

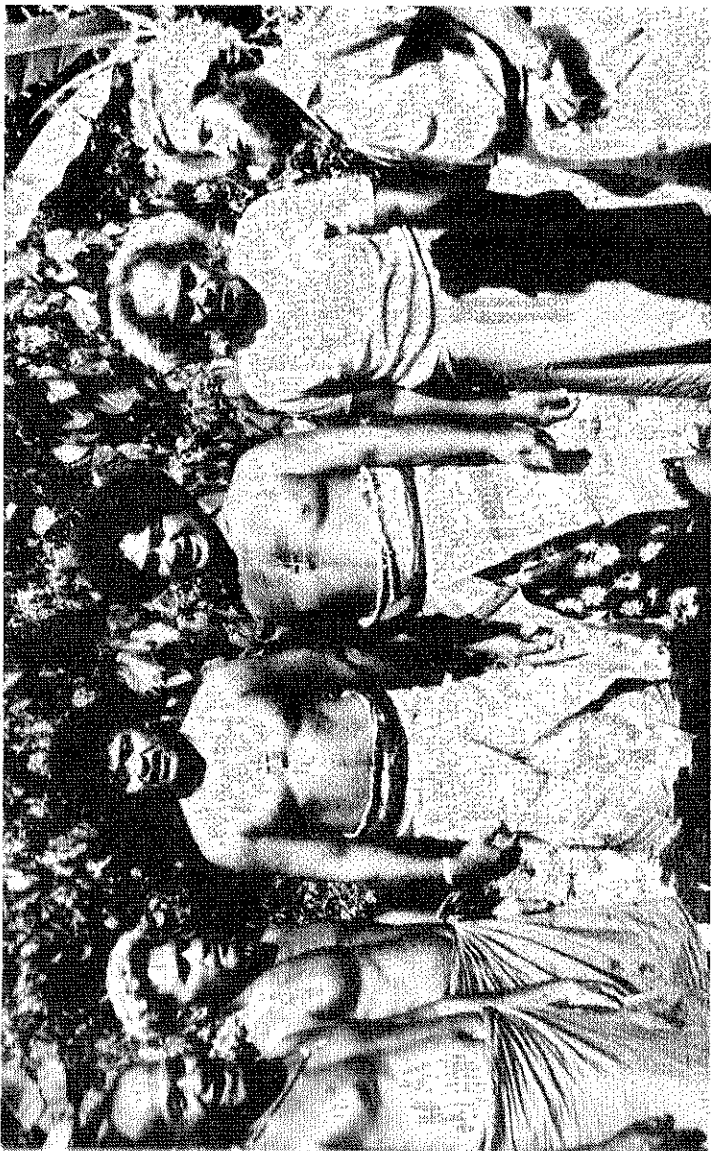
**ANUTAN CONCEPTS OF DISEASE:
A POLYNESIAN STUDY**

by

Richard Feinberg
Kent State University

With a foreword by
D. Carleton Gajdusek, M.D.

Publications of the Institute for Polynesian Studies
Monograph Series, No. 3



Anutans with author in Honiara, Guadalcanal. Left to right: Pu Parekope, Pu Akonima, Pu Koroatu (present senior chief), Pu Tepuko (present junior chief), Pu Pareatai, and the author.

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TO THE PEOPLE OF ANUTA

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EDITOR'S NOTE

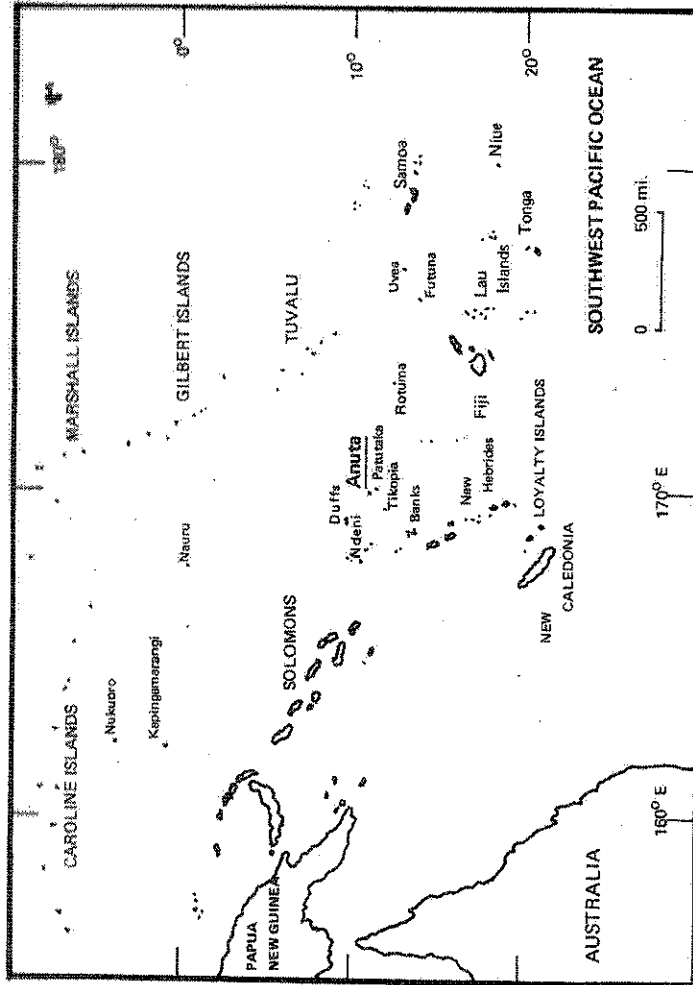
Anthropological papers that frequently come across my desk are usually highly technical in content and full of almost unintelligible jargon. It was a pleasure several months ago to receive and read Dr. Feinberg's manuscript. His lucid style of presenting the results of his research on Anuta made the article most enjoyable.

Anuta, a Polynesian outlier in the Solomon Islands, is circular in shape and only about half a mile in diameter. Its present Polynesian population numbers approximately 200. As Feinberg points out, the Anutans have had very little contact with the outside. As a result, this small island society provided an isolated laboratory for Dr. Feinberg's research which he undertook between 1972 and 1973. In 1974, he received his doctorate degree from the University of Chicago in Cultural Anthropology and since then he has been at Kent State University in the Department of Sociology and Anthropology. His long list of important publications is most impressive. We are pleased that we are able to include this study among them.

Dr. D. Carleton Gajdusek, who wrote the foreword to this study, is no stranger to the field of medical anthropology. His worldwide research in children's diseases and virology is well known. He is best known, however, for his studies of the neurological disease kuru among the tribesmen in New Guinea, a study for which he was awarded the Nobel Prize for Medicine in 1976.

We commend Dr. Feinberg for the work he has accomplished on the island of Anuta: his lexicon and grammar of the Anutan language, his detailed description of Anutan society, his study of their concepts of disease, and especially the rapport he established with these friendly Polynesian peoples.

Robert D. Craig



(Adapted from Yen and Gordon 1973: 3.)

FOREWORD

Anutan Concepts of Disease has provided me with a pleasant and informative evening of important reading and a major surprise. I had lived on Anuta for over a week as Chief Scientist of the Research Vessel *Alpha Helix* expedition to the Banks and Torres Islands of the New Hebrides and the Southern Solomons in 1972 while the author was on Anuta doing his field work. I and my medical colleagues benefited greatly from his knowledge of the culture and ability to speak the language during our medical survey of the population. It was unfortunate that at the time he had not completed his formulation of their concepts of disease. With over two decades of medical experience in the Western Pacific, I am surprised to learn now of a people who fail to place on malevolent spirits, on the spirits of deceased ancestors, or on malicious sorcery of the living the cause of many of their illnesses.

It is refreshing and enlightening to read this account of social structure and social control intimately tied into the concept of disease. The Anutans, as Dr. Feinberg points out, readily accept Western medical attention for any and all of their ills, but obviously they have learned to do without it. Their isolation precludes much Western medical care even today, and their explanation of disease and their expectations from both traditional and Western therapy are such as to make acceptance of their extreme isolation more tolerable.

This very day, after first reading his manuscript, I was attending an Anutan youth with serious disease in the small Anutan settlement near Honiara. I was very impressed at how much Dr. Feinberg's information helped me in dealing with this strictly organic medical problem. I am especially pleased with his detailed case histories and only wish that he had presented more of them. I commend this book to all who deal with medical problems in traditional cultures.

D. Carleton Gajdusek, M.D.

Honiara, Guadalcanal,
Solomon Islands
22 May 1979

ACKNOWLEDGEMENTS

Research on which this monograph is based was carried out during a fourteen month period, from February, 1972, through March, 1973, in the Solomon Islands. Of that total, eleven months were spent on Anuta itself while the remaining three were occupied working with Anutans in residence on other islands. The study was conducted under the auspices of a United States Public Health Service Training Grant administered by the University of Chicago's Department of Anthropology, and to both those institutions I am indebted. The present volume has grown out of a symposium on "Curing in Oceania," held at the 1976 annual meetings of the Association for Social Anthropology in Oceania. It owes much to the careful reading and many helpful criticisms of an earlier draft by the symposium's organizers, Roger Ward and Adell Johannes.

A NOTE ON TRANSLATION OF ANUTAN CONCEPTS

Translation of foreign concepts always poses a dilemma. An excessive number of foreign terms in any text interferes with readability, but often we have no precise equivalent for a key word or phrase and English translations may be misleading. As a compromise, when an Anutan concept, word, or phrase is first introduced, I set off the English gloss with single quotes in order to remind the reader that the words are being used as (often very) approximate translations and should not be understood in their normal English sense. Thereafter, they appear in single quotes only when it may be unclear from the context that the words are serving as a gloss and do not carry their normal English meaning.

I. INTRODUCTION

Anuta, a small Polynesian outlier in the eastern district of the Solomon Islands, is one of the most isolated islands in the Pacific. Although first sighted by a European in 1791, contact has been sporadic through the present time. According to informants, the Anglican Church was established on the island in 1916. No European missionary, however, has ever been in residence.¹ Aside from the eleven months of my own research, the longest visit by a European was during the two-month archaeological and ethnobotanical investigation conducted by a team from the Bernice P. Bishop Museum in 1971.² Until recently a government ship rarely called more than once or twice a year, and even now it is unusual for the administration to visit more than once a month, with intervals of three or four months not uncommon. Contact with other outsiders is far rarer still.

Despite Anuta's isolation there have been some intrusions affecting ideas of health and illness. The Church has been in operation for six decades. Medications are provided by the government. A physician makes brief visits several times a year. And many people from the island have received treatment in the hospitals at Graciosa Bay, the government substation for the eastern outer islands, Kira Kira, administrative center for the eastern district, or the Solomons'

capital, Honiara. Anuta, thus, provides an opportunity to observe a traditional Polynesian system of beliefs about disease which is just beginning to come under the influence of the Western world.

In this volume, I examine types of illness recognized by the Anutans and the criteria by which they are distinguished. I suggest that the Anutans classify diseases both according to their signs and symptoms and according to their putative causation, the system to be used depending on the purpose for which the classification is being invoked. In assigning cause, social relations and behavior are at least as important as symptomatology. Etiological beliefs are intimately tied to social structure, particularly to rank and the idea of mana, in such a way as to comprise a logically coherent system. The cause of acute or serious affliction is most often held to be a failure to live up to social obligations, especially any show of disrespect toward individuals, or even objects, which are considered taboo because of mana with which they are imbued. Infirmities produced by indiscretions of this nature may be psychological as well as physical, in Anutan terms as well as in our own. Effective therapy in all such illnesses requires that the social breach be identified and remedied.

The articulation of ideas about pathology with social obligations and concepts of rank raises the question of how the system of belief maintains itself in the face of seeming counterevidence. Drawing on data taken from a number of case histories, I shall argue that the social system tends to precipitate events which validate the medical beliefs, and this in turn affirms the principles upon which the social structure is predicated. The total system is a closed, self-validating one, which has incorporated Anglican Church doctrine without damaging the structure of traditional assumptions and has proved resistant to the enroachment of Western medical beliefs.

II. SOCIAL STRUCTURE AND RELIGION

Each Anutan stands at the center of a complex network of kinsmen reaching to every member of the island's population, and beyond. Kinship is determined by the Anutans in terms of genealogical ties and adherence to an appropriate code for conduct; the conduct appropriate to a kinsman embodies the concept of *aropa* 'love' which is manifested through the giving and/or sharing of material objects. Ideally, the genealogical and behavioral components in the definition of kinship coincide in such a way as to be mutually reinforcing; the closer the genealogical connection the more powerful the demonstration of *aropa*. However, the ideal is not always attained, and when it is not, conduct may alter or even override genealogical ties. These general observations hold for determining the specific nature of the kin ties as well as whether or not two individuals are kin to one another, although in the former case the precise behavioral requirements will vary, depending on the particular relationship (see Feinberg, forthcoming; in press, for further details).

Aside from being at the center of a kinship network, Anutans are members of three types of corporate group, each of which is structurally analogous to the others, but which exist at successively

higher levels of inclusiveness. The elementary domestic, property owning, producing, and consuming group is one called the *patongia*, hereafter referred to as the 'domestic unit.' Ideally, this consists of a man, his brothers, their wives, unmarried children, married sons, their wives, etc., as well as unmarried 'adopted' children. Although ideally it approximates a patrilineal extended family, the defining feature for the Anutans is the sharing of a common food basket at island-wide distributions. All property is owned jointly by this unit, production is organized primarily at this level, and all produce is shared by members of the domestic group. *Aropa* thus receives its most profound expression within the bounds of the domestic unit. If the group should grow so large as to be unwieldy, or if harmonious relations are disrupted by personality conflicts, the unit may divide. Following genealogical lines, such division generally takes place between cousins, although occasionally brothers separate as well. Leadership within the unit is determined primarily according to genealogical seniority as traced through the male line, but ultimately the deciding factor is the pronouncement of the outgoing leader who often thinks of competence and quality of personal relations as well as genealogical considerations.

Beyond the domestic group is a unit known as the *kainanga* 'clan.' There are four such groups on Anuta, and they are analagous to Tikopian units labelled by the same term. Each of the Anutan clans is actually a non-exogamous grouping of domestic units whose leaders are said to be descended from a common ancestor approximately eight generations in the past. In rank order the clans are the *Kainanga i Mua*, the *Kainanga i Tepuko*, the *Kainanga i Pangatau*, and the *Kainanga i Rotomua*. The first two clans are led by chiefs, known respectively as the *Ariki i Mua* or *Tui Anuta* and the *Ariki i Muri*, also known by the titles the *Ariki Tepuko* and *Tui Kainanga*. The men of the two senior clans are called *nga maru*, which literally means 'protectors,' but which I have glossed elsewhere, tentatively, as 'nobles' (see Feinberg, 1978). The two lower clans are chiefless. The units and their members are called *pakaaropa*, which literally means 'sympathy-producing,' but which I have glossed as 'commoner' (Feinberg, 1978). When a chief dies he is normally succeeded by his eldest son, although under rare circumstances he may be passed over on grounds of incompetence or failure to display appropriate

compassion. The leaders of the junior clans are appointed by the senior chief, who considers both the candidates' seniority and competence as leaders in determining his choice.³

The most inclusive grouping is the *kanopenua* 'body of the island,' which includes the entire population. Politically and honorifically the leader of the island is the senior chief, followed by the nobles and the junior chief.⁴ At all levels, other things being equal, males are superior to females and older individuals to younger ones. Genealogical seniority confers superiority; removal from a senior line, debasement. Strength and wisdom bring prestige and influence, as does one's position in the Church.

Prior to the coming of the Church there were supposed to have been several types of spirit. *Atua* 'spooks' were thought to inhabit the bush, and to have spent their time frightening and playing tricks on people so foolhardy as to walk about alone at night. Such spirits still are thought to be around and active, and a number of encounters were reported during my investigation.

Tupua penua 'spirits of the land' were beings thought never to have been human. In most cases, their origin was deemed to be a mystery. Each had its own particular abode. They could dematerialize or change form at will. Generally, they were neither good nor evil, but they often were vindictive and ready to take offense at minor provocation. One of these, a female spirit named *Ouperu*, often lusted after men and would seduce them in their sleep. After such a visitation the man grew weak and his chances of survival were poor.

Spirits who had once been human were, most often, simply known as *tupua*. When a human being died he became a spirit, and one's power as a spirit was approximately proportional to his power while existing as a man. Such spirits were expected to take a greater interest in their own direct descendants through a line of males than in descendants traced through females or persons in collateral lines. It seems to have been primarily these spirits who were worshipped or invoked for favors, and it was only deceased chiefs for whom the *kava* ritual was carried out.⁵ Thus, these of all the types of spirit merit the gloss, 'god,' or 'deity.' The island's premier deity was *Tearakura*, the spirit of a former chief who lived about eight generations ago, is said to have presided over the slaying of the island's population

and who, along with his two brothers and two sisters, is believed to have begun the present clan system.⁶ He is a direct patrilineal ancestor of the senior chief.

In pre-Christian times the chiefs, and particularly the senior chief, were the high priests of the island. When kava rites were performed to Tearakura or the other leading gods, the ceremony took place under the guidance of the senior chief, assisted by the junior chief and the leading nobles. As the direct patrilineal descendents of the major gods, the chiefs had greater influence over their actions, and greater ability to ensure their benevolence, than any other members of the island's population. The chiefs acted as intermediaries between the underlying population and the deities in the attempt to procure protection from storms, famine, and disease.

The dieties were thought to bestow *manuu*, the Anutan variant of mana 'power' or 'efficacy' (see Feinberg, 1978), upon individuals toward whom they were sympathetic, and their greatest sympathies were for their patrilineal male descendents. It was bestowed most often in proportion to seniority of descent, in general older people were given more than younger people, men were given more than women, and so on. In other words, people normally had mana in proportion to their genealogical rank. On occasion, however, the spirits were particularly favorably disposed toward a junior individual or were antagonistic to a senior man despite his genealogical position. This was expressed through the presentation of mana in lesser or greater degree than what one would expect on the basis of genealogical properties, and this was manifested, in turn, in the form of exceptional competence or lack thereof. Mana carried power to be benevolent, but it also could be dangerous if abused or not respected. Those with greater mana were expected to express their 'love' for those below them through use of their power to ensure protection and well-being of the weaker individuals. Those below were then expected to reciprocate this 'love' by granting those above obedience, respect, and gratitude.⁷

Since the founding of the Church, the spirits of the land and the pagan gods have ceased to be a factor in the people's lives. They have been replaced by the Christian God, who now is said to be "the source of all mana." The nature of mana itself, however, has not changed, and it is bestowed according to traditional criteria of genealogy,

sex, age, kinship grade, and title. A major difference between Christian and pagan times is that the persons responsible for operation of the religious system have been altered. The leader of the Church on the island is the catechist, whose major qualification for the office is appropriate training. He chooses assistants on the basis of their personality and knowledge. There is a Church auxiliary known as the Companions of the Brotherhood of Melanesia, and membership in this organization is voluntary.⁸ Nevertheless, the chiefs continue to take responsibility for smooth operation of the Church, a fact which is illustrated by the membership of both chiefs in the Companions and the fact that the catechist at the time of my investigation was the younger brother of the senior chief. Church activity, however, provides even those with least seniority the opportunity to gain extraordinary mana.

III. ANUTAN ILLNESS CATEGORIES

The generic term for illness on Anuta is *ngaengae*. This denotes not only states in which a victim is unable to carry on his social activities in the manner expected of him (c.f. Young, 1976; Parsons, 1951; 1958) but any abnormal condition in which an individual is physically uncomfortable or appears to be mentally unsound. Minor ailments or afflictions which are endemic generally are not singled out and described as *ngaengae*, but if asked whether someone suffering from an infected cut were ill an Anutan would probably respond, *li ngaengae pakatiiti pe* 'He is slightly sick.' Also, afflictions with no known cause are referred to by the same term as those in which the cause is not in doubt. In other words, Anutans do not distinguish illnesses from ailments (see Glick, 1967: 35; also, Ward, 1967), and I shall use the terms interchangeably throughout this volume.

Classification According to Symptomatology. As among ourselves, Anutans may distinguish illnesses according to symptoms or to etiology. Just as we may have a cough, the sniffles, diarrhea, indigestion, or consumption the Anutans often describe afflictions in terms of signs and symptoms. Among the types of ailment symptomatologi-

cally defined by the Anutans are the following:

Tiko toto translates literally as 'defecate blood.' Any ailment characterized by bloody feces may be designated by this term. When an English or pidgin speaking Anutan is asked for a translation of the native term, dysentery is the common rendering. *Manava tere* is the generic term for diarrhea.

Para means 'to rot' or 'to decay,' and may be used in any context. As applied to specifically medical conditions it is used to designate an ailment which is characterized by ulceration of the flesh. Leprosy and yaws are known as *te para* 'rotting,' and are not recognized as distinct diseases. A carcinoma beginning in the region of the face, which claimed a woman's life while I was on the island, was given the same appellation in Anutan. Her affliction was rendered in English as "leprosy" by one informant, incorrectly from a Western standpoint. *Te tona* 'a sore' is used in the same manner as the English gloss.

Te ngaengae tautekiteki may be glossed approximately as 'the convulsing disease.' This seems to be an alternate name for *te ngaengae o nga tamariki* 'the children's disease.' The signs and symptoms never were described to me in detail, but the ailment seems to involve abdominal cramps and diarrhea. Most cases of infant death which I recorded—and this was extremely common—were attributed to this affliction.

Makariri means to feel cold, and *te makariri* 'chills' designates any condition in which an individual feels cold, whether it be due to external factors (e.g., the weather) or to one's internal state (i.e., disease). This is a common ailment, or more likely from a Western vantage point, variety of ailments. The converse of 'chills' is known as *vevera* or *kakaa* 'fever.' These terms, which mean roughly 'warm,' 'hot,' or 'to burn,' may refer to environmental temperature (e.g., weather, fire, a cookhouse while in use) or to a condition in which body temperature, itself, is raised. When indicating bodily condition this may be a normal result of exercise, the sun, or being situated near a fire. When no such obvious external cause is present, however, it is deemed to be an illness, in which case it is used in the same manner as the English term, "fever."

Tara is the verb, 'to cough,' and *te tara* 'a cough' is used in the same manner as the English equivalent.

One of the most pervasive types of illness is *varea*. Perhaps the most general translation of this term is mental incompetence. It includes what we would call insanity as well as intellectual deficiency. A foolish or a stupid person is said to be *vare* or *varea*, but the term may be applied to anyone exhibiting unusual behavior or incoherent speech patterns. The condition may be temporary, chronic or episodic. In the case of someone who becomes deranged, it is said, as among ourselves, *Na atamai ne reku* '(He) lost his mind.'

Not surprisingly, Anutans frequently speak of their afflictions in terms of pain or weakness in various parts of their bodies. Such descriptions usually are indicated by purely descriptive phrases. One often hears Anutans say that *toku tino e mamai* 'my body hurts' or *toku tino e pina* 'my body is (feeling) weak.' This indicates a generalized malaise, which may or may not accompany a more specific ailment. The closest idiomatic English equivalent is probably "to have the blahs."

Of specific body parts it is often said, *e kovi* 'it is bad' or *e mamai* 'it hurts.' A few parts of the body have special terms to indicate an affliction. *Ngangau*, for example, refers only to the head, and thus to indicate that 'my head aches' one says that *toku uru e ngangau*.

Bodily processes may go awry, in which case one generally says, *kairo...pakarerei* '(someone) doesn't...properly.' For example, in describing cause of death for someone who had died of a respiratory disorder (e.g., tuberculosis or pneumonia), informants would say, *kairo maanava pakarerei* '(he) didn't breathe properly.' Blindness is denoted by the term, *matapara*, which literally indicates a rotting of the eyes. One could also say, *kairo e mamata pakarerei* '(he) doesn't see properly.'

A disease sometimes is designated by a term which differs from those that describe the symptoms by which it is distinguished. *Te ta*, for which I have no good gloss, is characterized by a sore throat and upset stomach, and the victim's tongue is covered with a white substance that is said to come up from the digestive tract. This ailment primarily affects children, although sometimes it may strike adults as well. Recovery with treatment is expected, but on rare occasion it is fatal.

Skin fungus usually is indicated by one of three terms. *Rau kiri*

'leaf skin' normally refers to the bark of a tree, but it also may be used to designate a condition in which the skin peels so as to resemble a tree's bark. Peeling of the skin as a result of sunburn is also called *te rau kiri*, or simply *te kiri* 'the skin' for short. *Kaikai pariki* 'eating badly' refers specifically to ringworm. I never could discover the etymology for this usage of the phrase. The third type of skin condition is *te rapa*. With this disease the skin dries out and takes on a rough, flaky appearance. Often it is discolored by light markings. This is said to be the most difficult of the three conditions to cure. The three afflictions form a single category, known at present by the pidgin English term *bakua*. To my knowledge, the Anutans had no generic term encompassing all three conditions in their native language, but the ailments clearly formed a set in my informants' minds.

Sometimes English labels are applied by the Anutans to categories of disease. Swollen and infected sores may be called "boils." Diarrhea may be called "dysentery." The words "cough" and "T.B." occasionally enter the Anutan lexicon. And someone who has 'lost his mind' is often designated "cranky." (The mental hospital in Honiara was frequently referred to as the "cranky till.") When a European doctor diagnoses an Anutan ailment, the label that he uses sometimes is repeated by the local people not only for the case at hand, but in other cases where the signs are similar. In this way, English disease terms find their way into the Anutan language. However, while the terms, themselves, are taken from the English, the categories they designate correspond more closely to traditional Anutan disease classes, depending primarily on gross signs and symptoms rather than identification of a specific micro-organism.

Classification According to Etiology. Although afflictions may be classified according to signs and symptoms, a more important dimension to the Anutans along which they may be grouped or seen to differ is causal. As Johannes (1976) indicates, effective treatment need not entail diagnosis, and as Ward (1976) suggests, diagnosis may even be a *post hoc* evaluation based upon the patient's response to alternate modes or therapy. For the Anutans, however, to know

the cause of an infirmity often is a first step in determining a cure. Moreover, it is at this level that disease and curing validate the social structure and religious system in terms of which they also are explained. Etiologically determined disease categories correspond to symptomatologically determined ones to the extent that certain types of sign and symptom tend to be explained in terms of certain types of cause. This correspondence, however, is extremely imprecise; a single type of cause may be invoked in order to explain a large variety of different signs and symptoms, and depending upon extrinsic conditions similar symptoms may be attributed to different causes.

As in other Oceanic cultures, spirits may be viewed as agents of disease. It is difficult to know just what the role of spirits may have been in pre-Christian times in the Anutans' view. We do know they believed in several types of spirit, as described above. Spooks are still thought to be present, playing pranks and causing accident and injury, but I never heard an accusation that they were responsible for causing illness. The gods and spirits of the land have now departed from the scene completely, but again, with the exception of Ouperu (see above), I heard no account of such beings having been responsible directly for producing illness. On Tikopia, however, spirits analogous to those in all three Anutan categories seem to have been implicated in disease causation (see Firth, 1970:25, 183, 198, and chapter 3; 1967a; 1967c:356-360), suggesting a strong likelihood that in pre-Christian Anuta this may have been the case as well, but that by now the old beliefs have been forgotten.

The Anglican Church has now replaced the old religion. The major points of difference are a change of gods, the procedures involved in worship, and a religious hierarchy based on knowledge and accomplishment rather than heredity. The power of the Christian God to affect people's lives appears to be about equivalent to that of the pagan deities, however, and the types of sanction at the Christian God's disposal appear to be similar. This supposition finds support in Firth's account of Tikopia and the structural resemblances between the old religion and the new (see Firth, 1970:313-315).

If this is correct, there can be little doubt that the Christian

God is seen as able to inflict disease upon those who offend Him. Yet, in practice the Anutans rarely seem to feel that the relationship is quite so direct. If God is offended directly, He is likely to send natural disaster and impose retribution on the entire island. Individual cases of affliction are attributed more generally to failure to fulfill some social obligation, although God—or, in pagan times, the gods—are still involved as final causes.⁹

Many types of social act are believed capable of bringing illness to the actor, and the consequences of such incorrect behavior also may be manifested in many different ways. Commonly, afflictions are attributed to failure to respect an individual of superior rank. Failure to respect a chief, a catechist, a member of the Companions, or a member of a higher kinship grade, or disobedience toward or disparagement of an individual occupying such a status, may result in illness.¹⁰ Failure to care properly for parents when they reach old age can lead to affliction. Flippant or arrogant behavior in the presence of a person or object worthy of respect may bring on disaster. Or to break a rule laid down by the island *pono* 'assembly' may lead to serious infirmity.

From a symptomatic point of view the types of illness attributed to causes such as these may vary greatly. They may be physical or mental, but the single feature which they almost always have in common is that they are serious, interfering with one's ability to carry out his normal activities, or threatening of life, itself. Acute infections, cases of derangement, or severe, persistent pain are generally explained in this manner.

I have never heard Anutans give a systematic exegesis of their system of beliefs and concepts relating to disease and social structure. However, they do fit together in a systematic manner. People and objects are imbued with mana to varying degrees. In general, the greater someone's mana, the greater his political authority and ritual esteem. Individuals possessing mana in great quantities have tremendous power for beneficence when treated in a proper manner, but mana also carries the potential for inflicting dire punishment upon those behaving inappropriately. An individual with mana may curse

others who offend him, but often sanctions operate automatically, independently of purposeful intent.¹¹

On occasion someone who is seen to have led an exemplary life falls ill, and nobody can think of any action on the victim's part which is considered likely to have brought on the affliction. In many of these instances the victim's father or another relative is alleged to have committed some offense, the consequences of which may be passed down to the offender's child. As I was told by one informant, "If you don't care properly for your parents sometimes their disease will pass on to you; sometimes to your children." It seems likely that the consequences of failure to live up to other social obligations also might be seen to strike one's children rather than one's self.

Sometimes afflictions are not attributed to a specific cause but are said to be *te ngaengae pero* 'an illness only.' Most often these are commonplace infirmities, non-acute and non-debilitating. Fungus infections and infected sores are so common as not to seem to need specific explanations, but rather, are inevitable, if unpleasant facts of life. Even more serious ailments are said to be 'an illness only' if no one can think of an offense either on the victim's part or that of one of his close relatives to which the illness may be assigned.

In terms of native etiology, Western medicine has had no impact whatsoever. Literally, germs constitute a foreign concept, and lack of knowledge about micro-organisms has epidemiological consequences. Individuals suffering from fungus infections embrace others who are healthy. People suffering from respiratory infections cough on others without a second thought. Someone suffering from an acute disease is visited by well-wishers, and all guests must be offered food. Spitting is a common practice even inside of the houses. People crawl on hands and knees inside the houses, and then they use their unwashed hands to handle food. Hands are not washed before eating, and after a meal each participant will wipe his hands on the same piece of cloth. Pipes and water vessels invariably are passed from mouth to mouth, people's state of health not being a consideration.¹²

IV. TREATMENT

In their treatment of disease the Anutans strive to ameliorate the symptoms and eliminate or counteract the cause. Western medicines, traditional procedures, and the Church are all invoked, and all these types of treatment may be utilized even in attempts to cure a single illness.

Western Medicine. The Solomon Islands Medical Department provides Anuta with a small supply of European medications. These are in the custody of and administered by a para-medical practitioner known as the "native dresser." In the absence of sufficient numbers of trained nurses and physicians the government provides rudimentary training in Western medical procedures to Solomon Islanders, who are then expected to apply their training in their home localities. That the training is rudimentary, and of a technical rather than a theoretical nature is indicated by the Anutan dresser's fascination and surprise as one day I explained to him the germ theory of disease.

The medications placed at the dresser's disposal are limited both in variety and quantity. The supply includes a few bottles of

salylic acid lotion for treatment of skin fungus, some antiseptic and tubes of tetracycline ointment for infected sores, Bephanate, a hookworm expellent, several vials of injectable penicillin, a large bottle of aspirin, and a box of chloroquine phosphate tablets, plus some gauze, adhesive tape, and disposable syringes. The penicillin is unused because the senior chief, wary of the dresser's competence, forbade him to administer injections. The fungus lotion is effective for localized infections, but for large areas it is painful to apply, and the patients invariably become discouraged before the treatment has an opportunity to be successful. Cuts and sores usually are left untreated unless they begin to fester, and even then in most cases the bodily defenses are left to fend for themselves. Headaches as well as other aches and pains are treated with aspirin. Chills, often accompanied by aching and a general feeling of weakness, is a common ailment. Persons suffering from this affliction, the dresser treats with a combination of aspirin and chloroquine, which almost always seems to work within a few hours, suggesting that perhaps Anuta is not quite so malaria free as the Medical Department believes.¹³

Aside from care provided by the dresser on Anuta, treatment is available at hospitals in Honiara, Kira Kira, and Graciosa Bay. Until 1972 an individual in need of treatment could travel to one of these hospitals at the government's expense, and this was a common means of transport off the island. More recently the government has insisted upon payment for ship passage by all but those in dire need of treatment at a hospital, with the result that only those with serious afflictions or individuals who planned to travel off the island anyway make use of medical facilities on other islands. Since 1973, due to a lack of personnel, no physician has been stationed at the medical facility at Graciosa Bay (Gajdusek, personal communication).

One could say that the Anutan dresser's attitude toward Western medicine reflects that of the Anutans generally. As a practical measure they recognize that it works (i.e., it relieves the symptoms) in situations where native remedies have been to no avail. As to how or why it works, the people are completely in the dark, one result of which is that Western and traditional procedures are

not seen as mutually exclusive. The prevalent attitude is generally pragmatic. If one procedure does not work, another will be tried, and Western medicine, prayer (or, in former times, appeal to spirits), herbal remedies, confession, and the laying on of hands may all be used in an attempt to cure the same illness.¹⁴ European medicines and treatment are credited as powerful and often capable of curing individuals who are not helped by other methods. On the other hand, diseases caused by breaking of taboos or failure to live up to social obligations cannot be treated successfully by European medical techniques until the social breach which caused the illness in the first place has been mended.

Traditional Procedures. Several types of treatment were employed in pre-Christian times. Among the most pervasive seems to have been appeal to spirits for assistance. If there was reason to believe the causal agent to be an offended deity, the spirit might be propitiated by a kava rite or some other form of invocation or obeisance. An alternate procedure might be for the victim to appeal to guardian spirits of his line, requesting them to intercede on his behalf.

Pagan spirits no longer are invoked by the Anutans, but prayer is common. A sick individual or his relatives might pray directly, but more frequently the catechist or a member of the Companions (see above) will lead prayer requesting aid for the patient. In particularly serious cases the Companions, including the two chiefs, both of whom are members, may go to the victim as a group and pray together to speed his recovery.

Plants, prepared in varying ways, frequently are utilized in the attempt to cure disease. Plant remedies are known as *rau rakau* 'plant leaf.' Such remedies, however, do not rely upon medicinal properties inherent in the plants themselves, but on powers vested in them by a social transaction of some sort. Pu Tokerau, for example, was often asked to treat 'boils.' The remedy consisted of heating a particular type of leaf in a fire, and placing it over the affected area until it cooled. This procedure was repeated a few times, and

the entire treatment was performed upon the victim several times a day.

Superficially, the procedure was quite simple and straightforward; hence, easily replicable by anyone willing to invest a minimum of effort. However, the same man was always summoned to perform the treatment. This remedy, Pu Tokerau explained, had been under the control of his grandfather, Pu Teukumarae, with whom he was very close. When the older man was nearing death he passed the right to use the treatment to his grandson. He was the only one who had this right, and if someone else should try to copy the performance, however faithfully, it simply would not work. The same may be said of another remedy, also used by Pu Tokerau, for treatment of *te ta*. Treatment had even been attempted on occasion by others without rights to use this medicine, but Pu Tokerau observed, "no good has ever come of it."

In other cases, people are instructed to pick leaves which may appeal to them. All the leaves are then collected in a pot or bowl and boiled in water. A prayer is spoken over the infusion, and it then is placed upon the patient's head and body. The collection of leaves is arbitrary, and the curing power is not inherent in the infusion. Rather, it is imputed to the mixture by the prayers which are recited, and the infusion thus serves as a medium for conveying the mana of the Church to the victim, enabling him to fend off the disease.

I discovered no true herbal medicines, said to work by virtue of the properties intrinsic to the plants, themselves. Perhaps in former days Anutans may have used such remedies, but if so they have been dropped since the introduction of Western medicine and the coming of the Church. The absence of herbal medicines on Tikopia even at a time when paganism was still flourishing and Western medications were virtually unknown (see Firth, 1959: 135), however, makes it seem unlikely that plants of proven pharmacological value were ever used by the Anutans. Massage was practiced by the Tikopians (Firth, 1959: 133-135), leading me to speculate that it was in use on Anuta also, but I never witnessed this procedure in the course of my investigation.

When someone becomes ill as a result of failure to fulfill some social obligation, particularly toward an individual of higher rank than one's self, recovery usually requires atonement on the part of the offender and forgiveness on the part of the offended. Confession of the delict and some expression of remorse is usually sufficient for the victim, but until this has been done no other form of treatment has a chance to be effective. If the offended individual is satisfied with the atonement, he may join those who are attempting to effect a cure. He may pray for the patient's recovery, help collect and prepare a leaf infusion, and may touch the victim's head or body. This latter procedure is particularly effective if the healer is a chief or noble (or, at present, an important person in the Church). The human body is *tapu* 'sacred' or 'taboo,' and the head is the most sacred portion of the body. When a person of superior mana touches someone else, mana flows, like electricity seeking a ground, into the head and body of the weaker person, fortifying him and enabling his *ora* 'life force' to combat the cause of the affliction. On the social level, permitting someone else to touch one's head indicates acknowledgment of one's subordination, and to touch another's head implies acceptance of the other's gesture of abasement.

This mode of treatment, superficially, is similar to the "laying on of hands" encountered in some Christian churches. The symbolic integration of this procedure with traditional Anutan social structure and belief, however, suggests that it is not a borrowed practice. Firth's observations (1970: 52) also indicate that this procedure was traditional on Tikopia.

V. THE PROBLEM OF VALIDATION

The view of illness as a sanction for misconduct raises certain logical dilemmas. Particularly, how is such belief maintained in the face of seeming counterevidence that people do get sick in spite of their exemplary behavior while others violate the rules with apparent impunity? How is belief in the efficacy of treatment reconciled with the fact that in spite of everyone's best efforts, sometimes people's illnesses get worse, and eventually even the most virtuous will die? Finally, how is it that non-Western peoples may continue to accept traditional medical beliefs and practices despite the presence of another system which would seem to be so much more effective?

Geertz (1966) and Young (1976), following Schutz (1962) attack these problems in part by distinguishing several modes of thought. The "systematizing" or "scientific" perspective "consciously strives for coherence" (Young, 1976:9) by introducing "deliberate doubt and scientific inquiry," and "the suspension of the pragmatic motive in favor of disinterested observation" (Geertz, 1966: 27). This is opposed to the "everyday" (Young, 1976:9-10) or "common sense" perspective (Geertz, 1966:26-27) which is pragmatically oriented, uncritical, and takes things to be more or less as they appear.

The uncritical attitude of common sense is carried still further in the "religious" mode of thought in which one depends upon a higher authority to interpret reality, and when such interpretation comes into conflict with mundane experience, the religious view is taken as encompassing a proper apprehension of the ultimate reality. The truth of the religious view must be assumed on faith and cannot be refuted by mundane experience, however incompatible it may appear. The basic premise underlying this perspective is that "he who would know must first believe" (Geertz, 1966:26).

In contradistinction to the interpretations put forth implicitly by Geertz and explicitly by Young, that non-Western medical beliefs are maintained by ignoring contradictions between theory and empirical reality, I suggest that Anuta's medical beliefs comprise an internally consistent system which is confirmed by actual experience. This is because the system is constructed such that it may be consistent with virtually any possible occurrence, and thus there is no evidence which could count against it. It is in this respect, and not in lack of rigor or coherence, that Anutan medical beliefs differ from those of Western science.

Spencer addressed a similar dilemma in her discussion of folk etiologies in Fiji:

Theoretically the number of customs and mores under a disease sanction should not be either too great or too small in proportion to the general incidence of disease, since in the one case many infractions of the rules would obviously not result in illness; and in the other, a large number of occurrences of disease could not be interpreted in terms of wrongdoing (1941: 71).

Spencer's question is the functional one, how can disease operate as an effective sanction for proper conduct when the guilty sometimes go unpunished and the innocent are seen to suffer? My question is slightly different; it is the logical and epistemological one that, in view of these facts, how can the system be preserved as a coherent,

integrated, and convincing body of beliefs? While these questions are not the same, however, hers presupposes mine, and therefore, many of her observations bear with equal force upon the case at hand.

In general terms, the solution inheres in the fact that the discrepancy between the violation of social norms and the occurrence of disease, in actuality, is minimal. This is because the balance is effectively maintained by a series of cultural factors.

Few people anywhere can claim to lead a blame-free life, so that a delict almost always can be cited for someone who falls ill, and in those cases where no breach of proper conduct on the victim's part can be uncovered, there are other explanations. One may suffer for another's sins (e.g., see Spencer, 1941:72; Firth, 1959:134-135; also Hallowell, 1956:393; Lieban, 1973:1051). Such explanations also are advanced by the Anutans, and I have several instances of this on record. Witchcraft, sorcery, and illness caused by evil spirits, which provide an explanation for disease and suffering that may be independent of the victim's actions, appear to be absent on Anuta, at least at the present time.¹⁵ The same logical function is performed, however, by those diseases known as 'an illness only.' These are unexplained or unexplainable infirmities, analogous, for example, to the Fijian *mate vayango* 'diseases of the body' (Spencer, 1941). As in Fiji, such diseases are not rigidly distinguished from those produced by social misconduct on the basis of symptoms, and this makes it possible for afflictions to be interpreted on a post hoc basis, in light of the victim's own specific circumstances.

Innocent victims of disease present few challenges to the Anutans' medical beliefs due to the availability of contingent explanations. The matter of transgressors who escape the consequences, on the other hand, might seem more problematic. Unlike Fiji, there appear to be no mechanisms to relieve transgressors of the danger short of public confession and forgiveness by the offended party—something which rarely happens before an illness strikes. And illness is a direct result of violating the sanctity of a person or object impregnated with mana, so that it is not subject to such mediating constructs as the anger of ancestral spirits. Yet, this potential discre-

pancy is brought back into balance quite as readily as the first, although in this case it is for empirical-synthetic as well as logical-analytic reasons. Specifically, one who violates rules of appropriate behavior, if he has been enculturated into believing that such behavior produces illness, will probably fall ill.¹⁶ His symptoms will tend to be manifested in culturally patterned ways, making the victim and those around him all the more firmly convinced of the truth of the etiological beliefs.¹⁷ Others who do not fall ill immediately as a result of stress produced by their awareness of their anti-social actions, will eventually get sick in any case, and when this happens, knowledge that one has acted in an improper manner, followed by the fact of illness, may produce enough anxiety to make the ailment more protracted and severe than it otherwise might be. Moreover, even if the ailment, at the outset, is organically induced, once the victim is convinced that it has been produced by his own actions, the entire process of atonement and forgiveness may be necessary before a cure can be effected. Finally, should neither of these possibilities occur, it is still the case that everyone eventually gets sick and dies, and since Anutan theory does not stipulate the length of time between a misdeed and development of the resultant illness, this can always be attributed to earlier misconduct.

The failure of some individuals to respond to treatment is handled just as readily as are the other problems we have been examining. Unlike in some other curing systems, failure of a patient to recover is not attributed by the Anutans to the practitioner's incompetence. The curing procedures, by and large, are not especially complex, and they need not be administered with particular precision. On the other hand, the curer may be deemed to occupy an inappropriate structural position (e.g., the treatment may not have been placed under his jurisdiction by the previous "owner;" see above).¹⁸ Also, Young's suggestion that a curing procedure only needs to work in the sense of generating expected—not necessarily hoped for—results (1976:7-9) does not apply to the Anutan case, given that the only evidence considered by the Anutans as an indication that the cure is working is an improvement in the patient's condition. Other considerations, however, militate against the possibility that

failure to effect a cure will count as evidence against Anutan medical beliefs.

First, most victims of disease eventually recover, and when this happens, whatever treatment was applied is likely to be given credit. In other cases symptoms change according to the pathogen's life cycle. In such an instance, what Western medicine sees as a single uncured disease may be perceived by others as a series of separate illnesses, each of which is "cured" successfully in turn.¹⁹ Most important for Anutan medicine, however, the failure of treatment to produce a cure may always be explained on the assumption that the causal agent simply was too powerful to be counteracted with success. The mana of the individual or object which has been offended or the strength of the taboo which has been broken may simply be so great that once the deed has been committed, the transgressor has gone past the point of no return. This only can be ascertained, however, when a therapy is tried and fails. In other words, the power of the pathogenic agent is purely a post hoc explanation which, like the agent's very existence, may be adjusted to fit whatever happens.

In sum, the Anutan theory of disease and curing does not persist by virtue of ignoring empirical reality. Anutan beliefs are not less systematic and consistent than those based on Western science. They differ from science not in being less coherent, or in that their adherents are less observant than a Western patient or physician. They differ, rather, in being constituted as a set of propositions which are not formulated as a series of hypotheses with clearly stipulated tests which they must pass in order to be verified. While they comprise a coherent, integrated system, that system differs from Western science in that it is unfalsifiable.

These general considerations will be illustrated in a series of case histories to which I now would like to turn.

VI. CASE HISTORIES

In a recent paper, Fabrega laments that "An unfortunate deficiency of most studies of folk treatment is the regular absence of data regarding developmental aspects of the illness and its treatment, especially of case studies in depth—'illness careers,' so to speak" (1972:182-183). He goes on to note:

What is not altogether clear is what transpires situationally prior and subsequent to clearly defined illness-treatment episodes: the sequence of events (or processes) that precede the "social" definition of illness; the early behavioral manifestations of illness and actions taken to relieve them; and the duration and progression of physiologic symptoms. The past social and medical history of the person experiencing the early manifestations of illness must also be specified. Analysis of these various issues would, e.g., clarify what factors precipitate illness occurrences, and

answer questions centering on the kinds of social and bodily manifestations that persons tolerate or do not act upon.

Similarly, it is important to clarify what transpires after a curing or treatment procedure. Some items suggest that as a person's illness abates, previously ruptured (or problematic) social relationships are reestablished, leading to a diminution in tensions. Much more likely, of course, is that some ill persons continue to deteriorate medically, others remain unchanged, and still others begin slowly to improve. In this context, the linkage between sociocultural and biologic factors needs to be specified (1972: 188).

In an effort to supply the kinds of information called for by Febrega, and to illustrate, in concrete terms, the processes through which an illness on Anuta comes to be diagnosed as having resulted from some social misbehavior, the social and biological evidence considered in arriving at such a diagnosis, the procedures used in trying to effect a cure, and the ways in which responses to such procedures are evaluated, I shall present three case histories in some detail. These were the most dramatic cases of illness to occur during the course of my investigation. All three were similar in that they were diagnosed as having been produced by failure to respect someone who should have been respected. In the first two cases the disrespect clearly was directed toward a chief; in the third there was some disagreement. The three afflictions were seen primarily as psychological by the Anutans, and all three victims seemed to have been subject to extraordinary psychic stress as a result of being less than fully integrated into Anutan society. In the first two cases there is evidence suggesting the involvement of organic as well as psychogenic factors. Socio and psychogenic factors appear to be involved in all three cases. Treatment, where it was attempted, also seems to have been at the psycho-social level.

Case A. Tangatavare is the son of a Tikopian man who travelled to Anuta in the 1930s in order to serve as a mission teacher, and, while on the island, married the daughter of Anuta's junior chief.²⁰ The couple had a son and daughter on Anuta, and during the 1940s they moved back to Tikopia where they had four more children. These included Tangatavare, a younger sister, and two brothers who died in infancy. In 1953, the couple returned to Anuta once more with Tangatavare and their younger daughter. The two older children remained behind in Tikopia. Eventually the elder daughter married and settled with her husband at the Tikopian colony of Wymasi on the island of San Cristobal; the son was struck and killed by his father's brother during a drunken brawl in the Russell Islands.

An immigrant who marries an Anutan normally is incorporated into one of the extended family domestic units—either the natal unit of his spouse or one of his own 'bond-friends' groups.²¹ Due to personality disputes, however, no one would accept this couple. The woman's brother and her husband's bond-friends provided garden land for them to use, but the elementary family remained a separate unit. Even when the husband died, in the mid-1950s, the woman was not taken back into her brother's unit; all that happened was that she lost access to her husband's bond-friends' land. In 1971, the younger daughter married and joined her husband's domestic unit, leaving only Tangatavare and his mother as the smallest independent unit on Anuta.

From the time Tangatavare first arrived on Anuta, at about age six, he was a troublesome child. He particularly annoyed his maternal grandfather, the junior chief, striking him with sticks, pulling his beard, and placing his fingers in the old man's nose and ears.

When the chief grew old, he 'lost his mind,' he became 'deranged.' He would shout and curse at people, challenge them to fight, sleep by himself out in the bush, or wander on the reef alone at night. He remained lucid enough to be aware of his condition, and if the pain of this awareness was not sufficiently distressing, the disrespect he suffered at his grandson's hands made life almost intolerable. In exasperation, he finally declared that when he died his illness would be passed on to his grandson, and subsequent events bore out this prophecy.

After the old chief's death in the early 1960s, Tangatavare's condition continued to deteriorate. He would not work, nor even partake in normal conversation. He would steal other people's property, pick fights, and he showed no respect for the chiefs or for the Church. Often he spent hours lying on the beach alone, and he would swim out to sea on stormy days, forcing other men to risk their lives to bring him back. His condition was regarded as so hopeless that, so far as I know, no attempt was ever made to cure him. Finally, in June of 1972, the Medical Department was convinced to bring him to the mental hospital in Honiara, and the people on Anuta breathed a collective sigh of relief.

Informants all insisted that when Tangatavare first came to Anuta he was a healthy child, both in mind and body. The consensus held that his affliction resulted from his show of disrespect toward the junior chief and the curse the old man eventually leveled against him. Tangatavare's signs and symptoms were said to have first appeared when he was a teenager, after his grandfather's demise.

From a Western vantage point there is reason to believe Tangatavare's problem may have been, in part, organic. His grandfather became deranged as an old man. Both his parents were said to have had bouts of temporary insanity, characterized by erratic behavior. Two of his mother's patrilineal parallel first cousins were reputed to have gone through similar experiences, and the fight between his brother and paternal uncle, which led to the former's death, is sufficiently bizarre in a society where one is expected to pay the utmost respect to this 'fathers,' classificatory as well as "real," to cast doubt on the stability of these two individuals as well. In addition, the fact that Tangatavare, even as a child, would dare to strike a chief suggests that he was less than fully sound of mind long before his illness was recognized as such. Moreover, the hospital's official diagnosis indicated that Tangatavare was of "subnormal intelligence." Yet, the biogenetic explanation gives us but a partial answer. In a community as small, inbred, and isolated as Anuta an impressive list of kinsmen who have suffered some form of derangement could be produced for many individuals. Tangatavare was alone, however, in

his position as "the cranky man." Others who were not noticeably brighter than Tangatavare were well integrated, respected, and seemingly well adjusted to Anutan life. And social pressures of a kind which we might expect to generate a great deal of psychic stress were readily identifiable in Tangatavare's life.

His father was a foreigner from Tikopia, and unlike most Tikopians who come to settle on Anuta, Tangatavare's father was never integrated into one of the extended family domestic units. His family was isolated socially, and thus, unable to fulfill in practice the prime Anutan value of 'love' (see above) outside of a very narrow group of people.²² This isolation may have been increased by the fact that Tangatavare, himself, was born on Tikopia, and unlike his sister, who was five years his junior, he was old enough at six years of age to be traumatized by the move to a new home. The fact that his mother had been disfigured by a bout with yaws some years before may have encouraged some Anutans to shun the woman and the other members of her household, although it must be said that this is a deduction rather than an observation; the woman suffered no obvious social disability because of her appearance. Lastly, the fact that other members of his family were viewed as erratic in their actions and as mentally unstable may have led some people to consider Tangatavare with suspicion from the start.

We begin, then, with someone who seems to have had a genetic predisposition toward mental breakdown. As a child, subject to moderate pressures which other children readily endure, he began to act in a bizarre manner, tormenting a man toward whom he ought to have been paying nothing but the most extreme respect. Before he died, this man became deranged and stated that upon his death the disease would pass on to his tormentor. After the old man's death the youth's condition worsened, he came to be recognized as having 'lost his mind,' and this was attributed to the improper conduct he had directed toward his grandfather. In short, a combination of his biogenetic constitution and his socially anomalous position led Tangatavare to engage in unacceptable behavior, for which he was held responsible. The social condemnation increased his isolation

and the magnitude of his response. The universal conviction that his conduct would lead to an infirmity similar to that contracted by his grandfather may have helped convince him that he was in danger. The increased level of anxiety, then, found its expression in a syndrome which was defined by the Anutans as 'insanity.'²³ The development of the disease confirmed predictions, thus validating the etiological system and absolving the victim of further guilt for his anti-social actions. His earlier maltreatment of his grandfather was considered his responsibility, thus legitimizing the sanction and making it possible to explain the victim's ultimate condition on the basis of his own voluntary actions. Since native remedies were deemed impotent the Anutans readily resorted to the Medical Department's services. Perhaps through application of Western therapeutic procedures, they hoped, the victim could be cured, and if he could not, at least he would be taken from the island and placed in a location where he no longer could disrupt their lives.

Case B. Pu Marama was a member of the Kainanga i Mua, Anuta's leading clan, and as such he was among the advisors and executive officers of the senior chief. In addition, he was one of the most intelligent and inquisitive individuals on the island. Although he was born approximately fifteen years after the founding of the Church, he was among my best informants on matters of oral traditions, genealogy, and old religious and social beliefs and practices. Yet, he was unique among Anutans in having a self-critical perspective *vis-à-vis* the island's culture.

Pu Marama's story begins during the 1940s when, as a child, he travelled to Tikopia with two other youths in a traditional canoe. He was taken into the household of the Ariki Taumako, Tikopia's third ranking chief, who still practiced the ancient religion. The youngster acted as assistant to the chief in many of the rites until once he grew severely ill. When the chief and his deities were unable to bring on a cure in spite of their best efforts, Pu Marama turned to the Church for assistance. This proved to be the key to his recovery, and it marked a major turning point.

In 1952, he returned to Anuta where he married and settled down to raise a family. Soon he separated from his brothers, establishing an independent nuclear family domestic unit, but with this exception life was relatively uneventful until 1960, when a Melanesian priest from Gizo in the Western Solomons visited Anuta for about a year. During Mama Harry's term of residence he went beyond his Church-related duties and began suggesting that the chiefs should be replaced by headmen, selected by the population.²⁴ He even went so far as to propose two candidates to take this office, one of whom was Pu Marama.

Pu Marama, flattered by the confidence expressed in him, sided with the priest in opposition to the chiefs. The confrontation ended with the priest's expulsion from the island, and shortly thereafter, Pu Marama became ill. He travelled to the hospital at Graciosa Bay, but after several months of unsuccessful treatment he went on to the Russell Islands. Some months later, the senior chief visited the Russells, and Pu Marama expressed subordination by asking his superior to touch his head. The chief complied with the request, and soon the victim's health returned. A short time later, Pu Marama travelled back home to Anuta and remained there without further mishap until late 1972, during my investigation.

Approximately midway through the year Pu Marama ceased attending meetings of the chiefs and nobles which were held each week in order to discuss conditions on the island and make policy decisions. This disturbed the senior chief, who made a personal appeal for Pu Marama to resume participation. In deference to this request the man began attending meetings once again, but he would only sit in silence, refusing any active part. Soon he ceased, once more, to come at all, and in other ways he expressed antagonism toward the chiefs. He gave no explanation other than objecting to an earlier decision that the island prepare food as a single unit during the period of recovery from a devastating hurricane which had struck some months before. Privately, however, he indicated to me that he was having reservations about Anuta's political system. Since the coming of the Church, he argued, the chiefs' mana had declined to

the point where it no longer was more potent than that of any other man, and it certainly was less than that in the possession of the catechist. If the hereditary chieftainship were preserved, and not replaced with an electoral democracy, he said, then all of the old culture would eventually be lost.

This state of affairs persisted until early December, when I heard that Pu Marama had fallen ill once more. His body was weak and feverish, and he could not leave his house. He had 'lost his mind.' Pu Tokerau, the catechist, treated him by touching his head with his hands, and the patient began slowly to improve, but a few days later his condition worsened once again. He visited the dresser, complaining of a general weakness and malaise. He had been unable to sleep and had spent the night "crying like a baby."

The dresser told the victim that his illness had resulted from his opposition to the chiefs, and Pu Marama indicated his assent. The dresser asked the patient if he would like the senior chief to come and touch his head, and Pu Marama readily agreed. The chief was summoned. Several minutes later he arrived and sat down inside the house. The victim crawled to him, and, in a gesture of submission, pressed his nose against the chief's knee. The latter touched the patient's head while ordering the illness to depart. Immediately, the victim felt so much improved that he was able to participate in the island-wide collective oven preparation that same morning. However, this improvement also was short lived, and soon he was as sick as ever. At this point, the Companions of the Brotherhood, led by the catechist, the senior chief, and Tikopia's second ranking chief, the Ariki Tafua, who was visiting Anuta, took over. They came as a group to visit and pray for the patient, and they touched the patient's head and washed his body with a warm leaf infusion over which a prayer had been spoken. This procedure was repeated once a day, and after several days the victim had recovered to the point where treatment could be discontinued. He had no further relapse during the brief remainder of my visit to Anuta, but some weeks after these events, when he had recovered from his illness, he again was making statements to me impugning the mana of the chiefs.

The Anutans had no doubts as to the cause of Pu Marama's illness. In 1961, he got sick as a result of siding with the priest against the chiefs. This was confirmed in their minds by the fact that Harry's second candidate for headman remained loyal to the chiefs, and as a consequence, he did not suffer. When Pu Marama admitted his wrongdoing and conceded to the chiefs the honor and respect that they deserved, and when these gestures of abasement were accepted by the senior chief as indicated by his touching of the victim's head, the patient's ailment readily subsided. Nor did it reappear until he resumed his opposition to the chiefs. When his opposition did resume, he suffered the inevitable consequences, and again it was not until he confessed to his wrongdoing and conceded his subordination that the path was cleared for his recovery.

Like Tangatavare, Pu Marama occupied a tenuous position in Anutan society, but it was tenuous for rather different reasons. He was a reflective individual with deep intellectual ambivalences. This was expressed in simultaneous commitment to Western ways, particularly as represented by the Church and democratic political institutions, on the one hand, and traditional Anutan culture on the other. He spent his early childhood on Anuta and his teens in Tikopia. His commitment to tradition was such that he willingly assisted in conducting pagan religious rites. Yet, he was well aware of an outside world which was in many ways more potent than that with which he was familiar. This was brought home strongly to him when he became ill and was not cured until submitting to the Church.

His ambivalent position was exacerbated when Mama Harry visited Anuta and disputes developed between the priest and the chiefs. Pu Marama had divided loyalties, but he finally aligned himself with the side that had already proved its efficacy by curing him so many years before, on Tikopia. He chose what, in his estimation, was the side of progress and of power, but it proved to be the losing side. He was isolated as a trouble maker and as a man who was disloyal to the chiefs. The expected consequence of such behavior in the traditional Anutan view was illness, a fact of which he was acute-

ly aware. Eventually, either the stress produced by his ambivalence and the resultant intellectual and social isolation was such that he succumbed to cultural suggestion and developed his affliction, or else he developed an organic illness which he interpreted as having emanated from his opposition to the chiefs, at which point he became convinced of the sanction's efficacy, and the illness deepened. In either case, once he believed that his affliction had been generated by his own behavior it could not be cured until the social situation had been rectified. This was done by stating his acceptance of the chiefs' rightful position and his own subordination, followed by the senior chief's acceptance of this gesture of submission. This was expressed symbolically through the laying on of hands. Yet, even then ambivalence persisted, and in 1972, the occurrence of a devastating storm plus the presence of a European on the island encouraged doubts once more to crop up in his mind about the legitimacy of the chiefs' claim to political allegiance and ritual esteem. He expressed this doubt through what, for an Anutan man of rank, must be thought of as bizarre behavior, but while he doubted that the chiefs possessed extraordinary mana, his confidence in this appraisal wavered. The presence of a fever and the fact that treatment by the catechist and chief did not result in permanent remission of the symptoms suggests that Pu Marama's illness during my investigation had initially resulted from infection of some sort. Coming as it did, after a period of opposition to the chiefs, however, Pu Marama became convinced that he was suffering the consequences for his indiscretion. At this point, the affliction took on a new character, the fact that his condition improved significantly after treatment by the catechist, and particularly, later, by the chief, providing evidence that the affliction was not simply an organic one. The circumstantial evidence was powerful enough so that there was no question in my informants' minds that Pu Marama was the victim of his own misconduct, and even he agreed with this diagnosis. Despite the fact that treatment by the catechist and chief did not produce a final cure immediately—this could hardly be expected if, in fact, the problem stemmed in part from an infection—it cleared the way for his ultimate recovery.

In short, we have a man whose intellectual ambivalence led him to engage in actions which were unacceptable for an Anutan. Yet, he was sufficiently uncertain in his rejection of traditional Anutan concepts of rank and taboo, particularly in the face of social isolation, that when he lost his premier ally in the first instance he fell ill and only could be cured by overtly granting the correctness of the system which he had rejected. In the second instance the same factors were involved, and when, after his overt rejection of the chiefs' legitimate authority, he contracted what appears to have been an organic illness, he became convinced that his affliction must have been the product of his recent actions. Once the situation reached this stage, recovery became dependent on his own explicit recognition of his sins and subsequent forgiveness and symbolic treatment by the chief. This was accomplished by requesting the senior chief to come and touch his head, then crawling to the chief and pressing his nose to the chief's knee—a traditional gesture of absement. As a further gesture of submission to the constituted order, as soon as treatment was completed and he felt he was beginning to recover, Pu Marama took part in cooking food in a collective oven. This act is especially meaningful because his major public criticism of the chiefs was over the decision that the island harvest and prepare its food as a single unit. When he fell ill again, a cure was finally effected by joint efforts of the chiefs and representatives of the Church. This is significant in that it indicated simultaneous support from both systems which had divided his loyalty and which he had seen as irreconcilably counterposed, and in this way it helped break through his social isolation. But once he had recovered, the old skepticism reemerged, thus laying the groundwork for a ready explanation and reinforcement of traditional beliefs the next time he falls ill.

Case C. Nau Tetupua's case was more problematic than either of the others. Her father was a member of Anuta's leading clan, the Kainanga i Mua, and she had no evident misgivings about Anuta's system of political authority or any other aspect of the island's culture. She seemed well entrenched in Anuta's social system, and she had never

suffered any major illness, either physical or mental, prior to the period of my investigation. Upon closer inspection, however, many sources of potential strain appear.

During the 1940s, she married a man, Pu Tetupua, from the second ranking line of the Kainanga i Pangatau. Like Pu Marama and Tangatavare's mother, Nau Tetupua's husband could not get along with his brothers, and the extended family was divided; the married couple and their children establishing themselves as an independent nuclear family domestic unit.

In 1967, Pu Tetupua died, leaving his wife and children without an adult male member of the household. By this time the eldest son already had departed from Anuta to attend school on a different island, leaving as the unit's eldest active male a boy of twelve. The youngster approached his responsibilities seriously, and in 1971 he was given recognition for his efforts by Pu Tokerau, who made him one of the island's three assistant catechists.

About a year later, Nau Tetupua had an ominous dream in which a man appeared, instructing her to have her son step down from his position. The dream was discussed first among the Companions, and later by a general assembly of the population. The ultimate decision was that the young man should stay at his post, relying on the Church for what protection might be necessary. The woman was unhappy, but she had to acquiesce. Then, in November of that year, her eldest son returned home for a one-day visit to Anuta. The next day he departed once again, and the day after that she first fell ill. She was treated with some prayers and quickly seemed to have recovered, but by the beginning of December she was sick again.

Nau Tetupua, like Pu Marama, had 'lost her mind.' She claimed to be possessed by God and said that when she spoke the words were His, not hers. She refused to go to Church, and when the Companions came to the house to lead her in prayer, she would chase them out. She wanted to be alone, and one morning, when three of her children and one niece were slow to leave the premises, she took out a knife to hurry them along.

When Pu Tokerau heard of Nau Tetupua's illness he went to

visit and to pray with her. In the beginning she refused to let him in, saying God does not pray, but that people pray to God. He suggested that they simply talk, and she agreed. She spoke of the ancient spirits, and God's coming down to rest inside her body. When she had finished, he observed that God does not object to prayer, and if she truly was possessed by Him there was no reason for her not to pray. She finally assented, and by the next day she was much improved. When the Companions came to treat Pu Marama for his ailment they treated her as well, and within a few days after this procedure had been started she appeared to have recovered. She remained her normal self during the remainder of my study.

Informants expressed less certainty as to the cause of Nau Tetupua's ailment than in the other cases, but there was agreement that in some way she had brought it on herself. At first Pu Tokerau contended that her father had become depraved late in his life, and that she had not taken proper care of him. The Church, he said, insists that you be faithful to your parents, irrespective of their actions. As long as you think well of them and treat them with respect you will be safe; if you do not treat them properly, then their diseases will pass on to you.

This theory seemed to hold some force, but by the next day it had been abandoned in favor of a new one. Pu Tokerau suggested that, like Pu Marama and Tangatavare, Nau Tetupua had opposed the chiefs. At the islandwide assemblies, she would sit quietly and feign agreement with the chiefs' decisions, but later she would claim that the assembly had been told nothing but lies. Others agreed with this account, although the senior chief considered this behavior not simply an affront to him, but to all forms of constituted political and Church authority existing on the island.

From our perspective several other factors may be added. As in the other cases she was isolated structurally. She had separated from her natal family, having married out, and her husband had separated from his brothers. 'Love' was not realized outside the bounds of her own nuclear family. When her husband died, her isolation was increased, and this situation was exacerbated by the

fact that her eldest son had left the island. Under these circumstances she became particularly dependent on her second oldest son, whom she lost in part to the community at large four years later when he was made an assistant catechist. At this point she had a dream which threatened her with the possibility of losing him entirely. When her eldest son returned for a visit—his first in several years—and then the next day he departed once again, the reminder of her isolation was too much for her to withstand. Just one day later she was struck by her affliction—an affliction, moreover, which was culturally patterned. It took a form resembling spirit mediumship, which, if Tikopia can be taken as a reliable guide, at one time probably was quite common and perceived as providing a valuable service to the community (see Firth, 1967a; 1970: chapter 9), but has fallen into disrepute since establishment of the Church. It is even tempting to suggest that the religious overtones of her affliction were related to her dream and the refusal of the local Church establishment to allow her son to vacate his position.

Discussion. The data in these three case studies may be understood to a large degree, in relation to discussions of the "marginal man" as a personality type. Psychological traits which theorists have associated with "marginality" include "ambivalence and doubt; introversion and apathy; inner turmoil and depression; and aggression and paranoia" (Mann, 1958:77; see also Kerchoff, 1953; Kerchoff and McCormick, 1955). The list looks hauntingly familiar.

In classical usage the concept of marginality has been restricted to individuals caught between opposing cultures and either faced with conflicting loyalties or orienting themselves toward a system into which they cannot be accepted due to racial or ethnic discrimination (see Park, 1928; Stonequist, 1935). The Anutan case does not conform entirely with this restricted definition. Although Tangatavare experienced intimately life in two distinct communities, the similarity of Tikopian and Anutan culture is such that cultural disorientation probably was not responsible for his breakdown. Pu Marama, caught between commitment to Western concepts of egalitarianism and electoral democracy on the one hand, and the old Anutan cultural

and social order on the other, was closer to fitting the classic definition. However, it appears that he was never in close enough association with Europeans to make discrimination a major factor in his life. Nau Tetupua's contact with the world outside Anuta was minimal, and she seemed unconcerned with non-Anutan matters. In a broader sense, however, "marginality" may indicate simply that one holds a position on the margins of society; i.e., that one is not quite fully integrated, or holds an anomalous position in his social system.²⁵ If this is taken as a reasonable usage of the term, and if it is accepted that intracultural conflict is just as likely as conflict between cultures to lead to psychological tension (see Mann, 1958: 78; Golonevsky, 1952), then the implications traditionally associated with marginality might well apply with equal force to the Anutan cases under consideration.

In each of these three cases, the victim was isolated in some way. This isolation created psychological tensions which led to bizarre behavior. On an etiological level, the diseases were viewed as having been produced by the victim's own misbehavior. For certain types of misbehavior the victim was held to be responsible, but beyond a certain point he was simply paying the inevitable penalty for earlier misdeeds, his behavior was perceived to be outside of his control, and it was seen to be a sign of an infirmity.

In the first two cases, some organic problem seems likely to have been involved. Tangatavare's family background indicates a genetic tendency toward mental breakdown, and it would appear that social pressure associated with his marginal position put him over the brink. Pu Marama acted strangely in the first place because of genuine intellectual conviction that the political system needed to be revamped, but he was not wholly confident of his position, and when he contracted an organic illness his self-confidence was shaken to the point where it led to complications of his illness. Once this happened, the affliction only could be cured after public submission to the system whose legitimacy and the individuals whose efficacy he had been questioning. Nau Tetupua's ailment seems to have been wholly psychogenic and was manifested in behavior that was culturally pat-

terned in a rather clear, dramatic manner.

The three episodes reached varying conclusions. In Tangavare's case a cure never was effected, and Western medical authorities were invoked as much to remove him from the island as in the hope that he would be restored to health. In the case of Pu Marama, he had been cured once, but the conditions leading to his illness in 1961—his skeptical attitude toward Anuta's political structure and his loyalty toward Western institutions and customs insofar as he understood them—remained, leading to a subsequent affliction eleven years thereafter. Since the conditions still obtain, there is no reason to believe that further episodes will not occur. Nau Tetupua's situation is similar to that of Pu Marama except that her history of illness was not spread over so protracted a period, and her isolation might, perhaps, be mitigated relatively easily should her son return home to stay, should her younger son step down from his position in the Church, or should she remarry.

VII. CONCLUSION

In this work, I have examined several aspects of the Anutan system of beliefs about disease and curing. I have examined two systems of classifying diseases, one according to signs and symptoms, and the other according to putative causation. In the first of these systems, conditions generally are described in a relatively straightforward manner, or the label is descriptive of the condition to which it refers (e.g., 'defecate blood,' 'chills,' 'fever'), but there are some syndromes (e.g., *te ta*) which have been given monolexic labels. Some English terms have been adopted but are used in the same fashion as traditional Anutan labels. Classification of disease according to etiology is generally independent of signs and symptoms except insofar as non-debilitating ailments usually do not have any specific cause imputed to them. In the past, it is possible that some illnesses may have been perceived to be precipitated by an angry or malicious spirit's direct intervention, but at present this seems not to be a possibility. The Christian God would have the power to send illness as a form of retribution, but generally it is expected that He will treat the island as a whole. If the population has offended Him, He might send an epidemic, but He rarely intercedes directly to impose disease upon

an individual. The most common cause of serious infirmity is misbehavior, particularly directed toward an object or person possessing a great deal of mana, and hence, highly taboo. This involves God (and, in former times, the pagan gods) in that it is He (they) who is responsible for distribution of mana, but given the distribution, the consequence of failure to respect taboos is often automatic, acting independently of any man or spirit's conscious will. Once such an illness has appeared, a successful cure requires, first, that the offender admit to his misdeed, and that he be forgiven by the offended party. Even this, however, is no guarantee, depending on the seriousness of the offense and mana of the target of the disrespect. Symptomatic relief may be obtained through use of Western medicines or through plant remedies, and prayer may always help. A definitive cure for serious affliction, however, requires the offended party to forgive the victim and actively to participate in administering the treatment.

This description led to certain questions about the validation of Anuta's system of etiological beliefs; namely how is it maintained in light of apparent counterevidence? Specifically, how are these beliefs reconciled with the fact that people may get sick in spite of good behavior, and sometimes people misbehave without apparent ill effects?

In answer, I suggested that such eventualities rarely occur, both for logical and empirical reasons. Almost any victim of disease will have committed some misdeed, or some suspected misdeed, on which the illness can be blamed. In those infrequent instances where this is not the case, a parent or other close relative will probably have committed such a breach, whose punishment is seen as being passed on to the victim. In those few remaining cases, no definite cause need be attributed; the Anutans are content to say the ailment is 'an illness only.'

Misbehavior, also, rarely goes unpunished for too long. Anyone enculturated into believing in the efficacy of the disease sanction, and who is aware that he is guilty of some breach of proper conduct, is likely to fall ill in relatively short order. As illustrated by the case histories, individuals who are, in some sense, marginal, are particularly likely to engage in misbehavior, and as the literature suggests, mar-

ginal individuals are particularly prone to psychological disturbance. The disturbance, then, may be attributed directly to the culpable behavior.

In cases where the culprit does not fall ill immediately, eventually he will contract an ailment of some sort. If this affliction, which could initially be purely organic, is interpreted by the victim in terms of his misbehavior, this may raise his level of anxiety to the point where it creates an increase in the virulence of the disease, and in such a case it is unlikely that the patient will recover fully without confession and remedial action on the part of the offended party. This mechanism is so deeply rooted in Anutan culture that even Pu Marama, the island's premier skeptic, was unable to escape. And even if the culprit should escape all of these occurrences, he ultimately will get sick, an eventuality which always may be blamed upon his earlier misconduct. Hence, we see that there are many possible scenarios, but whichever one applies, the Anutan theory of pathology will be confirmed by direct experience, making it more likely still that an infraction in the future will be punished swiftly and severely.

Similar questions may be asked about the curing process. How is people's confidence maintained when victims of affliction sometimes do recover without treatment, or when others remain sick, or even die, in spite of treatment? The answers, like the questions, are of a similar order. Spontaneous remission of the symptoms may occur, but failing proper treatment there will be no cure, and it is just a matter of time before the illness manifests itself once more. The opportunity for such occurrences, moreover, is rare since most people with acute infirmities seek medical attention. And as in any curing system, sometimes the pathogenic agent simply is too powerful to be counteracted by the treatments which may be available.

At this point we may turn attention to our final question: granted the Anutans' medical beliefs comprise a system which makes sense in lieu of an alternative, but why do they continue clinging to this system when a more effective one—that of Western medicine—is present and available.

In part this may be due to lack of knowledge and exposure. Not even the most educated Anutans, who have spent most of their lives off the island, understand the theory behind Western medicine.²⁶ Under these conditions, it is possible to reconcile the two opposing systems through a process of "particularization" (Young, 1976:10) in which Western medicine is deemed effective, but only against certain types of ailment. For example, prior to departing from Anuta, Mama Harry told the senior chief that he would die for his supposed opposition to the Church. Shortly thereafter, the priest's leg began to swell. When he finally did leave the island he sought treatment, but, according to the senior chief, when the ailment was examined, "They knew it was from this island." The Western medical authorities were helpless, and Harry died because he had opposed the mana of the chiefs.

This is, most likely, part of the solution, but I would contend that even greater understanding of Western medicine would not, by itself, lead Anuta to abandon its commitment to the old beliefs. This is because the medical system is so closely integrated with the island's social structure, to which the people have both strong intellectual and emotional attachment, and because the total system is, itself, internally consistent and self-validating. It is able to account for anything that possibly could happen, and thus it cannot be disproved. It is possible that Western contact, in the end, may serve to undermine some of the conviction behind this system of belief, but the innumerable cases in which traditional beliefs have been maintained in spite of centuries of contact with all phases of Western culture suggests that any such development on Anuta, if it comes at all, may still be a long way in the future.

NOTES

¹Anuta was missionized primarily by converts from Tikopia, the neighboring island. On two separate occasions there was a Melanesian priest in residence, each time for approximately a year. During recent decades, the Anutan Church has been led primarily by native Anutans.

²This team consisted of Douglas Yen, an ethnobotanist, and archeologists Paul Rosendahl and Patrick Kirch. Their study, which lasted from October through December 1971, has been published primarily in Yen and Gordon (1973).

³For a more detailed account of the criteria used by the Anutans for assigning rank and determining succession to titles see Feinberg (1978). The cultural definition and internal structure of the clans is discussed at greater length in Feinberg (1973; forthcoming; in press).

⁴The relative rank of the leading nobles and the junior chief is somewhat ambiguous. In honorific terms, the junior chief clearly is superior due to his position as a chief. In certain political contexts, however, he appears to be outranked by the most important nobles of the senior chief.

⁵The kava plant, *Piper methysticum*, does not grow on Anuta. The major worship ritual, in which food and water are presented to the deities as offerings, however, was known as *pai kava* 'making kava.'

⁶Tearakura is said to be the founding ancestor of the Kainanga i Mua. His younger brother, Pu Tepuko, is said to have founded the Kainanga i Tepuko. The Kainanga i Pangatau is attributed to two sisters, Nau Ariki and Nau Pangatau, both of whom are said to have been married to one man, Pu Pangatau. The last of the four clans, the Kainanga i Rotomua, was founded by the youngest of the siblings, Tauvakatai.

⁷For a more complete discussion of *aropa, manuu*, the manner in which these concepts relate to one another, and their implications for social structure, see Feinberg (1978); also Feinberg (forthcoming; in press).

⁸See Feinberg (1978; forthcoming); also Fox (n.d.); The Melanesian Mission (n.d.), for a fuller discussion of the Companions.

⁹God (or the gods) cause illness indirectly in the sense that they are responsible for the mana and taboo which, in turn, cause illness when they are challenged (see below).

¹⁰Following Firth (1963:227), I use the term "kinship grade" in preference to "generation" as a reminder that we are dealing with culturally defined classes rather than biological facts.

¹¹This is indicated by cases in which an offender becomes ill in spite of the offended person's express wishes to the contrary or when a patient fails to recover despite treatment by the person the opposition to whose mana led to the affliction.

¹²The danger from the circulation of water vessels is mitigated somewhat by the fact that most Anutans have mastered the technique of pouring water down their throats without ever touching the container to their mouths. Also, a chief, and sometimes the head of a household, will have his own individual water bottle. Others will not drink from these containers because of the taboo deriving from association of the objects with individuals of outstanding rank.

¹³My initial feeling is confirmed by a study of antibody patterns among Anutans (Brown, et. al. 1976; Gajdusek, personal communication). The anopholes mosquito is absent on Anuta, but a large proportion of people from the island have travelled to parts of the Solomons where malaria is endemic. As we might expect under these conditions, malaria antibodies were far more common in adults than children (Brown, et. al. 1967; Gajdusek, personal communication). Also Firth refers to a Tikopian epidemic of "influenza complicated by malaria" (Firth, 1970: 386) in the latter part of 1955, which claimed the lives of at least 200 people.

¹⁴The latter three procedures will be discussed below.

¹⁵On Tikopia, spirits sometimes were invoked to bring affliction to an enemy, and malicious spirit beings even might make people sick upon their own initiative. It is likely that in pre-Christian times this was also true of Anuta.

¹⁶A similar point is made by Lieban (1973), Hallowell (1956; 1959a; 1959b), and others.

¹⁷For illustrations of this phenomenon in other societies, see Hallowell (1956; 1959a), Spiro (1958; 1959), Firth (1967a; 1970), Lieban (1962).

¹⁸Judging from the Tikopian evidence it seems probable that in pre-Christian times an Anutan cure might also fail because the would-be curer did not occupy the proper structural position to invoke the spirit to whom he was appealing, or because he did not know the formula for invoking the deity correctly.

¹⁹This point is discussed at greater length by Young (1976:8).

²⁰The protagonists of the three case histories I have identified by pseudonyms. Except for those few cases in which specific identification might prove particularly embarrassing to the individuals involved, however, I have, in compliance with the Anutans' own request, referred to people by their correct names.

²¹The usual Anutan term which I have glossed as 'bond-friend' is *te toa*. It may indicate a particularly close relationship between two native-born Anutans of different domestic units, or the relationship between an immigrant and the members of the domestic unit into which the immigrant has been incorporated. In the case of a Tikopian, a prior relationship exists between each Anutan domestic unit and one or more of the analogous groups on Tikopia. This relationship, which I also gloss as 'bond-friend,' is termed in the vernacular, *te tauranga*. A Tikopian immigrant or visitor normally is incorporated into one of his *tauranga* units. For a discussion of the Tikopian equivalent of the *toa* relationship, see Firth

(1967b); for further discussion of the *tauranga* relationship, see Firth (1954); Feinberg (forthcoming).

²²This is because *aropa* ('love' as manifested through the giving and/or sharing of economic goods) is expressed most powerfully at the level of the domestic unit, the members of which own and share all property jointly, as a single collectivity. One expresses 'love' toward members of other units by giving; toward members of his own unit he expresses it through sharing.

²³In addition to the factors already considered, it may be speculated that Tangatavare's illness served as a release for pent up guilt. For an illustration of this line of thought applied to an American Indian society, the reader is referred to Hallowell (1959). I did not pursue the idea of guilt on Anuta sufficiently to speak with any certainty on this proposition for the case at hand.

²⁴*Mama* is the term for father in Mota, a language from an island in the Banks group, which, until recently, was used as the lingua franca by the Melanesian Mission.

²⁵This, for example, is the way in which the term has been used by van Gennep and his followers to refer to the liminal phase (i.e., rites of the *marge*) in rites of passage (van Gennep, 1960).

²⁶This may be illustrated by the case of the dresser and his ignorance of the germ concept (see above). Also, in a recent letter from John Tope, the most highly educated Anutan to date, and the man who probably will soon be the first Anutan priest, the cause of death for my close friend Pu Tokerau, was cited as follows: "The cause of Pu Toke's death was that he had tuberculosis in his heart. But I don't really know whether this was the cause of his death or not because some people say that he died because he argued with Archbishop John Chisolm and some important people in the Church such as priests and so forth. I don't know who is right and who is wrong at this point." Even a man who was the island's catechist, a brother of the senior chief, and to my biased mind, one of the finest people I have ever known was not immune to speculation that he had brought on his own illness (and death) as a result of inappropriate behavior, and not even Tope's knowledge of the Church and Western culture was able to convince him that this view was wrong.

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