and knowledge. Filip’s story was published in *Vanuatu Times*, one of Vanuatu’s national newspapers. The headline of the article featuring Filip was “Leaf medicine cures with faith.” Filip was very proud of this article. His story being in print further validates Filip’s experience.

**The reconstruction of kastom medicine**

Issues surrounding the reconstruction of *kastom* medicine speak to several central problems introduced in Chapters 1 and 2. The primary issue at hand is the problem of how to evaluate *kastom* within a Christian and biomedical context. Which parts of *kastom* are “good” and which parts are “bad”? Which parts conflict with Christianity and biomedicine and must thus remain in the shadows and which parts can be brought into the light? These questions illustrate the dichotomies still present in dominant Christian and biomedical discourses, where science is still battling superstition, where medicine is still trying to overthrow magic, and where “rationality” still seeks to replace “irrationality.”

In Vanuatu, as in other areas of the world, scholars observe that Western forms appear to dominate traditional forms. Lindstrom uses the phrase “*kastom* within

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6 See W.H.R. Rivers’s (1924) classic work *Medicine, Magic, and Religion*.
Christianity” to call attention to Christianity’s constriction of kastom. Forsyth (2006) finds that the Western model of the state similarly places limits on kastom governance and law in Vanuatu. The overarching framework of “kastom-within-Christianity” dictates that only kastom that does not conflict with “science” and Christianity is officially allowable. In contrast to kastom music, art, dance, and even economy and law, kastom medicine—due to its more explicit ties to traditional religion and sorcery—is less easily disassociated from its original context. I suggest that this is precisely why the Ministry of Health is silent on the issue of kastom medicine. The government’s lack of official position on kastom medicine, as one consultant suggested, appears to reflect unresolved tensions or “frictions:” the acceptance of biomedicine’s “preeminence” rubbing against pride in tradition; kastom medicine’s association with heathenism rubbing against its perceived values and efficacy.

Persons who speak out against kastom medicine, such as the SIL member introduced in Chapter 2, voice this association of kastom medicine with the darker aspects of kastom. In this view, while not all kastom is bad, all kastom medicine is “bad.” To many Tautuans this issue is not so black and white: the lines between darkness and lightness, between good and evil are more blurred, as evident in all of the attention to sorting out “good” and “bad” kastom, discussed above. For instance, Pastor Ethan states,

“I gat fulap [lif] be mi, from i ting from mi bin go long saed blong jos naoia mi no encourage-m... (“There are a lot [of medicinal plants], but me, because I think, because I

7 Freidson (1970) coined this phrase. He defined biomedicine’s “preeminence” as biomedicine’s “officially approved monopoly of the right to define health and illness and to treat illness” (5).
have gone to the side of the church now, I do not encourage it”). Pastor Ethan’s remarks illustrate the pervasiveness of the view that *kastom* medicine is in opposition with the church. He employs the notion of sides to convey this view: he sees *kastom* medicine as not being on the same “side” as the church. He explains that his weariness of *kastom* medicine is not due to doubts about its efficacy but due to his position in the church.

In similarity to the interpretations of healers and laypersons, Pastor Solomon also talks about *kastom* medicine as having two sides: a good side and a bad side. The following is an excerpt on his views on the good and bad side of *kastom* medicine and Christian *kastom* healers:

**Bislama:** “Sam pipol oli karem bad saed blong kilim man; oli no gat hiling. Evri praktis blong witchcraft mo sorcery i gat killing and i gat curing yu no save gat hem ia be no gat nara saed... Mi mi no gat kaen ia blong spolem... Mi gat gudfala saed nomo; mi gat hem ia blong hilim be destroy-em i stap mo long God... I gat la blong sowing and reaping ... sapos man i soem rabis fasin be hemi kakaie ia from se hu i mekem man i sik afta i mas kakaie i mas go bak long hem from the moment yumi hilim man ia spirit i save go bak long hem from hemi blong hem ia... Fulap wea oli yusum lif oli prea long hem from oli Krestans oli kam Krestans oli prea long lif olsem... Hemi to do wetem bilif ia from faest taem oli bilif se lif ia hemi magik blong hem, but naoia oli understand se no i no magik long hem be God naoia bae i mekem hilin... mi mi mekem be God i bless-em... ol lif ol stap ia... yumi bilif se God hemi givim... Sapos yumi stap mekem ol ting ia be bilif se God i givim blong helpem ol pipol blong hem bilif se God naoia bae mekem wok long hem yumi trust-em God from from hemi correct... Be sapos oli stap go aot.... Hemi
wan problem from conviction blong hem i defren bilif i defren... Fulap ol kleva naoia oli prea... Bifo oli no prea be nao ia oli prea fulap wea olgeta i stap yusum. I gat kaen ia man ia i mekem meresin ia from se hemi demon blong hem spirits blong hem so hemi mekem.... hemi nomo yusum lif from hemi to do wetem spirit connection so oli kam Krestan oli leave-m oli prea nomo... Mi wok klosap mo wetem hospital mi no go tumas wetem kleva i no from mi no likem be from mi wari long point ia naoia long point wea mi stap witness-em wan rong motive oli advertise-m se no yufala prea be biaen long hem... From i gat plante kleva wea oli mekem wan sik... Oli mekem ap mani blong hem... givim 1000 vatu... givim wan lif... naoia oli mekem mani so mi nomo save... Mi gat favor long hospital... I no gat narafala ting ting blong hem... I no gat eni bilif se i gat wan samting moa biaen... Mi favor hospital mo medication from hemi jas meresin nomo no gat eni ata ting... Long level blong kalja o long level blong kastom mifala gat wan bilif long taem man i ded hemi save kam bak hemi luk afta mifala hemi stap raon close by. Eni samting hem bambae i talem mifala wanem naoia blong mekem bifo wan samting i kam hemi mas talem long mifala taem mifala wokabaot long bus mifala harem wan samting singaot olsem nasiko wea ples raet saed or lif saed. Lif saed bae hemi wan rong samting hemi mas hariap mo go bae wan trabel i kase yumi no mas go long karen yumi mas go bak nomo... Oli bilif se ol spirits blong ded oli stap stap long ol erias raon sam ples long ples ia man i ded oli karem hem blong hem oli kam putum i slip oli stap oli worship-em oli prea long olgeta... Sam taem oli karem hem long nara saed... yumi no luk hem be voes blong hem i kam aot voes blong hem stret... Sam oli ol bubu sam long ol ded man wea yumi bin lif
Some people they take the bad side to kill people; they do not have healing. [In] every practice of witchcraft and sorcery there is killing, and there is curing. You cannot have it [one side] but not have the other side.... Me, I do not have the kind to hurt man... I have only the good side. I have the one to heal but to destroy, that power is with God... There is a law of sowing and reaping... If people sow bad behavior, [then] he [will] suffer from it because whoever makes people sick after he must suffer; it must go back to him because the moment we heal people the spirit will go back to him because it is his... A lot of people that use leaf [i.e., medicinal plants] and they pray with them because they are Christians;
they have become Christians. They pray with the plants... It has to do with belief because at first they believed that the plant medicine it was their magic, but now they understand that it is not their magic, but God, now he will cause the healing...

I do it, but God blesses it... All of the leaves are here... We believe that God, he gave the plants [to us]... [we] believe that God gave them to help all of his people, believe that God now he will work through these plants; we trust God because he is correct... But if they are going outside [of this faith in God]... It is a problem because the conviction is different; the belief is different... A lot of klevas pray now... Before they did not pray, but now a lot of them pray... There is a kind of people that make medicine because they are [possessed by] a demon, spirits...

[There are some people] who do not use leaves anymore because it has to do with the spirit connection, they have become Christians so they left it, they just pray now... I work closely with the hospital; I do not go too much with the klevas. It’s not because I do not like it, but because I worry about these actions: I keep witnessing wrong motives. Some advertise that [there] is no prayer behind their work... there are a lot of klevas that make sickness... They are making money for themselves... give [them] 1000 vatu... and they give you a leaf... Now they are making money, so I do not know anymore... I favor the hospital... There is no other thinking [i.e., no other motive]... There is no other belief or something more behind it... I favor the hospital and medications because it is just medicine.

There is no other thing... At the level of culture or the level of kastom, we have a belief that when a man dies he can come back and look after us. He stays around close by. [In] any situation, he will tell us what to do, before something would
happen he must come tell us. [If] we were walking in the bush [and] heard something cry like a *naskio* [a type of bird] some place on the right side or left side. [When it’s] on the left side it means something is wrong, [we] must hurry up and go; something bad is going to happen; [we] must not go to the garden, we must go back... They believe that the spirits of the dead are still here in all of the areas, around some places here... [Some people] they go to them... they [go] sleep there; they worship them; they pray to them... Sometimes they go to the other side... We do not see him, but his voice comes out, it’s his voice... Some they, all of the ancestors, some all of the dead people that we used to live with... some all of the leaves we have used to eat [for medicines, too] [they come from] the family line... This is the side of culture and *kastom*, but the side of the church, there is the gift of vision and the gift of dreams. There is a man that prays; he prays; he is faithful, so God he gives him this gift if he is sick sometimes... There are two ways... These two are not the same. Well, it is true, those [gifts] of the *klevas*. There are some reasons for it; those that are Christians, but they are *klevas*, they may have some... They can still see all of those things but pray over them. But some that have a direct link with divine visions, where they have see him because God revealed himself to them... Like I told you, I operate in kindness. If something happens or a sickness goes that direction I have already seen it in the night, sometimes in dreams; in the morning I know that something is going to happen like when I dream that I am walking I go see something that is going to happen [and] then I will wake up in the morning, I will see something here, something, I think my spirit saw it before I came to see it in the physical world...
He [God] promised that he would reveal every sickness. I do not have to live in the darkness.”

Employing the notion of “sides” in this excerpt, Pastor Solomon provides his own view of what are the good and what are the bad “sides” of kastom medicine. He states that kastom medicinal knowledge is inherited from family members whereas God-given medicinal knowledge is received in visions and dreams. Pastor Solomon explains that he receives knowledge from God in his dreams by being shown images in his dreams; his description is similar to other people’s descriptions of “dream traveling” (Lohman 2003). It is significant that Pastor Solomon’s view of the differences between kastom and church related medicinal knowledge contradicts the views of Kalsong presented earlier. Pastor Solomon also states that good kastom medicine comes from God and is used for good by Christian people. The “bad” part of kastom medicine in Pastor Solomon’s view is the potential for dishonesty and deception, and selfish motives, i.e., profiting off of the sick. Again, this is only one way of drawing lines between the “sides” of kastom medicine.

There are a variety of attitudes toward this issue.

Additional community members, however, express similar concerns about deception. Several persons that I interviewed admitted that they do not trust all people who claim to have spiritual gifts. They admit that they carefully evaluate these claims and look for evidence and signs in much the same way as they do in the treatment processes described in Chapter 4. For example, when I was interviewing a consultant about the nature of dreams, he informed me about the concept of “giaman drim” false or deceptive dreams. Deceptive dreams and the concept of the “false prophet” help explain some
villagers’ attitudes toward certain prophets or visionaries: there is always the possibility that some persons are being misled by evil spirits or the devil. I asked some of my closest consultants directly if they believed that all of the people in the village who claimed to speak to God were genuine. They replied that not everyone is genuine and that one must be careful and “test” persons claiming to have special powers. One female community member explained to me that she “tests them by listening and ... scanning their talk” as well as by evaluating their track record, whether they are successful or not in healing someone, and whether their predictions come true. She states that she “believes some dreams but not all dreams.” A church elder agrees: “Samfala oli gat gif... vision... be i no evri man” (“Some people they have gifts... visions... but it’s not everyone”). Deacon (1934) stated, “Clairvoyants are not always believed... some are regarded as imposters, others as genuine. Doubtless their influence depends, in part, upon their personality, and their successful prophecies in the past” (696). The comments of my informants, however, suggest that a person’s success rate is not the only issue at hand: the intentions of the person and the source of the knowledge are also important.

In general, both laypersons and healers distinguish not only between “good” and “bad” kastom but between “good” and “bad” kastom medicine. “Bad” kastom medicine is anti-social, harmful, and the cause of suffering, illness, and even death; it is associated with the dark, evil aspects of life, i.e., with sorcery, evil spirits, and the devil. “Good” kastom medicine is social, helpful, and a cure for suffering; as we see in the narratives of healers, the “good side” of kastom medicine is being (re)constructed as the opposite of evil, as directly inspired by God. That God works through some kastom medicine is a significant narrative, one that demonstrates the power of narrative: narratives can serve as
spaces of subtle resistance, spaces where dominant discourses can be challenged and where alternate visions can be created (Ochs and Capps 1996). Narratives about gifts from God challenge the ideas of some missionaries and members of present-day church organizations who maintain that kastom medical practices conflict with Christianity and biomedicine. The narratives of kastom medicine being gifts from God also challenge related discourses—those that position biomedicine as more legitimate and more powerful than traditional medicine—for in these narratives God authorizes kastom medicine, biomedicine, and spiritual healing and sets them on par with one another. Because he is the ultimate source of all types of healing these types of medicine merge into a single category: they can all be viewed as forms of spiritual healing. 

In Chapter 3, I argued that kastom medicine can be viewed as more powerful than biomedicine because it has a wider reach, as it can treat both indigenous illnesses and “white-man” illnesses. In Chapter 4, I suggested that people’s preference of kastom medicine is related to the idea that traditional medicine is “more natural.” I find that the construction of kastom medicine as God-given, God-created, underlines these views of kastom medicine as being just as efficacious as biomedicine, in addition to it being wider-reaching and more in tune with nature and with people’s social and spiritual needs. After spending time with many different healers, healers who claim to be able to heal any type

8 While I did not encounter any, there may also be some Tautuans who do not value the mixing of kastom and Christianity and discourage the use of Christian ritual, such as prayer, in methods of kastom healing. Because this is not the dominant view, these persons may not have felt comfortable voicing these opinions.
of illness, I concluded that their confidence derives both from their belief in the power of their kastom and their belief in the power of the Christian God. It is important to note that the construction of kastom medicine as the work of God is part of a larger trend in Vanuatu in which people call on God to support them in the revival of kastom more generally. In Chapter 2, I discussed the intricate relationship of the Vanuatu Cultural Centre, Vanuatu’s churches, and the protection and documentation of kastom. I presented Bolton’s finding (1998) that local Ni-Vanuatu fieldworkers working with the VCC begin and end their meetings about kastom with a prayer. Bolton (1998) suggests that these acts of praying are “a way of bringing the meeting under the authority of God” (1). Notably, in their prayers fieldworkers often talk to God about kastom, asking him for direction and assistance in achieving the goals of the project and in furthering “the work of lifting up and bringing back kastom” (Bolton 1998, 1). For example, one fieldworker stated, ‘kastom comes from you, Jesus’” in a closing prayer (1998, 1). This fieldworker’s statement demonstrates the common construction of kastom as God-given. It is a declaration that “the Christian God supports the revival of kastom” (Bolton 1998, 1). I find, as does Bolton (1998), that this view serves the purpose of “affirming the idea that Christianity and kastom are compatible.... [allowing] the fieldworkers, men and women alike, to see kastom and Christianity as balanced (as they are in the Vanuatu Constitution), each contributing to contemporary ni-Vanuatu life” (1). Bolton (1998) also suggests that the use of prayer within meetings about kastom also serves to check the power of the churches. As noted in Chapter 2, the churches have no formal role in these meetings and the revival of kastom. In fact, the VCC has taken several measures to restrict the churches from intervening. Thus “the prayers in the fieldworker workshops
act to contain the impact of the churches on the work of the Cultural Centre... [as] the influence of the churches is limited to prayer” (Bolton 1998, 1).

This observation is important for the reconstruction of *kastom* because it points towards the delicate power dynamics at play, and it is a reminder of the great number of actors involved in negotiating the interpretation of *kastom*, including the state and government workers (such as the Cultural Centre’s fieldworkers and Ministry of Health officials and workers), international health organizations (such as the World Health Organization and UNICEF) internationally-based NGOs and their staffs (such as Save the Children), pastors and elders of local churches, and national, and regional, and international church organizations, in addition to local patients and healers. Power dynamics similar to those described by Bolton are at work in Tautu.

Further, the appeal to God’s authority demonstrates a traditional approach toward knowledge as described by Lindstrom (1990) in which one’s right to speak “the truth” is the primary form of power based on access to a recognized, authoritative source. In these cases, God is the recognized authority. Tautuans are making claims about truth and articulating their own power by expressing their connections to God. However, while Tautuans have God’s authorization, they are not satisfied with having only this one type of authorization: they also seek the authorization of biomedicine and the international medical and scientific community. Thus, in addition to engaging with traditional and Christian forms of knowledge and authority, they also employ and want to engage with further biomedical forms of knowledge and authority.
Clinical trials and kastom medicine as pre-biomedicine

In striking similarity to biomedical practitioners, Tautuan traditional healers have great confidence in their knowledge, in the efficacy of their particular type of medicine, and in the fact that there is always an answer or explanation. One kastom healer in particular, Filip, took great joy in telling me about all of the cases he had “won,” cases in which biomedicine was unsuccessful. He also told me that he wanted to share his knowledge with me so that I would share it with other Americans and with the Western world. Filip and several other healers express a desire to use biomedical knowledge and tools to both support and share their kastom medicine. They asked me to put them in touch with foreign donors and agencies that would set up clinical trials to prove the efficacy of their medicines. Filip wants evidence that his cure for cancer works. Malkom, another healer, asked me to help him find a way to “test” his cure for HIV/AIDS, knowledge of which was given to him by a prophet, who looked like “Moses,” and visited him in a dream.

Notably, many Tautuans draw not only on the discourses of Christianity but also on the discourses of biomedicine to argue for the equal power of kastom medicine. While they already have God’s authority and their own evidence, i.e., the cases they have “won;” these healers seek another form of authority: empirical, biomedical evidence,

9 All of the healers that I encountered were confident in their abilities and their medicines. Very rarely did anyone admit to something not working, and when such an admission was made there was always an explanation. When something did not work it was often the fault of the patient. The patient came too late, lacked “faith,” did not follow instructions, or took another medicine that “blocked” the one that would have worked.
scientific proof. They seek the special authorization that biomedical clinical trials can presumably provide as well as access to international pharmaceutical markets. Due to my position as a researcher and an outsider, I was seen as a resource, a tool to access to Western pharmaceutical companies and clinical trials. These goals illustrate what Shirakawa (1999) finds in Tongoa: that “Tongoans are now constructing their recognition of traditional medicine by realizing and appropriating views and evaluations from the field of Western medicine” (59). As Shirakawa points out, this reconstruction is partially connected to new international health discourse validating and promoting traditional medicine.10 This reconstruction also represents Tautuans’ desire for increased involvement with the global. In addition, many people saw my research—my recording of their stories—as an avenue for “witnessing,” for making declarations about their religious and medical faith, as well as an opportunity for “conversion,” for turning me and others into believers, a believer in regards both to their views about God and about kastom (Harding 1987).

What is interesting about the appeal to the “science” of biomedicine is that in making claims about the efficacy and power of kastom as a viable alternative to biomedicine, healers are subjecting it to biomedical standards. The request for “testing” medicinal plants—to presumably identify the biologically active compounds—thus reconstructs kastom medicines as the raw materials for the development of new biomedical pharmaceuticals. In this view kastom medicine is reimagined as pre-biomedicine, a “proto-scientific” form (Good 1990, 29). This appeal to biomedical

science illustrates, on one level, biomedical hegemony (Widmer 2007). In these cases, the relationship between *kastom* medicine and biomedicine parallels that of *kastom* and Christianity: it can be described as “*kastom* medicine within biomedicine,” meaning that biomedicine both defines and confines *kastom* medicine. Dr. Simon provides an example of this ideology. In this excerpt he explains his views on traditional medicine:

“It's my culture... I grew up in the village, so I had all of these ideas, and then I go off to study medicine... [Instead of] all these beliefs and traditional and cultural ideas I think they're should be a [biomedical] explanation in every cause of death... Initially when I started medicine I thought there was some form of magic in what people say, but after practicing medicine I think that there's a cause of everything... There's a few leaf medicines I think work, say for example pregnant women they give them a particular soil to eat like it's probably reddish in color I guess there's some iron in it...One of my cousins he told me that his mother delivered all of them at home, and she did it herself; there wasn’t any birth attendant no one; she used to eat that every day. She would put it over the fire, and the fire dries it up and it becomes like a piece of chocolate, but it doesn’t taste like chocolate; and every morning she takes a little piece from the basket and eats it. There’s iron in it and that keeps her going. There's a few things that make sense... [such as *kastom* medicines for] diarrheal diseases. There's a few things they can give to stop the diarrhea, so I think it has some property like coating effect to stop the motility of the gut, so I think it works, but only a few [of the *kastom* medicines work]. The bulk of it I don’t think works...”
Dr. Simon sees some *kastom* medicines as beneficial, but only those that have some identifiable nutritional or pharmacological property, such as “iron.”

Laypersons provide alternative views. They explain that they prefer biomedicine, not because they think that *kastom* medicine does not work, but because biomedicine is more regulated than *kastom* medicine. As a result it is thought to be safer. In these views, biomedicine is not more efficacious than *kastom* medicine. On the contrary, *kastom* medicine is just as—if not more—efficacious than biomedicine. Many villagers that I interviewed stated that they prefer biomedicine not because it works better but because it is safer. *Kastom* medicine has the potential to be too powerful and is thus thought to be more dangerous than biomedicine. Applying the insights of Douglas (1966) on danger and power to this imagined relationship between *kastom* medicine and biomedicine, it follows that these distinctions are due to *kastom* medicine’s continued associations with the sacred and the taboo and biomedicine’s associations with “science,” measurement, and the profane. In similarity to healers, persons who warned me about the potential dangers of *kastom* medicine also call for the regulation of *kastom* medicine. There remains, however, the idea that regulation should come from outside, from biomedicine.

While no one directly refuted the idea of God being the source of *kastom* medicine, many did, however, issue words of caution. Some voice a common concern that *kastom* medicine may not be the correct treatment. Others, in particular those with formal positions in the church, do not speak outright against *kastom* medicine but encourage people to seek biomedical treatment instead. For instance, Pastor Ethan remarks:
Pastor Ethan reiterates common ideas about the importance of regulation. The major difference between *kastom* medicine and biomedicine is not a question of efficacy but measurement. “At the hospital they *scale* it well,” i.e., they measure the medicines (i.e., dosages); “they know well that it is enough, all of the effects of it in the body;” in other words they have tested the medicines and standardized their practices. Another church elder similarly explains: “*Mi no encourage-m tumas lif. Mi no save lif, mi no save effect blong lif. Mi encourage-m hospital from oli save.***” (“I do not encourage a lot of medicinal plants. I do not have knowledge of medicinal plants, I do not know about their effects. I encourage [people to go to] the hospital because they know.”). In these remarks the importance of biomedical ways of knowing emerge. The implication, again, is that biomedicine is more legitimate because it is backed by a specific type of knowledge and evidence. This is the same kind of legitimacy that healers are seeking when they ask for clinical trials.

Both Dr. Simon and Pastor Solomon echo the concerns of Pastor Ethan. They also discuss the dangers of certain medicinal plants, their lack of regulation, and the possibility of “drug interactions.” Pastor Solomon, in particular, worries about the
practices of healers that do not recognize or acknowledge the power of God and healers that practice the dark side of *kastom*, especially those that create sickness in order to profit by creating new patients/customers. In particular, he worries about healers “holding on too tight” to their patients, meaning not allowing the patients to consider alternatives, such as going to the hospital. He also expresses concern about massage that unintentionally harms the person, such as breaking a swollen appendix, or accidentally causing an abortion of an unborn child. The following is an excerpt on his views on *klevas* and *kastom* medicine:

**Bislama:** “Mi neva discourage-*m* lif blong dring from olsem sam wea oli no kakae enough kabage oli mas kakae from oli nid blong bildim ap helt blong olgeta.
Olgeta wea oli no kakae fruts oli mas kakae from sam sik lif i streَt blong hem; taem wea hemi tekem hemi [the lif] aotem samting ia; i no from lif i i gat paoa be from bodi blong hem i bin affected from hemi lus wan samting olsem wea... I streَt wea samting i go i cure-*m*, but mi mi discourage-*m* bilif from sam olgeta oli bilif se devel evri samting... Wan man hemi sik long malaria be oli no karem em i go long hospital oli wokem wokem go go hemi ded... bilif blong mifala [pasta] klosap evri sik wea hemi blong hospital... kastom or spirit naoia oli mekem naoia ol man oli no go long hospital blong kasem hilin oli ded long lif blong olgeta... Mi no discourage-*m* kleva be samtaem oli mekem se oli lusum taem... Mi ting se bae sam kleva i kros long mi from mi givim tok ia be mi mi no tok abaot se kleva i no gud be hemi bilif se hemi gat ol tos tings se and ten taem wea hemi holem taet em tumas ale hemi lusum laef blong wan man... mi gat lelebet problem long hem... from samtaem oli fillim ap long wan bigfala bowl yu dring i nomo cure-*m*
English: “I never discourage drinking leaves [i.e., medicinal plants] because like [for] some people where they do not eat enough cabbage they must eat it [the medicinal plants] because they need to build up their health. Those that do not eat enough fruits, they must eat it [the medicinal plants] because some sickness, the plant is right for that; when he takes it [the plant medicine] it gets rid of the sickness; it is not because the leaf has power, but because his body was affected because he lost something like [i.e., like a nutrient]... It’s correct when it goes [and] cures it, but me, I discourage [some] beliefs because some [people] they believe that the devil, everything [i.e., every illness is caused by the devil]... One man, he had malaria, but they did not take him to the hospital; they kept working on him, working on him until he was dead... Our beliefs [the beliefs of pastors], nearly every sickness it is of the hospital [i.e., the domain of the hospital]... kastom or spirit now they make it so that [people] they do not go to the hospital to get healing; they die on their leaves [i.e., due to the medicinal plants]... I do not discourage Klevas, but sometimes they make it so that they lose time... I think that some Klevas may be angry at me because I am saying this, but I am not saying that..."
klevas are not good, but [when] he believes that he has all of those things [i.e., the answers] and then when he holds them [the patients] too tight then he loses the life of a man... I have a little problem with that... Because sometimes they fill up a big bowl [for] you to drink, it does not cure but sometimes it kills you dead; it is not really very clear, so I cannot send people to go to this kind of healing; if it is witchcraft or sorcery it is correct for him to go to a medicine here where it is the right [kind], but if you go all over, but you go to one place that is wrong, give a poison and flatten him [i.e., kill him] it is very dangerous.”

Pastor Solomon concludes that in order to avoid these dangers, people should visit him first if possible, so he can direct him/her to the right place, down the right road. His primary gift is the gift of diagnosis and foresight, the ability to advise people and guide them in their decision-making.

**The indigenization of Christianity**

We can read Tautuans’ conversations about good and bad kastom medicine and their reconstruction of kastom medicine as gifts from God as illustrations of several interrelated global trends: 1) the indigenization of Christianity and spiritual gifts 2) the implications of the soteriological aspects of medicine and 3) the globalization of the indigenous. Throughout this dissertation I have shown how, throughout their history, Tautuans have actively adapted and (re)interpreted both kastom and Christianity in order to (re)align certain aspects of these seemingly oppositional ideological traditions. Illustrating the processes negotiation, revitalization, syncretism, and the indigenization of Christianity, the actions and narratives of Tautuans represent local formulations of these
global phenomena. In this chapter I have shown that one way that Tautuans have (re)interpreted both *kastom* and Christianity is in their treatment of spiritual gifts. This treatment reflects common ideas about spiritual gifts found among other Christian groups as well as ideas that can be traced to a Melanesian view of the world. Examination of how people interpret Christian spiritual gifts cross-culturally provides insights into how groups adapt the common signs and symbols of Christianity to accomplish their own goals (Busby 2006; Cannell 2006; Wolf 1958).

Notably, spiritual gifts operate similarly among Tautuans, the Navajo, and Charismatic Catholics: commonalities include “rhetorics of transformation,” ideas about demons and defeating evil, and the use of gifts in healing (Csordas 2002). In similarity to some spiritual healers in other cultures, some Tautuan healers describe “personal relationships” with God; such relationships are central to healers’ transformations as well as their experiences with their patients, fellow Christians, and the world in general. As Csordas (2002) notes, “the notion of a relationship to the deity is a template for orientation in the world, and the exercise of spiritual gifts is a template for self processes that bring about that orientation.” In other words, by using their gifts, an act which reestablishes and reconfirms their relationship with Jesus, God or another divine being, persons with spiritual gifts reconstruct their identities and worldviews. Additional commonalities include the role of dreams and the common “deathbed” narrative as described throughout this chapter.
The soteriological aspects of medicine

This chapter has highlighted the embeddedness of medicine in religion and religion in medicine. To understand the full significance of Tautuans’ gift narratives we must examine these narratives in light of the soteriological aspects of medicine. As Comaroff and Comaroff (1992) note, missionaries typically imagined themselves as moral heroes on “epic quests” to save and “civilize” the “heathen natives,” “taking back the savage mind from Satan, who had emptied it of all traces of spirituality and reason” (466-467). Missionaries set out to not only to save the souls and minds of the “natives” but also to save their bodies, and sick bodies were important sites for conversion to both Christianity and biomedicine (Widmer 2007). As I discussed in detail in Chapter 2, Christianity and biomedicine went hand in hand in Vanuatu as in other regions of the world. Good (1990) and Delvecchio Good (1996, 2001, 2007) have pointed out that biomedicine has always been linked with the soteriological. Indeed, “quest” rhetorics are still visible in medical students’ and doctors’ descriptions of their work as “a passionate struggle on behalf of their patients,” and the soteriological aspects of biomedicine are visible in clinical narratives and moral discourses about sickness as immorality and health as redemption (Good 1992). As Good (1990) explains,

“Medicine plays a very particular soteriological function in modern societies... In a civilization deeply committed to biological individualism, one in which spirit is ever more a residual category (Comaroff 1985: 81), the maintenance of human life and the reduction of physical suffering have become paramount. Health replaces salvation... And salvation, or at least some partial representation of it, is present in the technical efficacy of medicine” (86).
Whereas missionaries’ quests involved saving people from Satan; biomedical practitioners’ quests involve saving people from themselves (i.e., their immoral and/or irrational behavior). Rather than speaking about conversion, they talk about education (Good 1990). In the culture of biomedicine, science and technology are the main sources of salvation, the solutions to all of humanity’s problems. These “fantasies” or “the medical imaginary,” combined with the trend of the medicalization of social problems, explains why costly and sometimes aggressive public health programs and extreme measures to save and extend lives become justified: because salvation is at stake (Delvecchio Good 2007: 275). Western societies’ faith in biomedicine encourages financial and social investment in biomedicine despite “contemporary constraints” (Delvecchio Good 2007: 281).

While the government of Vanuatu embraces biomedicine as a solution to the nation’s health problems, there are limits on the faith of Tautuans in biomedicine. In Tautu, rather than biomedicine alone, the mixing of traditional and modern medicine is a major source of hope. While I found that the community of Tautu generally “embraces” biomedicine, I would characterize it as a partial rather than a full embrace (Delvecchio Good 2007: 275). Perhaps this is because, unlike Americans, Tautuans do not imagine biomedicine as the only source of salvation and because they openly discuss their dissatisfaction with biomedicine and their desires for a better medicine. In some societies, like American society, where questions of morality and salvation are answered through institutional power and discipline—through “containment” and “force”—biomedicine, alone, may be enough (Foucault 1963; Good 1990). In Vanuatu, however, biomedicine is only one path toward salvation because it fails to fully satisfy their quests for health and
salvation. As I have shown throughout this dissertation, biomedicine’s narrow focus does not offer answers to all of Tautuans’ questions. Biomedicine does not answer questions about social problems and moral issues, the sources of suffering. However, by combining biomedicine with Christianity and traditional medicine, Tautuans are able to get the answers and solutions they seek. By appropriating biomedicine’s and Christianity’s signs and symbols, such as “active ingredients” and “spiritual gifts,” Tautuans are able to underline the efficacy and salvation potential of both biomedicine and alternatives to biomedicine. However, because they are part of nature and directly created by God for humanity’s ills, traditional medicines are thought to provide salvation in a way that Western pharmaceuticals cannot. When these God-given traditional medicines are prayed over they become even more efficacious.

**The globalization of the indigenous**

By reframing traditional medicine through a Christian lens, Tautuans are appropriating or indigenizing aspects of “modernity”—i.e., Christianity, biomedicine and scientific discourse—and rearticulating them to accomplish their own goals. At the same time that they are adapting aspects of these global flows to the local context, they are also actively take steps to globalize their local traditions, calling for a global world in which their local traditions are recognized and valued. The situation in Tautu thus demonstrates the myriad ways in which the global becomes local and the local becomes global, as patterns of articulation and adaptation cut both ways. The actions and narratives of Tautuans thus shed light on the conversations about “glocalization” (Appadurai 1996; Ong and Collier 2005; Robertson 1992, 2006). Medicine is a way to be
modern. In the case of the request for clinical trials demonstrates, *kastom* medicines are imagined to provide a path toward modernity, and their sale in global markets is imagined to bring benefits not only to Tautuans but to all people around the world in need of quality medicine. Tautuans are thus expressing their desire to have more interaction with the rest of the world; they hope to be sources of healing, hope, and salvation. The situation in Tautu thus also speaks to debates about modernity, postmodernity, indigeneity, and post/neo-colonialism in the broader discipline of anthropology (Clifford 2001; Slemon 2006).

**Conclusion**

In this chapter I presented the perspectives of a range of healers, from healers that use traditional medicinal plants, to those that use traditional massage, to spiritual healers and biomedical practitioners. Despite these differences in medical practice, all of these healers envision their knowledge and skills as being gifts, and the majority of these healers consider these gifts to be gifts from God. While these gifts mean different things to different individuals, there are some commonalities: in particular, these gifts are associated with near-death experiences and being a major transformative life event. As such, it becomes clear how narrative serves as an avenue for people to come to terms with suffering: in healers’ accounts their illness experiences are redefined as religious experiences, as moments of salvation and transformation (Csordas 2002; Becker 2004; Good 1977, 1994; Kleinman 1989, 1992; Mattingly 1998; Garro and Mattingly 2001). Further, these experiences are envisioned as exchanges with spiritual entities and entrance, in particular, into reciprocal obligations.
I also discussed the implications of the (re)construction of kastom medicine as a gift from God. Religious narratives are often make political statements and declarations that certain actions are “right.” While the (re)imagination of kastom medicine as Christian knowledge serves to challenge the authority of biomedicine it is also tied up in the discourses of biomedicine. However, the idea that all types of healing are “gifts from God” ultimately supports the view that kastom medicine, biomedicine, and Christian spiritual healing are complimentary rather than conflicting medical options. Anthropologists stress that health is a political issue (Baer et. al., 2003; Scheper-Hughes 1993; Crandon-Malamud 1993; Lock and Nichter 2002). Viewing the reconstruction of kastom through a political lens, we see that health in Tautu, as in other areas around the world, is also about restoring socio-political balance, the balance between worldviews and old and new ways of life. As I have shown, health involves the management of relationships and thus identities. Health also requires resolving the conflicts and power imbalance between both kastom and Christianity and kastom and biomedicine. These conflicts are never fully resolved and are constantly being negotiated as circumstances change. As such, there are many interpretations of what is “kastom” and what is “good kastom.” Through narrative, Tautuans actively negotiate their identities as biomedical subjects, committed Christians, and protectors of kastom. In particular, through “gift” narratives, Tautuans are able to straighten out these identities and relationships and open the roads between them. As the ultimate intermediary, God serves as the road connecting biomedical, kastom, and Christian ideologies. Thus, Tautuans, like the people of Ayfat are able to make “sense out of what seemed to be conflicting worldviews” (Courtens
2008, 213). Ultimately, Tautuans are using gift narratives to reconcile these worldviews and thus to re-imagine both their pasts and their futures.
CHAPTER 7. CONCLUSION: THE RETURN

Introduction

One day Chief Gorden presented me with a prized pig’s tusk that had been in his family for many years. He jokingly told me that this meant that I was a chief now. We laughed because we both knew that this tusk did not represent the earning of any status on my part. Rather, this particular tusk was a gift symbolizing our relationship: the friendship shared by a Ni-Vanuatu chief and an American girl; the duties and obligations shared by reciprocally bonded persons; and the kinship shared by a father and a daughter and, by extension, the kinship shared by our families in Vanuatu and the United States. In addition, Chief Gorden voiced that this tusk also symbolized our relationship with God, for God brought us together and it was “God’s plan” for me to do research in Tautu. It is my sincere hope that this dissertation has honored my commitments to Chief Gorden and the people of Tautu.

Over the course of my research Tautuans shared many stories with me. This dissertation is the result of those conversations. While these stories are primarily about Tautu and the people who live there, they are also illustrative of a much broader story about how health, illness and religion intersect within small island communities where traditional notions of kinship, exchange, and gender relations continue to be the foundation of social life. These stories not only reflect how these relations frame medical life in Tautu but also how these intersections occur within an increasingly globalized political economy where distinctions between tradition and modernity as well as
biomedical and *kastom* medicine are increasingly blurred. The integration of tradition and modernity is perhaps best symbolized by the reinvention of *kastom*: a core aspect of broader debates about the politics of tradition that explicitly subvert the false dichotomies of *kastom* and Christianity and *kastom* and modernity. As a result, Tautuans’ integration of *kastom* medicine, biomedicine, and Christian spiritual healing is illustrative of several core theoretical topics in anthropology, including the politics of tradition, the indigenization of Christianity, the integration of religious traditions, and views of personhood and the body.

Building on these literatures as well as pre-dissertation fieldwork, I explored several core questions in this dissertation including: 1) What is the relationship between *kastom* medicine, Western medicine, and Christian spiritual healing in Tautu? 2) How do Tautuans negotiate their identities as biomedical subjects, committed Christians, and protectors of *kastom*? I engaged with these questions through a holistic exploration of Tautuan medicine. In addition to the colonial and postcolonial history of the village, I examined local illness categories, treatment categories, sources of medical knowledge, knowledge practices, diagnosis and treatment processes, meanings of health and illness, and personal stories about recovery and healing gifts. Combined, my findings on these aspects of Tautuan health showed that the domains of *kastom*, Christian, and biomedicine are integrated in many aspects of Tautuan medicine. In addition to documenting this integration, I also offered several theories to explain how Tautuans integrate these medical domains. I argued that there are several interrelated principles and frameworks that facilitate this integration, namely 1) social networks based on kinship, gender, and reciprocal exchange relations and 2) patients’ and practitioners’ relationships with God.
and 3) gift narratives which are simultaneously about past, present, and future medical and religious experience. Further, I identified two main symbols of Tautuan thought that provide insights into local frameworks: 1) the road and 2) the gift. I used these symbols to explicate the intricacies and complexities of medical thought and action in Tautu.

**Indigenous understandings of health and illness**

I have documented the integration of traditional medicine, biomedicine, and Christian spiritual healing and provided ethnographic accounts of indigenous kinship, exchange, gender, knowledge, and narrative practices and the ways in which these aspects of Tautuan society underpin the meanings of health and illness in Tautu.

**The integration of traditional medicine, biomedicine, and Christian spiritual healing**

The integration of kastom, biomedical, and Christian healing domains is visible in many aspects of Tautuan medicine: in theories of illness causation, sources of knowledge and diagnosis, categories of care, treatment processes, meanings of health and illness, and illness and “gift” narratives. During a single illness episode Tautuans may draw on kastom (e.g., sorcery, the violation of tabus, the interference of spirits), Christian (e.g., sin and Godly interference) and biomedical (e.g., dirt/germs, bebet) ideas about illness causation or a combination of these. The dichotomy of traditional illness and non-traditional illness thus collapses in part due to the fact that Tautuans have merged the concepts of tabu and sin and thus interpreted Christian healing as the primary cure for sorcery, and in part due to Tautuans’ use of traditional medicine to treat non-traditional illnesses. A more useful and culturally appropriate illness categorization is whether an
illness is *stret* (straight, normal, quick-resolving) or *no stret* (crooked, abnormal, slow-resolving). Recall Rosemary’s description of her debilitating experience being a victim of sorcery and how she identified it as a *no stret* sickness. A *stret* sickness, straightforward and easily cured, requires only a few steps whereas a *no stret* sickness, deceiving and difficult, requires many steps and involves following a winding and often misleading road toward recovery.

Ideas about sources of knowledge and diagnosis further demonstrate Tautuans’ integration of *kastom*, Christian, and biomedical concepts, as Tautuans consider ancestors, family members, spirits, dwarves, the Christian God and angels to all be valid sources of medical knowledge. In regards to categories of care, Tautuans construct *kastom* medicine, Christian medicine, and biomedicine as discrete medical domains; however, in practice they fluidly mix these domains. The integration of *kastom*, Christian, and Western medicine is further supported by Tautuans’ disregard of rigid discursive categories during actual treatment processes. Neli’s story as a case study shows how Tautuans are apt to draw on and mix traditional, Christian, and biomedical concepts and practices and how this occurs both during self-treatment and patient-practitioner interactions. Her illness narrative also demonstrates that as in matters of religion, in medical matters, Tautuans are primarily pragmatists: treatment is a process of exploration frequently involving experimentation or “trial and error” in which treatments are tried and tested until the “real” cause is identified.

Examination of consultants’ definitions of health and illness further illustrates their integration of Melanesian, Christian, and biomedical concepts. In particular, the ideas of flow, balance, proper placement, cleanliness, morality, equality, and being
nurtured are discussed as aspects of health. Scheper-Hughes and Lock’s (1987) “three bodies” framework allowed me to explore these aspects of health and their broader meanings as well as the inter-connections of the physical, the social, and body politic. I argued for the addition of another analytical body, the spiritual body, in order to remedy the neglect of people’s religion and spirituality in this framework. Further, I argued that the mixture of Melanesian, Christian, and biomedical understandings of illness facilitates the pragmatic treatment of the whole body/mind/spirit.

_Sociality as central to Tautuan medical thought and practice_

Social ties are core aspects of health in Tautu. Drawing on the work of Mauss (1923) and Strathern (1990) among others, I sketched Tautuan social relations and showed that these relations are based on kinship, gender, and exchange practices. Applying these insights to medical life in Tautu shows that the same core principles that shape social relations in Tautu—pragmatism, “dividuality,” reciprocity, and fluidity—also shape medical thoughts and actions in Tautu in particular in decisions about treatment. The significance of kinship and gender relations in decision-making—as illustrated by the survey results in which people reported primarily seeking the help of their female relatives—problematize the assumption that patients primarily consider diagnosis when making decisions about treatment.

When applied to Tautuan medical thought and practice, Watson-Gegeo and White’s theory of “disentangling”—used to explain Melanesian forms of conflict resolution—suggests that illness is a form of entanglement and that healing involves a form of “disentangling” in which conflicts are resolved and balance is restored through
various socio-political, spiritual, and medical means. As in other societies, Tautuan theories of entanglement and disentangling illustrate Melanesian forms of personhood, as these theories are based on a relational “self.” These theories help explain the view that social problems can cause physical illness and that the actions of one person can impact the health of another person. Neli’s illness narrative and additional ethnographic examples about the effects of the actions of parents on the health of their infants support this view.

While the medical ideology and practices of Tautuans demonstrate Melanesian forms of subjectivity, Western/modern forms of subjectivity also appear in Tautuans’ definitions of health and illness. For instance, a common theme in consultants’ definitions of health was the idea of individual responsibility over one’s health, and a common theme is consultants’ definitions of illness was individual “carelessness.” Moreover, Western concepts of tidiness and cleanliness, e.g., keeping one’s house and “area” clean,—ideas introduced by missionaries and colonial and post-colonial governments—also coexist with traditional illness concepts.

*Proper placement: gendered “sides” and “safe spaces”*

In addition to concept of personhood, place, space, and gender are important for understanding the social dimensions of health and illness in Tautu. Tautuan health involves social and spiritual relations being in order as well as the correct placement and alignment of persons, bodily substances, and body parts, in particular blood and *naou*. These aspects of order are connected to proper behavior, i.e., adherence to *tabus* and other spiritual and social rules, and the management of “sides:” familial sides based on
kinship and gendered sides (male, female) which are essential for the health of the community, the family, and the (in)dividual (Rio 2007; Hess 2009).

Tautuans’ discussion of “sides” and certain tabus is indicative of the continued significance of traditional gender relations, referred to as “sexual antagonism” in the literature on Melanesia (Knauft 1999). Tautuans follow modified segregation practices for circumcision, menstruation, pregnancy, and birth, and women follow the traditional tabu against going into the gardens or handling food while they are menstruating, as breaking this tabu is thought to endanger the health of men who may become deathly ill if they consume this food. This tabu and others like it provide insights into Tautuan gender theory as well as broader social relations and cultural values—including Tautuan views of place and space, in particular the “place(s)” of women. The management of gendered bodies and its substances mirror the management of social and spiritual relations. Further, many protocols in Tautuan society connected to illness prevention, such as the practice of confession and the avoidance of tabu areas, demonstrate larger theories about tradition, religion, retribution, power, and proper boundaries (Douglas 1966; Keesing 1982, 1985, 1989; Jolly 1994, 2002; Knauft 1999; Strathern and Stewart 2010).

The idea that urban centers are dangerous and that being too mobile places one at risk of sorcery is also illustrated through local discourse. “Safe spaces” are areas within the boundaries of kastom, places where the power of kinship and traditional exchange relations prevails. “Unsafe” places are urban areas associated with modernity and “mixed” groups of people. Discourse on “safe” and “unsafe” places provides a window into Tautuans’ larger associations of urbanization and modernity with danger and
unhealthy behaviors. Urban centers, in particular Port Vila and Luganville, are considered unhealthy places “rife with sorcery” and are often contrasted with the “healthy” outer islands and villages (Forsyth 2006; Rio 2010). As such, they serve as metonyms for unhealthy areas associated with Western culture and greed and social commentary on the emergence of classes and entrenched socio-economic inequalities.

Ideas about space, place, and illness prevention also illustrate ideas about gender in Tautuan society. Being too mobile makes both men and women susceptible to sorcery-based illness, and both men and women are at risk of sexually transmitted illnesses if they “walk around too much,” (a euphemism for having too many sexual partners). Women, however, are thought to be particularly at risk. The Tautuan view is that highly mobile women, i.e., women who spend too much time outside of the family home, have questionable morals and thus are “dirty,” contaminated morally and/or physically, i.e., in terms of sexual health.¹

The mobility of women is linked to good social and physical health, however, when women marry and move to new villages, thereby establishing new social ties. Tautuan women are additionally forging new roads by participating in activities related to the church and the protection of “women’s kastom” and by taking greater control over their own health and the health of their communities through their relationships with the church, God, and each other (Jolly 2002; Bolton 2003; Eriksen 2008). Women’s roles as

¹ More research needs to be conducted in order to investigate the concepts of “sexual health,” “women’s health,” and “men’s health;” whether men and women suffer from different types of illness; and whether women have higher rates of morbidity due to their marginalized position in Tautuan society.
healers, the primary caretakers of the sick, the core or “central nodes” of a person’s healing network, and key decision-makers highlights the agency of local women.

**Tradition, kastomized Christianity, and the soteriological aspects of Tautuan medicine**

Understandings of tradition and modernity in Tautu and in Melanesia as well as the soteriological aspects of medicine and the politics of tradition more broadly are illustrated throughout this dissertation. In addition to an appreciation of Melanesian pragmatism and the power of narrative, a historical lens and an understanding of the fluid nature of *kastom* and “culture” facilitates a more nuanced view of the meanings of tradition and modernity and the destabilization of the rigid categories of *kastom* medicine, biomedicine, and Christian spiritual healing. A historical approach contextualizes Tautuans’ interactions with modernity, drawing attention to their enmeshment in multiple modernization projects, such as those of missionaries, European settlers, colonizing powers, and international health organizations. It also, however, underlines Tautuan agency, demonstrating that Tautuans have accepted certain aspects and premises of these projects while rejecting others.

Tradition is at the heart of Tautuans’ modernization projects, as they aim to modernize through the promotion of tradition, and as *kastom* serves a “mediating role... forging links between what are often perceived as the radically separate worlds” (Taylor 2008, 68). Demonstrating the “glocalization” of medical thought, or how the village level interacts with the global, my study supports understandings of globalization and modernity that theorize these phenomena as processes of negotiation in which local people are active agents in these processes (Appadurai 1996; Ong and Collier 2005;
Robertson 1992, 2006). Religion and medicine play a significant role in people’s interpretation and manipulation of these phenomena, phenomena that they do not simply passively experience as if they were watching a major event unfold in front of them, but phenomena that they encounter as the “little things” of mundane daily life: decisions that they make, particular words that they choose, stories that they tell, ideas and futures that they play with and rearrange.

Tautuans’ desire to protect and modernize their traditional medicine aligns with the approaches and efforts of other indigenous groups, including Ayurvedic practitioners in India (Langford 2002), Tibetan physicians in Tibet (Adams 2002), and practitioners of Chinese medicine in China and the United States (Zhan 2009). As in other societies, in Tautu, tradition and modernity are viewed as opposites, and associations of tradition with health and modernity with illness demonstrate the ways in which medical discourse reflects people’s larger aims and the ways in which medicine serves “extramedical functions” (Crandon-Malamud 1993). Through narrative, Tautuans are not only upholding the health value of tradition but also modernizing it by interpreting it through a Christian framework and globalizing it by attempt to garner international recognition. In addition to the goals of the revitalization of tradition and engagement with modernity, medicine is also an opportunity for salvation (both social and religious), witnessing, and proselytization (Good 1990).

The gift and the road as metonymic signifiers

Tautuan metaphors of “the gift” and “the road” serve as metonymic signifiers in Tautuan society. Representing reciprocal relationships created and maintained through
exchange, the gift and the road signify the general form of Tautuan sociality based on kinship and a gift economy. In everyday discourse and in illness narratives, the gift and the road symbolize the basic principles of social relations, the principles of reciprocity and flow, which frame all interactions in Tautu, including those between patients and healers, humans and supernatural beings, and Tautuans and humanity. Additionally, “gifts” signify knowledge and rights to knowledge and “roads” signify people’s exchange relationships and the pathways through which knowledge and gifts are shared, including medical knowledge. In this way, gifts and roads provide insights into the Tautuan indigenous knowledge system. Such gifts of knowledge are gifts in the Maussian sense, for they do not circulate freely but are understood to have obligations attached.

I have been particularly interested in examining the shifting and multi-layered meanings of these concepts as Tautuans apply them in different medical contexts. For instance, when Tautuans speak of roads they are not just the physical paths carved into the earth. Roads are also paths that influence decisions, channels of communication through which information travels, connections between destinations, ideas, and “things,” and future possibilities or opportunities. Roads also represent medical options and descriptions of states of health and illness. I found that Tautuans frequently use the metaphor of the road to convey beliefs about causes of illness as well as the physical sensations of illness. A blocked road symbolizes illness, in particular sorcery-related illness, and a feeling of tightness or being stuck. An open road symbolizes health, the flow of blood, a clear path with no obstacles in sight, lack of entangled social relations, and a feeling of looseness. Used in this way, the symbol of the road further underlines the principles of fluidity and reciprocity and demonstrates the view of treatment as being
a process of disentangling, with the goal being to open “roads” both within and between persons.

Tautuans’ use of the term “road” to refer step(s) or stages toward recovery also demonstrates the common view of diagnosis and treatment as being processes of exploration. In Tautuans’ discussions of “roads” during treatment we also see the importance of supernatural relationships, as ancestors and God act as guides in the healing process. This idea is conveyed in the common prayer asking God to reveal and open “the right road.” The myriad meanings of “the gift” and “the road” in Tautuans’ narratives illustrate the significance of symbolism in Tautuans’ understandings of health and illness.

**Gift narratives and the medical imaginary**

Drawing on literature in medical narrative and the indigenization of Christianity, I have argued that the integration of traditional, biomedical, and Christian forms of healing is facilitated by “gift” narratives in which all medicines are reframed as “gifts from God.” These gift narratives serve multiple purposes. First, they allow patients and practitioners to organize their past experiences and to make sense of suffering. Second, in these “gift” narratives Tautuans are authorizing certain aspects of traditional medicine by reconstructing it as Christian knowledge. Third, through these narratives Tautuans are also actively carving out a space where biomedical, traditional, Christian forms of healing are complimentary. Using their personal relationships with God—and God’s position as the ultimate authority above man, state, and church—they refashion all medicines as being from the same source, as being “God-given gifts.” The idea that all types of
medicine are “gifts from God” causes the categories of biomedical, traditional, and Christian to fall away and to be subsumed by the larger heading of “spiritual healing.”

Fourth, these gift narratives are also religious narratives; they are stories about salvation and acts of witnessing and proselytization, ways of proving one’s faith and spreading the faith. Tautuans state that the creation of new pharmaceuticals from traditional medicinal plants would allow them to serve others by sharing their remedies with the world and using these remedies to share the word and power of God. Thus, the goal is to convert people not only to *kastom* medicine but also to the Christian faith. Finally, then, these narratives are an attempt to appropriate and indigenize biomedical ideologies and forms of knowledge production and to gain international recognition of the efficacy of traditional medicinal plants. The request for clinical trials and the assistance of Western pharmaceutical companies in establishing evidence of the efficacy of traditional medicinal plants is indicative of Delvecchio Good’s concepts of the “biotechnical embrace” and “the medical imaginary” operating in Tautu, as Tautuans view biomedical science and technology as tools to achieve economic prosperity, general well-being, and international recognition. In these narratives biomedicine becomes a vessel or avenue through which Tautuans are able to engage with the modern world on their own terms.

*Agency and the future of Tautu and Oceania*

This dissertation is also concerned with how the future of Tautu and the Pacific region is imagined. The prevailing view of outsiders is that the region is hopeless, limited by its geography, lack of resources, and economic dependence (Hau’ofa 1994). Reports on Melanesian nations in particular, including those written by academic
scholars, describe these nations’ futures as bleak, doomed to be marked by corruption, political instability, environmental problems, land disputes, the loss of traditional culture, and ineffective government systems (Callick 1993; Reilly 2000; Chappell 2005). These “doomsday” scenarios also characterize these nations as being increasingly burdened by poor health conditions (Callick 1993).

My findings support a more balanced and optimistic view of Tautu and Oceania. Following Hau’ofa (1994) and Finney (1994), this view focuses on some of the positive aspects of the Pacific Islands, including the adaptability of islanders, their expansive worldviews, their far-reaching social networks, and their connectedness to each other and to the ocean. Rather than lamenting the loss of traditional culture and the dominance of biomedicine, I foreground the agency of local people, their protection of traditional culture, and their efforts to, in a sense, decolonize the future. I have shifted my focus from the health problems of the nation of Vanuatu and the challenges that Tautuans face, to pragmatism and opportunities for adaptation.

The concept of the road, with value placed on reciprocity and people’s ability to chart new territories, facilitated this optimism. While some are weary of the encroachment of Western culture, Tautuans are generally hopeful. I interpret this hope as being intimately linked to their religious faith in God as well as their faith in their traditions as well as the science and technology of the Western world. Pragmatists, Tautuans desire more connections with foreign nations and people, hoping to create new relationships that will lead to new opportunities.
Policy implications

I envisage this dissertation as a reminder that while the problem of malaria can be greatly improved through education, biomedical facilities, public health programs, transportation, and infrastructure in general, these are not the only issues that require our attention. While Tautu’s rates of infection and the overall health disparities are still alarming, malaria is not simply an education issue or an economic issue. My research has shown that Tautuans know a great deal about malaria and the Ministry of Health’s recommendations; they are not lacking in education on the illness. Additionally, access to biomedical care is not the sole determining factor in treatment decisions about malaria. Thus, as Kamat (2006) points out “malaria must be dealt with as... a social issue” (56). Dealing with malaria and illness in general as a social issue in Vanuatu involves first understanding how health and illness are defined locally, how these definitions compare with global health standards and indicators, and how knowledge of these definitions can help improve public health programs and the clinical encounter (Winkleman 2005).

In addition, while “medical pluralism” may be a thing of the past in medical anthropology, the idea that traditional, biomedical, and Christian forms of healing are disparate continues to inform public health policy and scholarship and popular understandings of decision-making. It thus continues to be important to argue against this theory in order to illustrate the complexities of real life. The promotion of health in Vanuatu also requires recognizing the significance of kinship and the social network in prevention, treatment, and health decision-making in general. As they are the primary caretakers of the sick, working to increase the involvement of women, is particularly vital for the improved health of the community.
Another important step toward solving the problem of malaria and other illnesses would be to make efforts to bring *kastom* into the conversation, as traditional ideologies and principles play central roles in peoples’ medical thought, attitudes, and actions. Further, *kastom* medicine plays a fundamental role in meeting the health needs of Tautuans and Ni-Vanuatu (The World Bank 2008; WHO 2008). In spite of this reality, Vanuatu’s national government has no policies in place to support traditional medicine or to incorporate it into their public health research and programs. With no official policy, The Ministry of Health is also silent on *kastom* medicine. This silence is surprising considering the large place of *kastom* in other areas of national discourse but when considering *kastom* medicine’s intimate association with sorcery and magic, domains of *kastom* in more direct conflict with Christianity and biomedicine, the reasons behind this silence become clear. While *kastom* came up in many informal conversations it was only to be constructed as an obstacle to be overcome or a set of superstitions to be replaced with “rational thought.” When Ministry of Health employees discuss *kastom*, they convey a popular rhetoric in public health discourse: the idea that through education biomedical understandings of illness (germ theory, pathology, etc..) will replace *kastom* understandings of illness (sorcery, social and spiritual causation). An important first step toward improved health in Vanuatu, then, is working towards changing these attitudes toward traditional knowledge and working to overturn the tendency to blame and alienate traditional practitioners rather than collaborate with them (Foster 1976).

There are many ways to more effectively bring *kastom* into the conversation: by including *kastom*, spiritual healers, and laypersons in health planning dialogues, by using the input of these interest groups to develop an official policy on *kastom* medicine, and
by supporting current efforts to protect the traditional economy and traditional ecological and medicinal knowledge, among others. In addition to more bednets, paved roads, clinics, hospitals—and the development of a medical school and nursing school in Vila to train more local doctors and nurses—there needs to be greater recognition of the immense importance of *kastom* in social and medical life. This recognition is the road through which to promote the proper “translation of public health knowledge into effective action” and the bridging of “social and cultural boundaries” (Hahn and Inhorn 1998, 5).

There are, however, several barriers to formally bringing traditional medicine into the conversation. The Vanuatu government has a track record of paying only lip-service to incorporating *kastom* in the nation’s government and legal system. For instance, the proposed government support of the traditional economy sponsored by Regenvanu (2007) has yet to garner the necessary resources to be enacted at a level that would lead to any major changes. A policy on incorporating traditional practitioners and protecting traditional medicinal knowledge may likely suffer the same fate. This is not to say that government policy is unimportant but that it is only one part of the solution. Approaches that attempt to avoid dealing with governments and deal only directly with communities are not viable because some state involvement is needed for development projects to be sustainable (Schoeffel 1997). I agree with Schoeffel (1997) who recommends “building the capacity of the state to do its job better and building the capacity of local government to ensure accountability” (9). Accountability is an important goal, especially considering the widespread belief in government corruption. From the vantage point of Tautuans,
living in a rural village on one of Vanuatu’s outer islands, “the state” is corrupt, and even an enemy of the people, because it causes suffering and steals from those in need.

In addition to a sense of accountability, open community meetings attended by policy makers and government workers would facilitate improved communication and foster ownership of community health by allowing community members to engage in dialogue with policy makers and thus to participate in the decision-making process (Huffer and Molisa 1999). The development and funding of programs more fully involving community participation at the village level is essential. Ideally, leadership for these programs would come from within each village and build on traditional and church organizational structures already in place. Involvement of chiefs, church pastors and elders, klevas, spiritual healers, and other community leaders would facilitate the rebuilding of trust between the state and local people. In addition to the important role of the church in Pacific Island societies, my findings also support the continued importance of traditional forms of leadership in Tautu and Oceania more broadly (Larmour 1996; Huffer and Molisa 1999; Finiin and Wesley-Smith 2000; Huffer 2006; White 2007).

Conclusion: a brief reflection on the research process

This dissertation is also a story of how to best “do anthropology.” Like treatment, research is a process of “trial and error,” a process of exploration in which one must continuously search for the “stret” (straight, correct) path. Over the course of my research I tested out a variety of methods only to discover that my understanding of the complexities surrounding health in Tautu would have not been possible if I had limited
myself to quantitative methods. While I am still a proponent of quantitative methods, I learned the most from my consultants through open-ended interviews. Only after gaining insights from interviews and life histories was I able to design quantitative research materials in such a way that they would allow me to collect relevant data in a culturally appropriate manner. I have thus concluded that people’s full experiences of health and illness cannot be targeted with “rapid assessment” techniques that neglect to first comprehend the broader socio-cultural contexts shaping health and illness. As I have learned, having in-depth understanding of these contexts is necessary before one can write or carry out an effective survey or make a policy recommendation.

This dissertation has been a testament to the continued importance of a cultural interpretive perspective in medical anthropology. I have also argued the importance of a holistic perspective, which sheds light on how Tautuan religious beliefs, kinship relations, and economic and intellectual practices, such as those involving the exchange of goods and knowledge, influence how Tautuans view and manage health. I have shown that medicine is a window into social structure and religion while at the same time arguing that there no such thing as “religion” separate from “medicine” and that there is no “medical system” that can be separated from the whole context of Tautu except in the ways that the state and western biomedicine have drawn these lines. Drawing artificial borders, such as those drawn between “medicine” and “religion,” between diagnosis and treatment and between kastom and church, prevent a full understanding of Tautuan medical thoughts and actions. The full meanings of Tautuans’ health practices only emerge when they are seen as part of this whole.
Finally, this dissertation has been a testament to the importance of collaborative, reciprocal, and critical ethnography and ethical engagement with indigenous populations (Harrison 1997; Regenvanu 1999; Tryon 1999; Gross and Plattner 2002; Lassiter 2001, 2005; Tengan 2005; Cervone 2007). This work would not have been possible without the guidance of my research team and all of the people of Tautu who treated me like family. In addition to my commitment to an ethical, engaged anthropology, in writing this dissertation I have hoped to demonstrate my long-term commitment to this community.

A couple days before I left Tautu to return to the United States, my adoptive family and I held a small ceremony next to the community meeting hall. I donated a water catchment tank as a thank you gift to the village for everyone’s support. During this ceremony, church elders blessed the water tank, and these elders and Chief Gorden gave speeches, in which they prayed for God to keep me safe, to help me with my studies, to open roads for me, and to facilitate my return to Tautu. This dissertation is thus only the beginning of the road.
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## APPENDIX A: ILLNESS AND SYMPTOM TERMS
### IN THE TAUTUAN LANGUAGE

<table>
<thead>
<tr>
<th>Terms</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Artosi borngi jinibb</td>
<td>cut that continuously bleeds</td>
</tr>
<tr>
<td>2. Batum e rerer</td>
<td>headache</td>
</tr>
<tr>
<td>3. Birtenosol</td>
<td>sore hips/buttocks</td>
</tr>
<tr>
<td>4. Borerer</td>
<td>earache</td>
</tr>
<tr>
<td>5. Boriv</td>
<td>ear discharge</td>
</tr>
<tr>
<td>6. Bormesir</td>
<td>broken earlobe</td>
</tr>
<tr>
<td>7. Drruris</td>
<td>swollen throat glands</td>
</tr>
<tr>
<td>8. Dupine jinen eap</td>
<td>broken intestines</td>
</tr>
<tr>
<td>9. Dupine nolon owlu</td>
<td>diarrhea</td>
</tr>
<tr>
<td>10. Dupine e rerer</td>
<td>stomachache</td>
</tr>
<tr>
<td>11. Dupine etj</td>
<td>food poisoning</td>
</tr>
<tr>
<td>12. Eapapol</td>
<td>burn</td>
</tr>
<tr>
<td>13. Eijor</td>
<td>abscess</td>
</tr>
<tr>
<td>14. Ekar</td>
<td>sore</td>
</tr>
<tr>
<td>15. Ekiw</td>
<td>running eye</td>
</tr>
<tr>
<td>16. Elelae</td>
<td>sore groin</td>
</tr>
<tr>
<td>17. Elengeleng</td>
<td>mad, mentally ill</td>
</tr>
<tr>
<td>18. Emambur o emkam</td>
<td>broken</td>
</tr>
<tr>
<td>19. Embirbir, emretj</td>
<td>skinny or stunted growth</td>
</tr>
<tr>
<td>20. Emermerr</td>
<td>swollen eye</td>
</tr>
<tr>
<td>21. Emet (met) vir</td>
<td>multiple cuts</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>22. Emijmij</td>
<td>coma</td>
</tr>
<tr>
<td>23. Emirrair</td>
<td>reduction in swelling</td>
</tr>
<tr>
<td>24. Emsemsaet</td>
<td>almost sick or almost well</td>
</tr>
<tr>
<td>25. Emsemse</td>
<td>to be sick</td>
</tr>
<tr>
<td>26. Enibnib</td>
<td>sore gland near the groin</td>
</tr>
<tr>
<td>27. Epepau</td>
<td>swollen knee</td>
</tr>
<tr>
<td>28. Ererngis</td>
<td>stinging sensation</td>
</tr>
<tr>
<td>29. Eser maut</td>
<td>literally “just sleeping” (stroke)</td>
</tr>
<tr>
<td>30. Etalev drra</td>
<td>bloody stool</td>
</tr>
<tr>
<td>31. Etj</td>
<td>fish poisoning</td>
</tr>
<tr>
<td>32. Ewuwris</td>
<td>itchiness, rash, hives</td>
</tr>
<tr>
<td>33. Garen</td>
<td>sores</td>
</tr>
<tr>
<td>34. Gunsin eseser</td>
<td>running nose</td>
</tr>
<tr>
<td>35. Jemelul</td>
<td>pus coming out of a boil</td>
</tr>
<tr>
<td>36. Joven</td>
<td>cough, asthma, any type of lung sickness</td>
</tr>
<tr>
<td>37. Juluj</td>
<td>worm, parasite</td>
</tr>
<tr>
<td>38. Laslas or elaslas</td>
<td>swollen testicle, “big ball” in Bislama (filariasis)</td>
</tr>
<tr>
<td>39. Lewem ererer</td>
<td>toothache</td>
</tr>
<tr>
<td>40. Mesien derien</td>
<td>sickness of old age</td>
</tr>
<tr>
<td>41. Mesien deualul</td>
<td>fever and sometimes shaking or seizure</td>
</tr>
<tr>
<td>42. Mesien lep</td>
<td>painful urination</td>
</tr>
<tr>
<td>43. Mesien merejen</td>
<td>sickness where you lose weight (tuberculosis)</td>
</tr>
<tr>
<td>No.</td>
<td>Disease/Condition</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>44</td>
<td>Mesien se nato</td>
</tr>
<tr>
<td>45</td>
<td>Mesien se nesevin</td>
</tr>
<tr>
<td>46</td>
<td>Metmetuela</td>
</tr>
<tr>
<td>47</td>
<td>Metsij</td>
</tr>
<tr>
<td>48</td>
<td>Nabbotkur</td>
</tr>
<tr>
<td>49</td>
<td>Nabbur</td>
</tr>
<tr>
<td>50</td>
<td>Nabil</td>
</tr>
<tr>
<td>51</td>
<td>Nabis or nambis</td>
</tr>
<tr>
<td>52</td>
<td>Namot</td>
</tr>
<tr>
<td>53</td>
<td>Naret na esej</td>
</tr>
<tr>
<td>54</td>
<td>Narrlu nabin</td>
</tr>
<tr>
<td>55</td>
<td>Narrlu naven</td>
</tr>
<tr>
<td>56</td>
<td>Natup</td>
</tr>
<tr>
<td>57</td>
<td>Nav</td>
</tr>
<tr>
<td>58</td>
<td>Nemtem ererer</td>
</tr>
<tr>
<td>59</td>
<td>Nenut</td>
</tr>
<tr>
<td>60</td>
<td>Nevotpek</td>
</tr>
<tr>
<td>61</td>
<td>Ngav or ngaven</td>
</tr>
<tr>
<td>62</td>
<td>Nibkarkar</td>
</tr>
<tr>
<td>63</td>
<td>Nibolrerer</td>
</tr>
<tr>
<td>64</td>
<td>Nila ne meten</td>
</tr>
<tr>
<td>65</td>
<td>Nirren esej</td>
</tr>
<tr>
<td>66</td>
<td>Nisen ejip</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>67. Nisol</td>
<td>swollen neck</td>
</tr>
<tr>
<td>68. Niterit</td>
<td>rash or bumps on the skin</td>
</tr>
<tr>
<td>69. Nolo bejen osol</td>
<td>swollen tonsils (tonsillitis)</td>
</tr>
<tr>
<td>70. Nolon orrorrorr</td>
<td>wheezing</td>
</tr>
<tr>
<td>71. Non evitan</td>
<td>spleen that has fallen down</td>
</tr>
<tr>
<td>72. Noro mien sen elep</td>
<td>thinking too much, stress</td>
</tr>
<tr>
<td>73. Ojov</td>
<td>cough</td>
</tr>
<tr>
<td>74. Omomoring</td>
<td>recovering from illness</td>
</tr>
<tr>
<td>75. Oprus</td>
<td>tingly or numb leg (paresthesia)</td>
</tr>
<tr>
<td>76. Osusuare</td>
<td>diarrhea</td>
</tr>
<tr>
<td>77. Otup</td>
<td>draining pus</td>
</tr>
<tr>
<td>78. Sel ore</td>
<td>unable to use the bathroom (constipation)</td>
</tr>
<tr>
<td>79. Susus</td>
<td>white spot, skin disorder</td>
</tr>
<tr>
<td>80. Visror</td>
<td>gas</td>
</tr>
<tr>
<td>81. Vuona</td>
<td>sickness caused by sorcery</td>
</tr>
<tr>
<td>82. Wina karkar</td>
<td>red spots (measles)</td>
</tr>
</tbody>
</table>
### APPENDIX B: BODY PARTS IN THE TAUTUAN LANGUAGE

<table>
<thead>
<tr>
<th>Body Part (his, your, mine)</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Batie nevren, batie nevrem, batie nevrek</td>
<td>Wrist</td>
</tr>
<tr>
<td>2. Batun, batum, batuk</td>
<td>Head</td>
</tr>
<tr>
<td>3. Baun, baum, bauk</td>
<td>Knee</td>
</tr>
<tr>
<td>4. Baunauren, baunaurem, baunaureka</td>
<td>Elbow</td>
</tr>
<tr>
<td>5. Bekver natten, bekver nattem, bekver nattek</td>
<td>Buttocks</td>
</tr>
<tr>
<td>6. Bel nisen, bel nisem, bel nisek</td>
<td>Jaw</td>
</tr>
<tr>
<td>7. Belnese, belnesem, belnesek</td>
<td>Chin</td>
</tr>
<tr>
<td>8. Benen, benem, benek</td>
<td>Placenta</td>
</tr>
<tr>
<td>9. Berbarin, berbarim, berbarik</td>
<td>Shoulder</td>
</tr>
<tr>
<td>10. Besun, besum, besuk</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>11. Beton, betom, betook</td>
<td>Umbilical cord or bellybutton</td>
</tr>
<tr>
<td>12. Biji nolon, biji nolom, biji nolok</td>
<td>Tonsils</td>
</tr>
<tr>
<td>13. Birislan, birislam, birislak</td>
<td>Throat</td>
</tr>
<tr>
<td>14. Blan, blam, blak</td>
<td>Leg</td>
</tr>
<tr>
<td>15. Blutjin, blutjim, blutjik</td>
<td>Back of head</td>
</tr>
<tr>
<td>16. Borim sen, borim som, borim sok</td>
<td>Brain</td>
</tr>
<tr>
<td>17. Bornim, bornem, bornek</td>
<td>Forehead</td>
</tr>
<tr>
<td>18. Borron, borrom, borrok</td>
<td>Ear</td>
</tr>
<tr>
<td>19. Bortrutrunan, bortrutruna, bortrutrunak</td>
<td>Windpipe</td>
</tr>
<tr>
<td>20. Bowen, bowem, bowek</td>
<td>Back of neck</td>
</tr>
<tr>
<td>21. Busu blan, busu blam, busu blak</td>
<td>Toe</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>22.</td>
<td>Busnauren, busnaurem, busnaurek</td>
</tr>
<tr>
<td>23.</td>
<td>Chin, chim, chik</td>
</tr>
<tr>
<td>24.</td>
<td>Dovol natten, dovol nattem, dovol nattek</td>
</tr>
<tr>
<td>25.</td>
<td>Dubo blan, dubo blam, dubo blak</td>
</tr>
<tr>
<td>26.</td>
<td>Dupine, dupime, dupike</td>
</tr>
<tr>
<td>27.</td>
<td>Duren, durem, durek</td>
</tr>
<tr>
<td>28.</td>
<td>Dvakin blan, dvakin blam, dvakin blak</td>
</tr>
<tr>
<td>29.</td>
<td>Dvakin nauren, dvakin naurem, dvakin naurek</td>
</tr>
<tr>
<td>30.</td>
<td>Emmeriri, kimeriri, nimmeriri</td>
</tr>
<tr>
<td>31.</td>
<td>Gamot sen, gamot som, gamot sok</td>
</tr>
<tr>
<td>32.</td>
<td>Gunsin, gunsim, gunsik</td>
</tr>
<tr>
<td>33.</td>
<td>Jin, jakim, jakik</td>
</tr>
<tr>
<td>34.</td>
<td>Jenen, jenem, jenek</td>
</tr>
<tr>
<td>35.</td>
<td>Jumre batun, jumre batum, jumre batuk</td>
</tr>
<tr>
<td>36.</td>
<td>Jungon, jungom, junguk</td>
</tr>
<tr>
<td>37.</td>
<td>Laruvaring sen, laruvaring som, laruvaring sok</td>
</tr>
<tr>
<td>38.</td>
<td>Leven, levim, levek</td>
</tr>
<tr>
<td>39.</td>
<td>Morunauren, mourunaurem, mourunaurek</td>
</tr>
<tr>
<td>40.</td>
<td>Nais doan, nais doam, nais doauk</td>
</tr>
<tr>
<td>41.</td>
<td>Nambek blan, nambek blam, nambek blak</td>
</tr>
<tr>
<td>42.</td>
<td>Naou sen, naou som, naou sok</td>
</tr>
<tr>
<td>43.</td>
<td>Nar ne bebe sen, nar ne bebe som, nar ne bebe sok</td>
</tr>
<tr>
<td>44.</td>
<td>Naret na, naret nam, naret nak</td>
</tr>
<tr>
<td>45.</td>
<td>Narren, narsom, narsok</td>
</tr>
<tr>
<td>46.</td>
<td>Nelin, nelim, nelik</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>47. Nemben jele, nembem jele, nembek jele</strong></td>
<td><strong>Body</strong></td>
</tr>
<tr>
<td><strong>48. Neme dumig sen, neme dumig som, neme dumig sok</strong></td>
<td><strong>Spleen</strong></td>
</tr>
<tr>
<td><strong>49. Nemen, nemim, nemek</strong></td>
<td><strong>Tongue</strong></td>
</tr>
<tr>
<td><strong>50. Nemen nerre dumig, nemen nerre dumig som, nemen nerre dumig sok</strong></td>
<td><strong>Pancreas</strong></td>
</tr>
<tr>
<td><strong>51. Nemim, nemin, nemek</strong></td>
<td><strong>Soul or spirit</strong></td>
</tr>
<tr>
<td><strong>52. Nemten, nemtem, nemtek</strong></td>
<td><strong>Eye</strong></td>
</tr>
<tr>
<td><strong>53. Neren, nerem, nerek</strong></td>
<td><strong>Liver</strong></td>
</tr>
<tr>
<td><strong>54. Nerren, nerrem, nerrek</strong></td>
<td><strong>Hand</strong></td>
</tr>
<tr>
<td><strong>55. Nesoon, nesoom, nesook</strong></td>
<td><strong>Chest/breast</strong></td>
</tr>
<tr>
<td><strong>56. Nevolu jungon, nevolu jungom, nevolu jungnok</strong></td>
<td><strong>Lips</strong></td>
</tr>
<tr>
<td><strong>57. Nevuven, nevuvem, nevuvek</strong></td>
<td><strong>Bladder</strong></td>
</tr>
<tr>
<td><strong>58. Non, nom, nok</strong></td>
<td><strong>Face</strong></td>
</tr>
<tr>
<td><strong>59. Norngon, norngom, norngok</strong></td>
<td><strong>Gums</strong></td>
</tr>
<tr>
<td><strong>60. Novin, novim, novik</strong></td>
<td><strong>Neck</strong></td>
</tr>
<tr>
<td><strong>61. Rublan, rublam, rublak</strong></td>
<td><strong>Foot</strong></td>
</tr>
<tr>
<td><strong>62. Silvenimben, silvenimbem, silvenimbek</strong></td>
<td><strong>Bodyhair</strong></td>
</tr>
<tr>
<td><strong>63. Veson, vesom, vesok</strong></td>
<td><strong>Muscle</strong></td>
</tr>
<tr>
<td><strong>64. Virren, virrem, virrek</strong></td>
<td><strong>Skin</strong></td>
</tr>
<tr>
<td><strong>65. Visroplet sen, visroplet som, visroplet sok</strong></td>
<td><strong>Lung</strong></td>
</tr>
</tbody>
</table>