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A Comparative Analysis of Medical Pluralism in Fiji and the United States

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**A COMPARATIVE ANALYSIS OF MEDICAL PLURALISM
IN FIJI AND THE UNITED STATES**

By

Meaghan Jain

**Submitted in partial fulfillment
of the requirements for
Honors in the Department of Anthropology**

UNION COLLEGE
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ABSTRACT

Meaghan Jain A COMPARATIVE ANALYSIS OF MEDICAL PLURALISM IN FIJI AND THE UNITED STATES. Department of Anthropology, June, 2015.

Both indigenous Fijians and Americans practice a medically pluralistic style of healing that includes biomedicine, herbal medicines, and spiritual healing. People in both cultures use alternative medicinal styles to fill in around gaps left by biomedicine, but the reasons why they do this, and how they do this, are different. Urban indigenous Fijians supplement biomedicine with healing styles that utilize their social networks. Fijians have a sociocentric sense of self and the body; they feel uncomfortable with impersonal treatment by doctors and feel better about treatments that bring social support. Americans, on the other hand, follow a rhetoric strongly oriented towards individual responsibility. They follow this not only in their biomedical care, but also in their alternative medicine practices, 'building up the body' so as to feel in control of their health. Ultimately, while both Fijians and Americans have similar problems with biomedicine--lack of personalization, bad side effects, the power to harm rather than heal--they have found divergent ways of dealing with these issues that follow their cultural background. This suggests that in attempting to improve biomedical care around the world, there might not be a one-size-fits-all solution.

CHAPTER ONE
AN INTRODUCTION TO CROSS-CULTURAL MEDICAL PLURALISM

PREFACE

United States Case Study One—Jayanta Patel

Jayanta is a married Indian-American woman with two children. For almost twenty years now she has suffered from Chronic Fatigue Syndrome. For this, she has taken a variety of pharmaceutical medications, and regularly visits various specialists, like endocrinologists. Her experiences with these pharmaceutical medications are mostly positive:

I think they work. They have side effects so you should use them carefully, don't overuse them, but if you need them, use them. I think sometimes, though, that medications aren't the solution. Lifestyle changes are important, like lifestyle, diet, physical therapy, going for a walk. Medication won't always solve your problem. I think people rely too much on the pills sometimes. I think people take the pill the doctor gives them and then don't listen to what the other things the doctor tells them.

In terms of lifestyle changes, she is speaking from experience. She described how she started seeing a new physician a few years ago, who suggested undergoing an allergy test. The test revealed that she has a severe gluten allergy, and ever since then she has strived to maintain a gluten-free diet:

...once I stopped [eating gluten] I felt a lot better. And when I accidentally have it, I feel bad again. You have to be careful with prepared foods, figure out what has gluten and what doesn't. It takes time but it is not that difficult to do. I missed gluten in the beginning, but lately I haven't missed it anymore. And now when I accidentally have some, it doesn't even feel that bad anymore. But usually I don't eat it on purpose, because I feel so bad.

In addition to biomedicine, and her diet changes, Jayanta also uses a variety of other American alternative medicines, like vitamins, massages, and exercise. For example, for the typical person lacking energy, Jayanta recommended "exercise" and "vitamins and stuff, like b-complexes like b12. I think you have to figure out the cause and work on the cause. And if you can't find the cause, work on the things that do give you energy." She also gets a massage from a professional masseuse fairly regularly, as "it helps with stress, gives you wellbeing, helps with depression. It helps in general for a lot of different things."

Fiji Case Study One—Tai Mere

Tai Mere is woman in her early 40s currently living in Suva, Fiji as a housekeeper for her relative. During my visit in the summer of 2014 she was suffering from a boil on her eyelid. Tai Mere is an individual who is particularly hesitant to go to the doctor. Tai Mere first tried "Fijian medicine," the local phrase used for herbal medicines, to cure her persistent boil. She mixed a local Fijian leaf

with oil and applied it as a paste to her eye regularly. At the time I interviewed her, she informed me that this herbal treatment had not worked yet. In addition to this treatment she also had a masseuse come to massage her boil.

In addition to these traditional Fijian healing practices, Tai Mere also ultimately went to the doctor when the boil persisted. She reported back to her family saying that, “as always” the doctor just gave her Panadol (acetaminophen). She was also given an antibiotic. Tai Mere said that she is usually dissatisfied with doctors because they take a lot of time and money and then just always give people Panadol, which often does not work. In this case, shortly after she went to the doctor, her cousin and employer called in a distant relative whose family specializes in traditional Fijian remedies. This woman dipped her fingers in plain water and massaged Tai Mere’s eyelid, a cure, which eventually worked, after the treatment was repeated for three consecutive days.

With all these three treatments in conjunction (pharmaceutical medications, herbal paste, and massage), the boil finally did resolve itself. One could argue that the antibiotics had finally had the time to take effect but Tai Mere concluded that the Fijian remedies were responsible for her cure. She told me that she had been healed by the herbal pastes she had been applying throughout, and concluded that going to the doctor had been a waste of her time.

OVERVIEW OF ARGUMENT

Tai Mere, a Fijian woman, uses both herbal and biomedical remedies and ultimately concludes that biomedicine is a waste of time, although objectively it was unclear what healed her boil. In contrast, Jayanta, an American, is devoted to biomedicine even though she uses many other remedies and suffered from chronic fatigue syndrome for twenty years before switching doctors and discovering a severe, undiagnosed gluten allergy. In the following pages, I explore Fijian and American attitudes about healing to argue that both Americans and Fijians are pluralistic in their approaches to their bodies and that ultimately satisfaction with healing may have less to do with alleviation of physical symptoms than with arriving at a sense of comfort and control that comes from following practices that resonate with one's beliefs and values and leave one with feelings of control.

I first visited Suva, Fiji during a Union College study abroad program in Fall 2013. Fiji is an archipelago of about 300 islands (only about 60 of these are inhabited). The Fijian economy focuses largely on agriculture, trade and tourism, and as a result the Fiji is considered to be at the top end of the developing world category. The population of Fiji is less than one million and has visible divides, namely between the indigenous Fijian population and the Indo-Fijian population. In this paper, I will primarily be focusing on the lives of the indigenous Fijian population.

While there I lived with a host family, volunteering at a local day care and kindergarten, and taking classes. During this period abroad, I began noticing

differences in the way health care is practiced compared to what I was used to. I contracted conjunctivitis while there, and while my automatic instinct was to go to the doctor and get antibiotics, my Fijian friends had different advice to give me. My host mother, Auntie Carmen, told me not to waste my time with the doctor and rather just wash out my eyes until the infection went away. Teacher Josi, at Green Hill Kindergarten, told me that next time I should consider using breast milk to cure the problem.

This incidence got me interested in medical practices in Fiji, particularly biomedicine. Fijians have free national health care as well as numerous private clinics to choose from. Private clinics charge about \$13 USD per visit, which for most of the Fijians I interacted with daily, is very affordable. Despite this, Fijians seemed to me to be resistant to obtaining biomedical care.

I embarked on an independent study to explore Fijian ideas on biomedicine, with an underlying suspicion, based on my pink-eye episode, that I would find that Fijians are generally distrustful of this 'outside' medicine, compared to their own home remedies. However, what I found was more complicated than that. In general, it is true that Fijians are more vocally skeptical of biomedical practices than many Americans, but I also found that their healing style was not just homogenous herbal home remedies. Urban Fijians practice a very pluralistic style of healing that combines herbal healing, massages, spiritual healing, and actually does feature biomedical care as well. Fijians were most critical of their biomedical care, however.

I decided that to further my analysis I should also explore ideas of medical practice within the United States. I ultimately found that my American informants

had many of the same complaints about biomedical care—it's impersonal, the drugs have side effects, it has the potential to harm you rather than help you. However, my American informants were also ultimately more trusting of their biomedical care. They typically felt comfortable taking the steps to take control of their care when they were unsure or unhappy with their biomedical healers and treatments. Nevertheless, my American informants were also incredibly pluralistic as well, utilizing chiropractors, herbal medications, vitamins, and particularly lifestyle changes like adjusting their diets.

Both my American and urban Fijian informants were notably medically pluralistic. While both primarily relied on biomedical care, particularly for more serious illnesses, both cultures were also trying to fill around their biomedical care, but in divergent ways. Fijians, many of whom grow up in villages, are used to seeing illness as a social process, bringing together networks of relatives to care for them. Fijian rhetoric focused largely in filling around biomedicine in order to better utilize their social networks, thus maintaining and strengthening social connections during the unstable stages of illnesses. For Fijians, the impersonal nature of doctors was disturbing and they felt more comfortable when relatives came to care for them. Thus, urban Fijians' use of spiritual healing, herbal medicines, and massages, often performs a secondary function of utilizing an individual's social network. However, as in an urban setting these social networks are very individualized, urban healing styles in Suva differ pretty significantly from individual to individual.

In the United States, on the other hand, my informants spoke strongly with rhetoric of individual responsibility. They took individual responsibility for not only

their biomedicine, but also in the ways they filled in around biomedicine, ‘building up’ their own body in order to maintain health. They spoke of the problems of being dependent and always running to doctors for pills and said one should try to maintain one’s own good health through diet and exercise. For both groups, the style of healing often seemed to be as, or more, important as whether they got better or not, showing that, as medical anthropologists argue, healing is not just about curing illness.

Despite having similar issues with biomedicine, Americans and Fijians have found divergent ways of filling around the gaps. Ultimately, what I am hoping to convey is that biomedicine is not a perfect medicinal style. Around the world, individuals are trying to fill in around the gaps of biomedical care, and on local and national policy levels as well, there are actions being taken to change and improve biomedical care. However, the elusive solution might not be a one-size-fits-all kind of resolution. Rather, what works well for one culture, like Fijians needing more social connection in their healing, might not work well for another culture, like Americans needing to take control of their individual bodies and health.

METHODOLOGY

I conducted my research in Suva, Fiji (the capital) over two periods, first for three months in the Fall of 2013, and then again for one month in August 2014. Each time I stayed with a host family, but also made other social connections through Green Hill Kindergarten, where I volunteered during my first trip and through the

World Harvest Center, a church one of my host families belonged to. I chose to conduct my research primarily as a participant observer in my host families, as well as through in-depth semi-structured interviews with various social contacts. While this limited the number of Fijians included in my research, it also allowed me to understand in-depth each of my informant's views on their health care. Health care and illness can be a personal and uncomfortable topic, so by working with Fijians I knew well, I was able to garner more accurate and honest answers. In addition, the logistics of conducting research in Fiji limited me from conducting larger surveys and the like. However, in the end I believe my fieldwork in Fiji allowed me to gain quality data about health care practices and beliefs for a small subset of urban Fijians.

In my research in the United States, I decided it made most sense to conduct a similarly small but in-depth sample. By doing so, I was able to ask similar questions, which allowed for a most direct cross-cultural analysis. I interviewed student and staff at Union College as well as a small subset of Indian-Americans in the Boston suburbs. Again, by capitalizing on my existing social connections, I was able to garner data that is more detailed and honest. I must acknowledge, however, that my American informant pool is not necessarily representative of all Americans. All my informants were relatively highly educated (Bachelor's degree or above) and have comprehensive health insurance, which would have colored their views on their biomedical care. It is not necessary that my American sample be representative, as research has already been done on use of complementary and alternative medicines by a wide cross section of the American population. For this

paper, it was rather important that I gain a qualitative sense of people's attitudes towards their bodies, which I was able to do from my small sample. In addition, previous research has shown that it is actually those with higher educational and socio-economic backgrounds that are more likely to use complementary alternative medicines in the United States so my sample is appropriate for shedding light on what Americans are looking for in complementary and alternative medicine.

A subset of my American informants was also of Indian descent. I was looking to see if growing up in India altered attitudes towards biomedicine, but overall found that my Indian-American informants were used to biomedicine when they lived in India. Thus they did not differ significantly from my other American informants.

For both my Fijian and American informants, I first asked a series of questions on how they would treat various common illnesses, ranging from colds and fevers to diabetes and high blood pressure. By asking these questions, I was able to gain a sense of what different methods my informants were using to cure various illnesses, as well as to ease in my informants to more in-depth questions. Following this survey on treatments, I then asked questions asking what my informants liked about their biomedical cares—like their doctors and pharmaceutical drugs—and what they did not like. I also further questioned each of my informants if they have had bad experiences with their biomedical healing (or if they had heard of others having bad experiences). I also questioned them on their usage of spiritual healing, herbal medicines, and massages, and asked them what they liked and disliked about these medicines. By asking them detailed questions

about all of their medicinal healing styles, I was able to gain a sense of why they used each method, and what mattered to them in their medical care.

OVERVIEW OF CONTENT

Chapter Two is a literature review of various works on medical pluralism around the world, the psychology of health care, and health care practices within the United States and Fiji. I review cases of medical pluralism around the world and explore why medical pluralism is so pervasive, namely as it allows individuals to create supermodels of healing that provide a sense of comfort and control during the uncertain stages of illness. Anthropologists argue that healing methods must help people to adjust socially and emotionally as well as to physically heal their bodies. I also review alternative medicine practices within the United States, as a contextual frame for ensuing discussion on medical pluralism within the United States. I also review health care practices in rural Fiji, to provide contextualization for my analysis on medical practices in urban Fiji, and how health care practices change in the urban setting.

In Chapter Three I explore and analyze Fijians' cultural distrust of biomedicine. I frame biomedicine as a foreign ethno-medicine that does not follow with Fijian values of socio-centric healing. With this framing, I discuss the ways that the failings of biomedicine lead to a very vocal distrust of biomedicine. However, despite not trusting biomedicine, biomedical care is still an integral part of the Fijian pluralistic style of healing.

In Chapter Four, I explore the ways that urban Fijians fill around biomedicine. Particularly I discuss how individualized social networks in urban settings lead to individualized healing styles that best utilize these social networks. Ultimately, in creating these supermodels of healing, combining biomedicine and Fijian alternative medicines like herbal concoctions and spiritual healing, Fijians are creating a style of healing that best gives them a sense of control and comfort, while also ideally optimizing their health outcomes.

In Chapter Five I analyze health care practices in the United States. I explore how despite having many of the same issues with biomedical as Fijians, my American informants still leave their biomedical experiences with a stronger sense of trust and control. I frame this with the idea that biomedical healing is in tune with American ideals regarding individual responsibility and independence. However, nevertheless, Americans are also filling in around biomedicine, with various alternative therapies, but again with the same rhetoric of taking individual responsibility for the body and one's health.

In Chapter Six, I will conclude the paper with remarks on biomedicine. Biomedicine is not a perfect style of healing, and improving biomedical care is currently a priority in many countries, like the United States. I discuss how perhaps it is not a one-size-fits-all solution in improving biomedical care. Rather, it is important to tailor biomedicine to what each culture seeks in their health care, in order to leave patients with a sense of comfort and control when they leave their doctor's office.

CHAPTER TWO

MEDICAL PLURALISM AND HEALTH CARE AS A CULTURAL CONTEXT: A LITERATURE REVIEW

Responses to illness are influenced as much by culture as by biological pathology. As many illnesses get better with no intervention at all, when people go to healers of various sorts, they are really also seeking relief from the social and emotional problems associated with illness as much as from the pathology itself. In the following pages, I will locate patient behavior in Fiji and the United States within a broader framework that takes in to account the influence of culture on the experience of illness and of healing. In order to understand the modern urban Fijian healing system, it is first necessary to understand medical pluralism in its various social and cultural contexts in various communities around the world. Next I will explore the psychological basis for the prominence of medical pluralism, and discuss how by creating unique super models of healing, individuals are able to create a healing system that best treats all symptoms, ranging from physical to emotional and social, and minimizes loss of control during sick episodes. With this framework in place, I will then discuss the traditional Fijian healing system and how it meshes with the socio-centric framework of Fijian society. Finally, I will also review the failings of biomedicine—what drives people to seek alternative medicines, and in what ways do these alternative medicines fill in the gaps of biomedical care that they are receiving. Unlike most biomedical practices, alternative medicines often function to treat social and emotional issues related to illness, as well as endeavoring to treat physical symptoms.

MEDICAL PLURALISM AROUND THE WORLD

In both the United States and Fiji, individuals are not exclusively using either biomedicine or alternative therapies, but rather integrating a variety of styles. This is not an isolated phenomenon, however, as all around the world people are piecing together medicinal practices of different origins to create semi-integrated healing styles. Thus understanding approaches to illness and healing both in Fiji and in the United States requires some understanding of medical pluralism.

Medical pluralism refers to the “presence of multiple medical systems or traditions,” which often boils down to depending on biomedicine in addition to various other healing systems that doctors might consider incompatible or illogical (Ross 2012: 25). For example, often individuals will pray to be healed, but also take some sort of prescribed pharmaceutical medication. Another common example within the United States is drinking herbal tea, but also going to the doctor when symptoms persist. Often with these cases of medical pluralism, people are not thinking of how efficacious each individual practice is towards their healing process, but rather looking at the accumulated end result of treatment. Another important piece of this puzzle is that medical pluralism, in part, exists so that people may seek relief from social and emotional dimensions of illness, and there is not any one system alone that adequately provides this.

Within the United States, complementary medicine practices (CAM) are very commonplace, and actually significantly on the rise (NIH 2008). In 2007, approximately 38% of United States adults aged 18 and over used some form of

CAM, a significant increase from the previous study in 2002 (NIH 2008).

Complementary medicine practices refer to any medicine practice strictly outside of the biomedical health care system, ranging from herbal remedies to acupuncture.

Despite popular belief, complementary medicines are not restricted to any particular demographic or background within the US (NIH 2008). However, among adults, women are more likely to use complementary medicine practices, as well as those with higher levels of education and higher incomes (NIH 2008). That people of higher income levels are more likely to use alternative medicines is suggestive that in fact the number of people using complementary alternative medicines in the United States would be higher if it was more affordable, suggesting that alternative medicines are not a last resort compared to biomedicine, but really are a desired complement to pharmaceutical treatments.

Throughout the United States the most common CAM therapies are non-vitamin, non-mineral dietary supplements, deep breathing exercises, meditation, massage therapy, and yoga (NIH 2008). However, there are also specific CAM therapies that are more specified to particular groups. For example, in treatment of HIV/AIDs, CAM practices used to be quite common, because of the previous lack of effective conventional therapies force people with AIDS to seek other remedies, a common theme in CAM usage in the United States (O'Connor 1994: 109). Spiritual approaches, acupuncture, and hyper-vigilance of nutrition were two common forms of CAM in PWAs (O'Connor 1994: 118). Herbal medicines, particularly Echinacea, were also used to combat immune deficiency. New Age approaches, dealing with touch and energy healing, were also common among PWAs.

Further, particular sub-communities within the PWA communities have localized CAM practices. For example, Latino PWAs used traditional Latino healing practices dealing with the hot and cold balance within the body to treat AIDs (O'Connor 1994: 153). All of these alternative medicines were used in concert with conventional biomedicine drugs like AZT—"vernacular treatment strategies for HIV diseases are generally intended to supplement rather than to supplant conventional medical care" (O'Connor 1994: 147).

Another prominent community that uses a unique alternative healing process is the immigrant Mexican community, particularly in the Southwest United States. In the Southwest, Mexican Americans seek *curanderos* "when medical cures fail to cure illness, when distance or poverty limits access to medical care, or when fear of deportation keeps them from seeking medical care" (Weitz 2012: 308). Again, medical pluralism here is filling in the gaps of the biomedical system for Mexican Americans. *Curanderos* will deal with illnesses both within Western biomedicine categories, like colds, but also in cases beyond that of biomedicine. For example *susto* is an illness where fright has jarred the soul from the body, and *curanderos* will heal *susto* by calling the soul back (Weitz 2012: 309). Their treatments mostly consist of the standard fare for alternative medicines—herbs, massages, and prayers (Weitz 2012: 309).

Outside of the United States and Fiji, various other countries are well known for alternative medicine practices that complement biomedicine. Japan, for example, uses *kanpo*, the traditional Japanese healers, alongside biomedicine doctors, to better treat specific symptoms by restoring balance within the body (Ohnuki-

Tierney 1984: 92). In Taiwan, Taiwanese citizens (Kleinman 1980) use a combination of Chinese medicine, biomedicine, and traditional spiritual healers to cure a variety of illnesses. Often, people feel happier with these cures that are understandable within their own view of how the body works and what heals illness, whether or not it is effective. I will further review this psychology of healing in the next section.

PSYCHOLOGY OF MEDICAL PLURALISM

Medical pluralism for the most part means that in addition to biomedical practices, people will also seek complementary alternative medicine practices. The reasons behind this are both psychologically and culturally based. Illness is ultimately something that is largely culturally constructed—“culture affects the way we perceive, label, and cope with somatic symptoms as well as psychological ones” (Kleinman 1980:178). In connection to these cultural bounds, illness is psychologically constructed as well. Illness is something normative, meaning it is socially learned and guided by cultural norms. “Culture shapes illness behavior principally through its effect on cognitive processes” (Kleinman 1980: 178). Essentially, somatic symptoms of an illness are at least in part determined by a person’s culture and psychology. When people are sick, they seek to understand their illness and, of course, use their cultural beliefs about how the body and illness work and thus, at least in some way, control the symptoms that they perceive and relay to their healers. This desire to understand illness also contributes to the

prevalence of medical pluralism. People do not feel satisfied with a cure unless it makes sense within their own view of illness.

For example, in Taiwan, psychological illnesses are not a well-accepted diagnosis, as any mental illness is a social taboo. Arthur Kleinman conducted an ethnographic study of healing within Taiwan, and detailed a particularly revealing case study in *Patients and Healers in the Context of Culture*. Kleinman describes a young man who seems to be suffering from some sort of anxiety disorder—but anxiety disorders are not a readily accepted diagnosis in Taiwanese culture. Because psychological problems are shameful within this young man’s culture, his mother and him are focused on finding treatments for the physical manifestations of his anxiety (like stiffness in his limbs and an inability to concentrate), not the anxiety itself. They have been to doctors, a fortune-teller, a spirit healer, and finally considered a psychiatric consult at Kleinman’s suggestion. Each healer gave him different diagnoses, none of which entirely encompassed his illness. The Western biomedicine physician informed him he was suffering from “neurasthenia,” a physical disorder. His Chinese-style doctor informed him he suffered from a “broken kidney,” again a physical disorder. His spirit healer told him he was in a spirit marriage that could only be broken after a series of ritualistic steps. Kleinman, a psychiatrist, informally diagnosed him as suffering from an anxiety disorder with several physical manifestations (Kleinman 1980: 121-126).

While ultimately none of these diagnoses fully encompassed this young man’s multifactorial illness, he was still gaining a sense of control, comfort, and understanding through his visits to various healers. By seeing these healers, who

each validated his physical symptoms, he was able to claim a sick role, which allowed him to be released from the obligation of work, and allowed him to seek help from his family members as well as health care professionals (Kleinman 1980: 123). Each particular healer also allowed him to speak of specific symptoms that he could not have in other health contexts. For example, in the psychiatric sick role, the young man was able to talk about psychosexual concerns that he could not discuss with his family or in other patient roles (Kleinman 1980: 125).

Ultimately, this young Taiwanese man gained a sense of control over his illness by seeing various health care professionals who diagnosed his symptoms within his cultural context—one that minimizes mental illness. He also gained comfort and support by validating his role as a sick patient through his continuous involvement with various health care professionals. What this case study elegantly highlights is that when a patient goes to see various health care professionals, he or she is not just looking for a cure to various symptoms—a patient is also seeking comfort, control, and validation in their role as a sick patient.

Kleinman in fact argues that many illnesses, in Taiwan and also in the United States, may be somatized depression. Somatized depression involves experiencing emotional malaise in terms of physical symptoms such as headaches, joint pain, lack of energy and appetite and so on. People go to doctors, seeking relief from these physical symptoms. Any healer who gives them a sense of control and an improved position in their social group will help their mental state and so might actually relieve the symptoms by improving the patient's state of mind.

SENSE OF CONTROL IN THE HEALING PROCESS

Often, when a patient seeks out health care professionals, or even home remedies, they are treating symptoms and an illness that will self-heal regardless of what they do. Even with more serious illnesses, patients are seeking a sense of control and understanding over what is happening. Religious healing practices are an excellent example of seeking control and understanding within a specific cultural context while in a sick role. Spiritual healing, while also being conducted with the intent to cure physical symptoms, also provides patients with a sense of security and control by reinforcing social relationships as well as traditional networks and values within a society (Ross 2012: 109). As such, religious healing practices provide a way for ill persons to not be alienated and cut off from society.

For example, in the process of a pilgrimage, like the *haji*, “because of the association of sickness and sin, healing restored and even enhanced social standing” and for those who are dying, the pilgrimage allows the ill to be at the “center stage” instead of being marginalized. Another interesting case of spiritual healing is in the Apache culture. Young women ritually heal members of their community as part of their journey of womanhood, and in this way, healing is a vital part of the social processes of the Apache, beyond just functioning to cure disease (Ross 2012: 110). In this way, various spiritual healing practices provide a variety of functions, socially and psychologically, beyond that of the simple curing of somatic symptoms.

In order to gain this sense of control in their illness it is vital that a patient understands their health and healing process within their own cultural context. It is

important that what their health care professionals relay to them an explanation and treatment that resonates with their personal and cultural beliefs. As already discussed in the case of the Taiwanese young man, his healers needed to diagnose him in a way that is culturally acceptable in Taiwan—physical illness diagnosis with his somatized symptoms since mental illness diagnoses are culturally taboo.

Traditional healers in Japan also provide an apt example of the importance of working within cultural definitions. Japanese medicine, or *kanpo*, works within the Japanese emphasis on the binary and balance between clean and dirty, hot and cold, and other properties of nature. Culturally, Japanese define external elements as dirty, and in order to keep oneself clean and healthy, an individual should stay inside (Ohnuki-Tierney 1984: 21).

However, in order to prevent illness, Japanese people will use external elements in a controlled balance to create a balance of dirty and clean, hot and cold and so on. For example, in order to “build up the body,” many Japanese will pour a few buckets of cold water over their body after a hot bath, in order to strike this balance. *Kanpo* works within this framework of restoring balance in the body. In *kanpo*, the doctor will incorporate all the symptoms listed by the patient, as well as detect age, sex, inborn constitution, and natural environment in order to determine the nature of the imbalance in the patient’s body. Treatment primarily consists of restoring balance within the body (Ohnuki-Tierney 1984: 94). By treating specifically to restore some sort of balance, *kanpo* coincides with how Japanese people view their worlds, and by working within this cultural construct, Japanese patients feel a greater sense of control and comfort in their *kanpo* treatment. In

other words, “*kanpo* merely systematizes and institutionalizes people’s assumptions” (Ohnuki-Tierney 1984: 121).

Even biomedical doctors in Japan work within the cultural constructs of Japanese culture. While the analysis inherent to the biomedical system may be closer to the view of people in the United States, there is still a variation between how biomedicine is practiced in Japan compared to the United States (Ohnuki-Tierney 1984: 102). Chronic illnesses, like insanity, tuberculosis, and leprosy in Japan are considered “dreaded illnesses.” It is taboo to discuss these illnesses, as they are perceived as incurable and often hereditary.

These illnesses are also particularly taboo because once someone is diagnosed with one of these illnesses, their control of their health is taken away (Ohnuki-Tierney 1984: 68). Because of this taboo, doctors will not tell patients they might have a cancer until they are completely sure. For example, if a cancer can be removed without informing a patient that it was possibly malignant, then the doctor will never even mention the possibility of cancer (Ohnuki-Tierney 1984: 65). By not informing their patient of the possible cancer, Japanese biomedicine doctors ensure patients feel they are maintaining control throughout their healing process as well as uphold the cultural taboo of discussing dreaded illnesses. In addition, Japanese culture functions on a more collective mentality, and therefore, a diagnosis can be given to family, instead of the patient. In some cases, doctors will even make decisions on behalf of the patient without formally consulting them, a practice that would be prosecuted in the United States (Ohnuki-Tierney 1984: 67).

Even within medical systems similar to one's own culture, there is still a sense of feeling more comfortable and in control with one's culturally own style of healing. For example, moxibustion is an alternative healing practice that while being Chinese in origin has been readily adapted by the Japanese. However, in China moxibustion is usually applied via acupuncture needles, though there are other options of application like burning the paste into the skin. Despite the Japanese having adopted moxibustion, they are still wary of acupuncture, as it has "remained somewhat alien, retaining a 'foreign flavor'" (Ohnuki-Tierney 1984: 113). Another example of this phenomenon is the recent Chinese immigrants to the United States, particularly to New York City. These Chinese immigrants also practice a medically pluralistic style of healing. In an ethnographic study, they voiced their preference for Chinese-style medicines, as they perceived them as more efficacious. Even more interesting, they perceive Chinese-made Western-style medications to be more effective than the same medications made in the United States or Europe (Guo 2000: 152) Even when the medicine is in theory exactly the same, people tend to feel more comfortable and in control of their medications if they are homegrown, so to speak.

TRADITIONAL HEALING PRACTICES IN RURAL FIJI

Just as in the variety of cases I have already discussed, traditional healing systems in Fiji work within the cultural context of rural Fiji. In particular, traditional Fijian healing practices are shaped by the socio-centric values that dominate Fijian social structure. Anne E. Becker suggests that, "identification with a particular

subcultural ethos is achieved through visibly cultivating the body...in ways commensurate with the moral priorities of the community” (Becker 1995: 29). In other words, how one views one’s body, and illnesses, is influenced by cultural values. In the United States, where individualism and independence are cultural ideals, the self, body, and even illness are perceived to be entirely under an individual’s control. For example, a person’s body weight is perceived as a marker of one’s self-control in diet and exercise. In Fijian culture, however, the body and self are “a marker of social connectedness rather than of personal identity” as they are in Western culture. (Becker 1995: 37) In rural Fiji, a person is perceived as a product of their social environment, and thus is judged within that context. For instance, if you are plump and in good health, people conclude that your family is looking after you well. They prefer people who look fit and muscular because they conclude that such people will be able to contribute to their group. Rural Fijians do not see one’s weight as indicating self-control.

Fijians also believe that illnesses are caused by social problems, not by individual behavior or biology. For example, Becker says:

Another illness that plagues young brides, *cavucavu*, means literally “to call out or “to confess.” It consists of “pain your genitals...when you urinate,” and the sensation that afterward, “you still feel like urinating some more.” It potentially afflicts sexually experienced women upon their marriage. On the other hand, “if virginity is safe-guarded...it cannot possible affect [that woman].” The only ways to cure this particular disorder is to *cavucavu*, or

confess, the names of the men with whom she has had sexual relations prior to her husband. (Becker, 89-90)

In the rural Fijian interpretation of this illness, the cause of physical symptoms is not something that is isolated to an individual's body—it is caused by social behavior and will be cured only when the woman confesses her sins to the community. In this case a bride has failed to tell the community that she participated in sex before marriage, and thus she has become sick. The 'medication,' so to speak, is to right her wrong to the community and confess. Thus a woman's failing to her community is the cause of her illness, not something individuated and biological, and the cure is balancing and correcting her social wrongs.

Illnesses, which are often interpreted as being caused by community problems, are also healed by addressing problems in the community. Instead of isolating a sick individual, as is common in the treatment course in the US, the ill in rural Fiji are brought further within the social fold. Becker gives the example of a middle-aged Fijian man, named Jiuta, who suffered from a seizure disorder. He believed that his illness was caused by the jealousy of another villager about land he inherited. He took his problem to a Protestant minister, who gathered the church members to pray for Jiuta. In Becker's words, "although the community does not assume responsibility for the etiology of this illness, it removes the afflicted individual from his or her social isolation by communal participation in prayer to prevent further visitation [of the illness]." (Becker 1995: 125)

Illness and morality are closely linked in Fiji. Bad behavior, communal or individual, brings illness and conversely sickness; confessing sins and straightening out communal problems cure such sicknesses. Traditional Fijian healing practices revolve around the ancestral gods, the “*vu*.” Fijians view the *vu* as responsible for the good and evil in every day life, and thus in extension are responsible for illness and health (Katz 1999: 21). Although most Fijians now affiliate with Christianity, the *vu* are still seen as the “backup” for spirituality and moral support for Fiji Christians (Katz 1999: 24). “*Vanua*,” which refers to the physical lands of Fiji, as well as the cultural aspects of Fijian life, also plays a role in the feelings of spirituality—*vanua* and *vu* work together for Fijians that embrace tradition and ancestral values (Katz 1999: 29).

Good health, good harvests, and general well being result from all individuals within the community following time honored values. One key value is *loloma*, love and respect, specifically referring to someone who “is ready to help and serve others” (Katz 1999: 29). It is this desire to serve others, very much in line with Fiji’s focus on socio-centric values, that defines traditional healers in Fiji—“a good healer never exaggerates what he knows, he never emphasizes his own personal contributions to the healing” (Katz 1999: 5). A traditional healer views himself within the socio-centric context as well, seeing himself as not just the sole healer, but working within the social context, and alongside the *vanua* and *vu*.

In the actual Fijian traditional healing session, it is the ritual that is most essential. The ritual “centers around [a ceremonial] exchange” (Katz 1999: 54). In this exchange, the potential patient comes to the home of the healer, and brings an

offering of *yaqona*, a root crop, in exchange for a cure from the healer. The healer will then drink the *yaqona* with water, symbolizing his or her acceptance of the offering. This exchange of *yaqona* is supposed to connect the healer with the patient, and in extension the *vu* (Katz 1999: 54). In addition, there is a social component to healing as well, as the patient will stay and shoot the breeze with the healer, even after the healing ceremony has been completed (Katz 1999: 56). In this way, traditional healing in Fiji becomes a way to further integrate a sick individual within society, and emphasizes continuing social interaction, even while in the sick role. The treatment course focuses on several traditional Fijian remedies, primarily a mix of spiritual healing, herbal concoctions, and body massages. This exchange also restores balance in social relations and indicates that the family of the sick person has proper respect for the families of those suspected of having caused the illness, and vice versa.

Traditional healers are revered in Fijian society, because they follow what is known as the “straight path” of good behavior fitting in with social values and expectations. Because healers work with the *vu*, healers who stray from the straight path are dangerous and have the power to cause sickness and misfortune. Katz for instance observed a series of illnesses and deaths in the rural community where he worked. Each was attributed to some imbalance with the community: individuals acting selfish and arrogant, or fighting with each other and not showing proper respect, or claiming higher status than they were entitled to. In this way, “both sickness and health, then, reflect the degree to which individuals and communities are living within cultural ideals” (Katz 1999: 65). In other words, traditional healing

in Fiji focuses on a socio-centric way of thinking and living. Traditional healing, while mixed with biomedicine today, is still an important part of the Fijian way of thinking. Particularly Fijians respect the power of the *vu*—“they are our old people, our ancestors, and wish us well” (Katz 1999: 323). Traditional healers, and their association with *vanua* and *vu*, are of Fiji, and Fijians trust their own healers.

In short, Becker and Katz, among others, both argue that rural Fijians generally focus on the social dimension of illness rather than biological pathology, seeing individual health problems as caused by immoral behavior and by communities gone off the “straight path” of correct behavior. In turn, healing involves restoring good relations, confessing sins, and repairing the community.

THE SHORTCOMINGS OF BIOMEDICINE

Throughout the world, both in Western cultures, and outside of Western cultures, there is perception that biomedical practices need to be supplemented with complementary alternative medicines. In other words, there are facets of the healing process that biomedicine does not necessarily adequately cover. It is first important to consider biomedicine as a form of ethno-medicine in and of itself. Biomedicine emphasizes the search for the ‘magic bullet’ for a cure. In diagnosis and healing practices, physicians will look at individual organs in isolation and will also look at the patient in isolation from others, thereby emphasizing causation and responsibility on the individual (Ross 2012: 22). Just as Becker emphasized, this individualistic, dehumanizing style of acute healing is reminiscent of western

culture, and therefore biomedicine itself can be considered an ethno-medicine (Ross 2012: pg. 22, Becker 1995: 123). Because of this objective, individualized focus in biomedicine, the patient and their body are both objectified and normalized—this dehumanization in biomedicine is a common complaint throughout the board.

Within the United States, there have been numerous complaints and discussions about this shortcoming in biomedicine. Biomedical health care professionals are described as emotionally detached and “startling inattentive—at time actively indifferent—to patient’s needs” (O’Rourke 2014). The current American biomedical system is criticized for standardizing patients to the point where they become “nameless.” One disgruntled patient described how ideally she’d like a doctor who was trained in an entirely different system, one that is less dehumanizing: “what I really wanted all along was a doctor trained in a different system, who understood that a conversation was as important as a prescription; a doctor to whom healing mattered as much as state-of-the-art surgery did. (O’Rourke 2014).” This idea of healing, as opposed to curing is especially interesting. Biomedicine is criticized as being a purely curing process, in that it aims only to cure a set of symptoms. Healing, on the other hand, is a more encompassing process that focuses on always maintaining and improving the health of the body, even when explicit sick symptoms are not being expressed. Healing is more holistic, and seems to be lacking from the biomedical system. It is in the gaps in this dehumanizing, standardized care that complementary medicines find their niche, both within Euro-American societies, and elsewhere.

FILLING IN THE GAPS AROUND BIOMEDICINE

Complementary alternative medicines have been on the rise around the world in recent years, especially as they fill in the gaps of biomedicine. Particularly, many alternative medicines are adept at 'healing' as opposed to 'curing' in a way that biomedicine is not. For example, ayurvedic healing, a traditional Indian healing practice, focuses on maintaining health and balance within the body, emphasizing wellbeing and healing over curing a specific set of symptoms (Ross 2012 pg. 20). Chinese Americans have developed a sort of "supermodel" of healing that integrates both biomedicine and Chinese medicine (Guo 2000: 154). While western medicines are especially effective at treating acute illnesses and symptoms, Chinese Americans view their traditional Chinese medicines as more effective in managing chronic illnesses and maintaining overall health (Guo 2000: 155). This gap in chronic illness care in biomedicine is a common complaint among many individuals, and at least in the United States is a driving force of many of those who seek certain alternative therapies, like acupuncture, for chronic back pain and the like.

In addition, there is also a sociocultural advantage in filling in these gaps of biomedicine. Local medicines, as already discussed, work within particularly sociocultural frameworks that resonate particularly with particular groups. For example, spiritual healers in Mexico offer a "transformative experience" for patients (Finkler 1994: x). In addition to treating physical lesions and symptoms, spiritual healers attempt to heal "life's lesions," working within a worldview that is more congruent with how their patients perceive the world (Finkler 1994: xi). In addition

spiritualist healers in Mexico practice in such a way that the healing relationship is more balanced between patient and healer, another draw for Mexicans who supplement biomedicine with spiritual healing (Finkler 1994: 6). Spiritual healing is also popular in the United States, particularly among the aging baby boomer population. Spirituality helps older people within the United States, particularly those of color, manage chronic illnesses. However, this spirituality in healing does not mean that Christian baby-boomers reduce their use of biomedicine. Instead they supplement their traditional biomedicines with prayer, either independently of biomedicine, or at the time that they administer a particular biomedicine (Harvey 2007: 217). Many older Americans also see God as enabling their doctors to cure them, and in doing so adopt biomedicine in such a way that it resonates with their religious worldview (Harvey 2007: 212). Whether or not one believes in spiritual healing, studies have shown distinct evidence that spiritual healing practices increase likelihood for a positive outcome in illness (Harvey 2007: 2006). While this may be the placebo effect, it is extremely important to consider the power of the phenomenon. Spiritual healing is powerful in its ability to provide meaning and cultural context to healing, powerful enough to significantly improve health outcomes (Ross 2012: 25).

Overall, in medically pluralistic styles of healing, prevalent throughout the contemporary world, individuals are able to create a multifactorial way of healing that resonates with their worldview. They can use standardized practices of biomedicine, but also supplement with 'alternative' medicines that fill in various gaps in the biomedical curing process. In doing so, in practicing medical pluralism,

people are able to gain a sense of control over their healing process. Healing is not just about the curing of physical symptoms, but there are also important cultural and psychological components as well as a patient embraces the sick role and is faced with the consequences of ill health. In being able to practice various medicine styles that incorporate one's worldview, illness becomes less of an unknown, and something that a patient can more actively control and manage.

In the next chapter, I will discuss Fijian alternative medicines specifically—what kinds of healing therapies are commonly used in urban Fiji and how they are combined to produce a uniquely Fijian system of healing that works well within the urban Fijian cultural context.

CHAPTER THREE

MEDICAL CARE LANDSCAPE IN RURAL AND URBAN FIJI

PREFACE

Fijian Case Study Two—Michael Kim

I lived with Michael and his wife for one month in the summer of 2014. Michael, a man in his mid-fifties, was born in Korea, where he lived and worked until he was 30 years old. Around this time he moved to Suva, Fiji. When I met him, he was living with his second wife, Emma, who is indigenous Fijian. Michael is a long time habitual smoker. During much of my visit, Michael was suffering from a hacking cough that left him feeling fatigued and feverish. Emma informed me that this coughing illness is one he suffers from about once of year, but that during the rest of the year he is generally very healthy. Over the course of his illness, Emma and Michael applied a variety of healing styles to cure his cough. While Michael did not take the whole month off to recuperate, he would often come home early from work to rest in bed, and spent most weekends resting in his room.

The way Michael and Emma dealt with Michael's cough over the month that I lived with them illustrates well the pluralistic approach that most Fijians take toward illness. Biomedicine did play some role in Michael's healing. In past bouts of this illness he had visited the doctor. Emma described how the doctor informed Michael that his smoking was causing the hacking, and that the smoking was also dehydrating his body, leaving him feeling fatigued and weak. Michael, however, was unwilling to quit his smoking habit, and since then has avoided going to the doctor

during these coughing bouts. He was taking a few over-the-counter pharmaceutical medications to manage the symptoms. He would regularly take Panadol (acetaminophen), a fever reliever and pain reducer, as well as minty cough drops that he had purchased the last time he was in Korea. When he ran out of those, I offered up some of my Halls honey-lemon cough drops I had brought with me from the United States.

Herbal medicines also played a role in his healing process. Interestingly, because Michael is Korean, but has an indigenous Fijian wife, he utilized herbal medicines from both cultures. One of his Korean relatives dropped off a homemade sweetened rice drink, which he said would help speed up his recovery. He would drink a glass or two of this drink every day. In addition, Emma's aunt was somewhat versed in traditional Fijian herbal healing practices and concocted herbal steam baths for Michael. She would boil a local leaf called *uci* in a basin of water and add a pinch of salt. Michael would breathe in the steam with a towel over his head. Emma's aunt referred to this steam bath as the "regular Fijian healing for a cold." Michael described how this steam bath would ease his cough.

Michael was also treated through massage therapy. Emma called in a young woman, who belongs to a family with "gifted hands" for massaging. The masseuse massaged his chest, back and limbs. Emma, who was also feeling a little under the weather, received a massage as well. The masseuse informed Emma and Michael that they must receive the massage in a set of three, but to my knowledge they ended up only completing two rounds.

The last major element of Michael's healing was religious healing, primarily conducted by Emma. Emma described how she regularly prayed to God for Michael to be well, and detailed to me the specifics of the prayer:

Lord, I thank you for healing, for the power of God's word. If you believe that Jesus died to save you and you believe that by your stripes we will be healed and say that he is healed, in Jesus' name we pray. I just decree with my words that there is healing in the name of Jesus. You do it as you pray over herbal medicine, when you give it to Michael to drink.

This religious healing practice, combined with massage, biomedicine, and herbal medicines completed Michael's medically pluralistic healing process for his hacking cough. In the following pages I will describe indigenous Fijian attitudes toward the various healing options available to them and will argue that their pluralistic approach reflects a desire to be in control of their own bodies. They believe biomedicine works but often distrust doctors; they often prefer herbal remedies and prayer that reflect their senses both that "their own" medicine is safer and that healing should bring together a social network to support the patient. Attitudes toward biomedicine also are influenced by the fact that many indigenous Fijians find their encounters with distant, authoritarian doctors who bring bad news, don't listen to them, and prescribe difficult treatments (such as discontinuing smoking) unpleasant. As Kleinman argues, people's satisfaction with the healing process is influenced as much by the social experience of healing as by the extent to which

healing is effective. Indigenous Fijians find healing encounters with relatives who bring massage and herbs and with fellow church members who pray pleasant and supportive.

SURVEY RESULTS: A HIERARCHY OF RESORT

Health care practices in particular groups reflect the cultural and psychological identities of that group. By following a system of healing that meshes with a person's worldview, individuals are able to optimize their understanding of their health care treatment, and thus optimize their sense of control during the uncertain stages of illness. Fiji is no exception.

My surveys of 18 Fijians showed that urban Fijians utilized a variety of approaches for illnesses. I asked about colds, body pains, high blood pressure, and pink eye. For each malady, my informants had a variety of remedies on hand. For colds, answers ranged from herbal remedies like an *uci* steam bath to drinking lots of fluid and rest to antibiotics. For body pains they recommended anything from Panadol, a common painkiller containing the same ingredient as Tylenol, to massages. With pink eye, responses differed from individual to individual. Some recommended washing out the eye with water, where others would recommend washing it with breast milk. I even witnessed a spiritual healing session for a pink eye case. For chronic diseases like blood pressure my informants suggested anywhere from going to the doctor, lifestyle changes like reducing stress and anger, to a mix of anything in between. From this quick snapshot of health care practices

for basic ailments, it is clear urban Fijians practice a pluralistic style of healing combining herbal medicines, massages, spiritual healing, and biomedicine.

As further shown with the prefacing example of Michael, in urban Fiji people practice individualized styles of medical pluralism that best takes advantage of the various treatment options available, while also maximizing their feelings of control in the uncertain stages of illness. I will first be exploring attitudes toward biomedicine among Fijians, which will assist in evaluating prevailing medical pluralism in urban contexts. There seems to be a general consensus that while biomedicine is powerful, it also has the potential to be harmful and dangerous, particularly because it is administered by doctors who sometimes act too quickly and diagnose wrong. This danger was often framed in contrast with Fijian medicines, particularly herbal medicines, which were discussed as natural and safe. This exploration of the persistent distrust of biomedicine will be vital in my analyses of medical pluralism in Fiji. In general, many people expressed unhappiness about their encounters with doctors, confirming Kleinman's view that the nature of the interaction between patient and healer is as important to people as the cure.

Furthermore, in order to completely understand this thoroughly pluralistic style of healing, I will also be exploring traditional healing in rural contexts, and how this changes in the urban context. Traditional healing styles rely on socio-centric principles and strong social networks that end up being diluted in the city. Particularly, vital elder relatives who would perform herbal healing are often absent and the social disturbances that cause illness in villages, like disruptions in lineage hierarchy, are not as much a part of life in the city, where in addition to family,

Fijians spend time with other groups, like church members, co-workers, ethnic groups, and neighbors.

Most urban Fijians have grown up in rural areas and even those who were raised in the city have generally spent a lot of time in rural villages. In rural villages, many people use “sociocentric” remedies that draw on social networks and focus on social and moral causes. People continue to draw on this repertoire of cures in urban areas but some are less accessible. By first establishing the socio-centric medical care landscape within rural Fiji, which does include biomedicine, I will be then able to better discuss how changing social networks affect healing practices in the urban setting. Below, I will introduce these various factors by considering further case studies of urban healing to demonstrate the varied ways urban Fijians practice individualized pluralistic styles of healing.

Case Study Three: Sister Esiteri

Sister Esiteri is a middle-aged Fijian woman residing in Suva. She is deeply religious and at the time I interviewed her was working with the Fiji First political party, in the upcoming elections. While I was interviewing her about her religious beliefs and practices, she revealed that one of her defining moments in her religious journey was during a serious illness she had in 2010. She was so gravely ill she described the episode as a ten-month long “death experience” where she was bedridden. At first, Sister Esiteri used biomedicine to attempt to heal her illness. She described how she “spent close to a \$1000 running from doctor to doctor, even

having a tooth extracted.” Sister Esiteri now laughs at the memory of going around from doctor to doctor. She did not feel her healing process truly began until she came to better know God during the last stages of her illness:

And then I met God, 2010 in June. I remember the exact date because I had asked God and he had answered my prayer, and I was even more desperate to leave than have an encounter with God. But God was using this way to have an encounter. Just like a father correcting and disciplining his child, God was disciplining me, but I did not know. And then I met the Lord, I had read somewhere in John, Chapter 14 that the disciples and even the listeners feel this because you have to the evil spirits in you. I have never experienced it. Yes I have seen people with the Holy Spirit in them. Until that day. Nobody had prayed for me. I was experiencing something in my belly. For a long time he will have you have people along side you to help you. But then he will push them away, because then he is dealing with you. When the Lord is ready to teach you something. You know what, I moved home, I moved to a smaller home so that my mother could pray for me whenever death was upon me. Then the Lord took away my mother to somewhere else. Then I met God. This thing would turn on in my belly, I had not even finished saying anything, I was closing the room when all of a sudden the presence of God fell on me mightily. For the next three days I cried and I laughed, until on the third day I told the Lord I had enough and that is when I had the first contact with God. Then I began to move as he took me deeper and deeper everyday. Up until now.

When your relationship goes to a depth. I am so blessed. I didn't want religion, I wanted relationship.

As she described this healing process, she closed her eyes and became very emotional. Sister Esiteri viewed her grave illness as a test put forth by God, and by the end of this test, she was not only physically healed but also spiritually healed, as she felt that only now she truly understood the power of God and religion. From her narrative, it is clear that Sister Esiteri was open to biomedicine and, indeed, went first to doctors on whom she spent a great deal of money. But when she remained ill she decided that it must be God moving her to a higher level of spiritual growth and resorted to prayer networks. She reveals how these networks brought her mother's support and changed her moral state, indicating that these were the aspects of spiritual healing that resonated with her and made her feel better. Like many indigenous Fijians, then she is prone to feel that illness results from moral transgressions and is satisfied with cures that bring the support of relatives.

CULTURAL DISTRUST OF BIOMEDICINE IN FIJI

In both rural and urban settings, indigenous Fijians have a prevailing sense that biomedicine is dangerous and out of their control. However, important to understand is that Fijians do utilize the doctor. In the case studies, Michael had been to the doctor for his cough in the past. Sister Esiteri did attempt to first resolve her grave illness with various doctors. Even Tai Mere, despite her very vocal distrust,

went to the doctor when her boil was not being resolved with just the Fijian-style herbal paste. Throughout my other interviews as well, it was clear that biomedicine was a major source of healing. For example, Teacher Josi, a teacher at Green Hill Kindergarten, clarified throughout my whole survey of how she treated various common illnesses, “before I go to the doctor?” This response is indicative that while she often tried other remedies at home first, she was no stranger to utilizing biomedicine to treat various illnesses. Furthermore, particularly for various chronic illnesses like heart disease and diabetes, while my informants would try remedies at home first, like reducing anger and reducing fatty food intake, they would also recommend going to the doctor as a more long-term solution. Biomedicine is a major and integral part of the pluralistic healing process in Fiji.

However, despite frequently using biomedical healers, Fijians were very vocally distrustful of doctors and pharmaceutical cures, in a way they weren’t for their local medicines like herbs and spiritual healing. This distrust of biomedicine also leads to a trust of local “Fijian medicine,” as the natural and safe form of medicine. This is highlighted particularly well in the last two case studies, but also throughout most of my interviews conducted in Fiji. Sister Esiteri described the uselessness of going to the doctor, and how she ended up spending “close to a \$1000 running from doctor to doctor,” for ineffectual cures. These ineffectual cures were a common complaint, particularly in regards to painkillers like Panadol. Emma described how painkillers given by the doctor “just stop for a moment” the pain— “some are just for the moment.” For Emma many of the biomedicines, like Panadol, available to her were not effective long-term solutions.

Tai Liti, an older Fijian woman, also had much to say on the ineffectiveness of doctors and their painkillers:

If we went to the doctor, they just give us the painkiller. The doctor's they just give the painkillers to kill the pain, but when the painkiller finishes, the same thing happens again. Like my knee, I have medicine for painkiller here. I use that pill, but always massage my knee. But I don't take that pill often, I rarely take it.

She further described how a doctor would prescribe a sick person Panadol and "they have Panadol all the time, but the sickness is still there." Tai Liti was not satisfied with biomedical cures, like painkillers, because she did not see them as long-term sustainable cures. This is in contrast to her statement on healing via Fijian cures like herbal medicines and spiritual healing: "I just believe in that, the promises in the Bible, once your spirit is healed, that is when your body is healed." Unlike with biomedicine, Tai Liti is expressing that spiritual healing cures something permanently within the body, as opposed to temporarily alleviating pain symptoms. Her housemate, Tai Mere discussed how when Nathan, her nephew, was suffering from a stomachache they gave him Panadol. She concluded from the experience that the Panadol was not helpful, and that rather the herbal Fijian medicines she gave him were more efficacious.

In addition, my informants gave numerous incidences of how alternative medicines worked where biomedicine failed. Since they often used both herbal

medicines and biomedicine, as in Tai Mere's case, it is in reality hard to tell what cured their condition so it is significant that they conclude that biomedicine is ineffective and reveals that, as Kleinman argues, the nature of the healing encounter may be at least as important as the cure in patient satisfaction. Sister Esiteri, for example, with her spiritual healing experience was a dramatic example. Tai Mere determined her healing to be due to Fijian healing, assuming that her biomedical remedy had failed. Nau Ina also discussed how biomedicine is quick to determine an illness is terminal, but then with spiritual healing, a person can be healed regardless. She said, "when they start saying that can't be healed, can't be any more healed, or they start giving you, you only have three months to live. In a lot of cases, we pray for those people and they got healed, even after being told by doctors they only had a few more months to live."

Pharmaceutical medications were also frequently characterized as having negative side effects, as being potentially harmful. A middle-aged Fijian woman, Lelei, explicitly said that, "tablets have side effects" as the reason why she did not trust biomedical cures. Often times these negative side effects of drugs were juxtaposed with the safety and control of Fijian medicine. Fijians believe they do not have to worry about side effects with Fijian medicine, as it's "of Fiji," it's local and it's under their control. Nau Ina, a middle-aged Fijian woman, specifically stated her preference for herbal medicines, because "there are no side effects and it's free." Similarly, Carmen stressed that Fijian and Rotuman medicine has no side effects. She can trust local herbal medicine, because she knows "no side effects and that it will heal something in the body." This statement implied that, conversely, nonlocal

pharmaceutical medications not only were not completely reliable in their efficacy, but also had the tendency to have negative side effects.

Tai Liti again had complaints about the side effects of “tablets.” She suffers from diabetes and her doctor gave her tablets to take (she emphasized that these are only to “control” the diabetes, not to cure). Despite her doctor’s insistence, she decided not take the tablets, because she did not like their side effects of making her weak and hazy. Marilyn, a young Fijian 20-something stylist, too stated she doesn’t take tablets anymore because of their side effects. She detailed how she used to take sleeping pills, but they were giving her hives. She described how in the end she became addicted to these pills, and the hives were not going away, so she ultimately stopped taking the pills altogether.

For others, like Tai Mere, there was a prevailing sense of just general distrust of biomedicine. She stated that she was not comfortable with biomedicine, and didn’t trust that it worked. Similar to how acupuncture in Japan has remained somewhat alien, retaining a ‘foreign flavor,’” biomedicine to Tai Mere is something foreign and therefore not as effective (Ohnuki-Tierney 1984: 113). This idea of biomedicine being foreign, and therefore untrustworthy, was a common theme among many of my informants.

In contrast with this foreign flavor of biomedicine, many of my informants seemed to equate “natural” with Fijian medicine, making Fijian medicine a “healthy” option, in Teacher Tarusila’s words (a Fijian woman in her mid-20s that I worked with at Green Hill Kindergarten). Pita, Lelei’s nephew, stressed that the local herbs are “Fijian, it’s made from Fiji only.” Lelei, especially, highlighted how “from all the

knowledge I've gained it's better to stick to the natural, the natural herbs" and "because it's natural, you can have as much as you want and be okay." In another case, when I asked Tai Liti why she preferred herbal medicines over biomedicine, she responded saying, "Well, it's pure, and it says in the Bible, when God created the Earth, and put Adam and Eve in the garden there, he said you have this and that's it, because every trees, leaves, and every flowers is God's creation." In Tai Liti's opinion, herbal medicine is the ultimate purity of healing, and as a result the most efficacious method.

Lastly, there were frequent complaints of how distant and impersonal biomedicine was. One woman, Tima, described how the doctor always has very long wait times. She further complained that at the hospital, the doctors only take emergencies first, but she described how everyone is an emergency, otherwise, "why would we be sitting there." She also complained that over time care has become even less personal, and that now doctors won't even be present for exams and just have the nurses do it. She described how going to the doctor used to be a more valuable experience, "because they used to feel and touch and that was better." Tima was not the only one to complain about this lack of personalized care at the hospital.

This lack of personalized care is in sharp contrast to traditional Fijian healing styles, which utilize family and communal networks, and thus are a very social event. For example as discussed by Katz, Fijian healers and their patients will sit around and shoot the breeze well after the ceremonial healing session has taken place (Katz 1999: 56). Biomedical healing however is very impersonal and

standardized. Patients are forced to wait in long lines and once they are taken into a patient room, might not even necessarily see the doctor, as they were hoping. As Tima discussed, they might not even touch their patients to determine the ailment. This impersonalized care does not jive with Fijian style of healing and thus many Fijians are naturally uncomfortable with the healing process in biomedicine. For example, spiritual healing also provides patients with a sense of security and control by reinforcing social relationships as well as traditional networks and values within a society (Ross 2012: 109). Thus the spiritual healing style is socially validating, something Fijians are seeking in their medical care, and as a result they are comfortable and trusting of spiritual healing practices, rather than skeptical and questioning as they are with biomedicine. This is similar to herbal medicines and massages, as well, as often the networks used to obtain these remedies are familial and social ones, again socially validating, instead of distancing.

As a result of this opposition, often a doctor's visit was not viewed positively, and as a possibly even dangerous event. Lelei emphasized how for her family, a trip to the doctor is the "last last resort." She justified to me multiple times during her interview why her daughter saw a nurse for a cough—Sepa, her daughter, "persisted she go." If her daughter had not "persisted" she would not have allowed her to go to the doctor.

Most of my informants also had stories on hand of how doctors had made life-costing mistakes, bolstering the distrust of doctors and biomedicine. For example, Emma detailed her aunt's case. Her aunt had cancer "in her womb" and the doctors found it "last minute." Emma described how her health care providers

“didn’t know what it was for a long time.” Once they did figure it out, the nurse gave her aunt the wrong medication, and as a result when the doctor examined her he thought she was suffering from another illness. Once the mistake was all sorted out it was “too late.” She then further stated that doctors have a huge responsibility, because they “must give the right medicine because we’re dealing with life and death.” From Emma’s aunt’s experience, it is clear that Emma does not feel that the doctors have always followed through with this responsibility. Emma concluded this story by emphasizing how “that was not just a little mistake, that was a big mistake” for the doctors to have made.

In addition, Lelei and Pita described a case where a small child was given an adult dose of an antibiotic (she had only gone to the doctor for a scraped knee) and ended up dying. Even Agnes said she was scared of going to the doctor, especially when she was younger, because she had heard that doctors “cut people open” and wear facemasks. For Fijian medicine, on the other hand, the worst ‘side effect’ that my Fijian informants could even think of was the “really bad taste” of some of the leaves. Lelei even explicitly said that one couldn’t overdose on Fijian medicine, as opposed to biomedicine.

Biomedicine was not the only foreign medicine that garnered distrust from Fijians. Lelei too mentioned the detrimental possibilities of Indian medicine. She emphasized that while it is impossible to overdose on Fijian medicine, it is possible to overdose on Indian herbal medicine. She described an incident where an indigenous Fijian boy took an Indian herb for a stomachache that his Indo-Fijian neighbors provided him. He drank half of the medication, and “his insides got

burned.” Indian medicine too was labeled as something dangerous, foreign, something with dangerous side effects, just like biomedicine. Biomedicine, like this Indian medicine, was essentially labeled as something foreign and uncontrollable—something that has the power to kill, not just heal, while Fijian medicine is “natural” and so has no detrimental effects.

CONCLUSION

From my informant’s thoughts on biomedicine, there seems to be a general sense of distrust and dissatisfaction of biomedical treatment and cures. My Fijian informants discussed various complaints in regards to their biomedical treatments. Often they did not feel like biomedical cures, like painkillers, were sustainable, long-term cures. They also had a strong sense of biomedicine as being dangerous, and thus had various horror stories of dire mistakes happening at the hospital at their disposal. There was also particularly a lot of discussion on how impersonal and distant biomedicine and biomedical healers were. Overall, the consensus was that biomedicine was a foreign medicine. Regardless of the various complaints, biomedicine prevails a significant source of healing in urban Fiji. However, similar to how Mexican-Americans sought out *curanderos* when biomedical cures were not effective or applicable, Fijians continue to supplement biomedicine with traditional Fijian medicine—they felt that the biomedicine was simply not enough (Weitz 2012: 308).

In addition, there is also an important psychological element that biomedicine does not treat illness in a traditionally socio-centric manner. Traditional Fijian healing practices revolve around socio-centric networks. This system works best in rural contexts, but is evident with variations, in urban areas as well. In the next chapter, I will delve into the difference of social networks between rural and urban Fiji, and how this overall affects medical practices in the Fijian urban context.

CHAPTER 4 SOCIO-CENTRIC CURES IN THE CITY

RURAL CULTURAL CONTEXT FOR ALTERNATIVE MEDICINES IN URBAN FIJI

Alternative medicine usage in urban Fiji persists despite the differences in infrastructure, lifestyle, and even culture compared to the more rural villages of Fiji. Alternative medicines like massages and herbal medicines have a long history in rural Fiji and are considered the native medicinal style, as evidenced by the frequent use of the phrase “Fijian medicine” to describe herbal healing styles and massages. Herbal healing and massages, as the ‘native’ medicine, traditionally utilized the strong familial and communal networks of Fijian villages. Even in today’s modern Fijian villages, “Fijian medicine” continues to utilize these socio-centric networks, as discussed by Katz and Becker.

As explained in Chapter 2, the Fijian body is viewed as not under the individual’s jurisdiction, but rather the jurisdiction of the entire community. As Anne E. Becker detailed, the body is viewed as “a marker of social connectedness” (Becker 1995: 37). Therefore, to treat illness in the body, an individual is brought further into the communal fold, as opposed to being isolated, as is the trend in Euro-American societies (Becker 1995: 90). As in the case I discussed in Chapter 2, Becker detailed a situation of a young woman who had pain upon urination in a rural area of Fiji. Her healer determined that this pain was caused by adverse social behavior—she had had sexual relations before marriage, and in order to be cured, she needed to speak the names of these she had had relations with before her

husband. Her physical symptoms were viewed as having a social cause, and her healing was to right the social wrongs she had committed (Becker 1995: 89-90). Katz, too, described a traditional healer, Tevita, who began her healing sessions by asking questions such as “Can you think of anyone who might be jealous of you?” (Katz 1999: 127). Tevita begins with these questions because she is trying to determine why the *vu*, the ancestral beings that balance the good and evil of everyday life, have inflicted an illness on an individual (Katz 1999: 21). The assumption is there is some sort of social disturbance that must be righted. Many of my informants, while currently living in Suva, spent much of their lives in these villages, and detailed to me their experiences with these similar Fijian medicine networks in their home islands and villages. Their stories demonstrated that this style of healing through family and village networks in rural settings still maintains its integrity to this day.

One such example was Agnes, one of my host sisters during my term abroad in Suva in Fall 2013. At the time Agnes was 15 years old, and had just moved from Moce, a small island in the Lao archipelago, to Suva to live with her aunt and uncle during her high school years. In interviewing her on her medical practices, Agnes largely drew on her experiences in Moce. Particularly her stories of healing body pain through massage reveal the sustained communal style of healing in rural Fiji. When I asked Agnes how she would treat body pain, she explained that for a “stomach, headache, or any pain” she would go to someone to get a massage. She described how “lots of people do that in Moce.” She then further went on to describe

an elaborate, community-wide system of healing various body pains on her home island.

She detailed how every family is known to be an expert at massaging a particular type of body pain or malady. Her family, for example, was known for being able to effectively massage boils, so community members would come to her family when they were suffering from boils. In addition, her mother and grandmother were also known to “step on backs” in order to aid in assuaging back pain. For other kinds of pains, like stomach pain or neck pain, there were other families within the village who her family could go see to soothe the pain. This sort of communal method of dealing with body pain is distinctly Fijian in its socio-centrism, emphasizing healing as a community as opposed to individualizing and isolating a person in pain. It is also a form of communal healing that is only really applicable in a close-knit village structure, like Moce—in cities like Suva, where family and friends are separated, such a community-wide effort in dealing with body pain is not nearly as feasible.

Support from the religious community in rural settings is also a strong force in traditional Fijian healing practices. Agnes described in detail how a few years ago, her father’s “nose got really big.” She said it became red and swollen, which sounds like he was suffering from a severe infection of sorts. As a result, he ended up needing to take a boat so that he could go to a hospital in Suva. Even though he ultimately ended up using the biomedical system to cure his infection, Agnes described how many members of her father’s church congregation came out to meet him before he left on the boat. She described that there were “a lot of people” at his

departure, and that all these church members were praying together for his safety and return. This sort of communal session of religious healing further speaks to the socio-centrism of illness on the rural islands of Fiji, like Moce. Even though he was primarily being treated by biomedicine, his church community also came together to pray for him in a way they believed would be effective in aiding his recovery—by “a lot of people” coming to this departure prayer session, the church community clearly believed that this community support and solidarity was what was needed to cure her father’s infection.

In terms of herbal healing practices, from my interviews it seemed that much of the knowledge of how Fijian plants could be used for medicinal purposes was passed down through family networks. This again demonstrates the socio-centric tendency of traditional medicine practices that persist in modern Fiji, but it was particularly pronounced in rural areas. Pita, a Fijian teenager who lived most of his life in a village on the Fiji main island, Viti Levu, described such a case. His mother was the knowledge bearer of the different herbs that could be used in medicine. Some of this knowledge she had already passed down to Pita. For example Pita knew that “to take away cold from the body, use lemon leaf and *uci*.” He described a process similar to what Michael was given, where the *uci* and lemon leaves were boiled as a steam bath. He also described how he knew to use eggplant leaves to cure various kinds of stomachaches and issues with bowel movements. However when I asked him if he knew any other remedies he said that, “there’s a lot, my mother knows it all... she lives in village and knows all the Fijian medicine.” As this

example demonstrates, Pita's mother, his rural familial connection, was his primary source of information for using herbal medicines.

SOCIAL NETWORKS IN URBAN FIJI

However, in moving to urban areas of Fiji, like Suva and Nadi, the efficacy of these socio-centric based healing systems somewhat fades. Agnes's tales of community-based massages is an ideal one, but not one that is as feasible in an urban area. Urban neighborhoods are not filled with homes that have belonged to the same family for generations, and everyone in the neighborhood is not on such tight-knit terms, which would be needed to facilitate such communal healing. To anecdotally demonstrate these lack of neighborhood ties in Suva, during my second trip to Fiji in the summer of 2014 I lived with a family three houses down on the same street from my first host family in fall 2013. Neither family knew much about the other family, despite being so close geographically, and both having strong connections to the same small culturally distinct island of Rotuma and having each hosted Union students. Unlike in a village system, it seems that in urban areas such tight-knit geographic communities of extended families are not as prevalent as the primary social connection.

In urban areas, extended families are still important. However, the difference is that extended families are not necessarily the bulk of an individual's social connections, as they are also connected to co-workers, church members, neighbors, and those connected to the same home island as them. This ends up creating

individualized social networks, which is not as conducive to such organized traditional healing practices, like the massage system on Moce. My host family in Fall 2013, the Vosiyalas, is an excellent example of this phenomenon of diversified social networks in urban communities. The Vosiyalas belonged to several social networks. One of their social networks was their extended families. However, the Vosiyalas have actively tried to distance themselves from their extended families, while at the same time maintaining enough of the traditional familial obligations so as not to stir up trouble. For example, Mo regularly attends his island meetings, and plays the role of the dutiful younger sibling (he is the tenth of eleven siblings) who does not speak out of turn. However, while he himself will often go to family meetings and events, he rarely takes his family so that he can leave these functions “as soon as possible.” Carmen also dislikes that Mo’s family tries to take advantage of them and asks them for various contributions. Carmen also limits familial social interaction as much as she can. One weekend while I was staying with them, there was a celebration for a newborn child. Carmen did not want to attend, so she sent Kenny, her eldest son, to be polite. She also informed me that sending Kenny is convenient because he is not expected to bring any gift or contribution with him. Despite all this minimizing of family ties, the Vosiyalas still participate, and still perform expected functions, like taking in nieces and nephews, like Agnes and another nephew, Mark.

The Vosiyala family has filled much of the gaps in their social network with their Baha’i community. Carmen and Mo, my host parents, both “progressed” to the Baha’i faith (as opposed to the more typical Christian faith in Fiji), which ultimately resulted in further weakening their family ties, as their families follow the Methodist

Christian faith. They participate in weekly meetings with their Baha'i neighbors, and these gatherings act as primarily social interaction. While there will be about fifteen minutes of prayer time, most of the time is filled with eating and catching up on each other's lives. Their weekly prayer group includes Australian expats, indigenous Fijians, and Indo-Fijians. On the weekends, they will also attend additional Baha'i gatherings, like prayer meetings at a local park, where again most time is spent socializing.

Finally, the Vosiyalas round out their social connections with like-minded Rotumans. Carmen's family originates from Rotuma, a small island that Rotumans consider a distinct entity from Fiji, despite technically being a part of the Fiji islands. Expatriate Rotumans thus form close-knit communities with other Rotumans wherever they go. For the Vosiyala family, this means interacting largely with the Rotumans who belong to Rako, a band and dance troupe that the three Vosiyala children are involved with. This music and dance group does a sort of island fusion kind of dancing, but considers itself overall for to be a very Rotuman style of dance. Most of the members of the troupe are Rotuman (all key members are) and this forms much of the children's social interactions. Mo and particularly Carmen also participate in this social connection of Rotuman musicians and dancers, supporting the group and attending various events, like performances at local bars and restaurants such as O'Reilly's and Traps bar. But they seldom go to numerous events hosted by Carmen's poorer Rotuman relatives who, in fact, meet every month for a village meeting in town.

My second host family, the Kims, also exhibited these individualized social networks. Carmen and Mo were considered a somewhat a cross-ethnic couple, with Carmen being Rotuman and Mo being Fijian. However, this difference was much greater between Emma and Michael. Emma is a mix of Rotuman and Fijian while Michael is Korean. Thus they had very social connections unique to their situation. Michael's social contacts were largely members of his golf club, many, but not all, of whom, were Korean as well. He was also in contact with his family. His son lives in the upstairs apartment of his house, and he would occasionally look after his grandchildren. Emma, on the other hand, was very sociable. She had many connections at the same golf club as Michael. She also was very connected with her church, the World Harvest Center, and fairly regularly attended weekly cell meetings, as well as church on Sunday. She was also well connected with her family. She uses her aunt as a sort of housekeeper/cook and is very close with her cousin, Monica, who is also part of the World Harvest Center and her cell group. She also had a few friends she had met by chance, like one woman, Marilyn, who is her age and works in the same building as her. These happenchance friends seemed to be her social circle for purely socializing and fun, whereas her other networks had certain responsibilities and expectations attached to them.

The social networks of both of my host families emphasize the individualized social networks of different people in Suva. Whereas in a rural setting, everyone within a certain radius is part of the same social network, in Suva networks are more complicated. While the Vosiyalas relied heavily on their Baha'i community, they did still depend on other social connections, which their fellow Baha'i friends

were not a part of, like the Rako network and their familial connections. These patchworks of social networks results in a system where such organized healing networks, based on traditional socio-centric healing practices, are not as feasible in urban settings. There is also not as much sense that illness may stem from problems within a group. In contrast, as I will show below, Tai Mere, an urbanite who still socializes mainly with people from her own rural village, has a much more traditional, village based healing network.

MEDICAL PLURALISM IN URBAN FIJI

Medical pluralism isn't unique to urban areas. As I discussed above, rural cases are also very pluralistic. Rural Fijians are not strangers to biomedical practices, as exemplified by Agnes's father who went to see a physician when his nose became infected. Conversely, there is a hesitation to visit the doctor, and since rural areas have the infrastructure and the common social networks to sustain effective traditional healing practices, rural Fijians are less likely to go to the doctor, especially during the beginning stages of illness. In the case of Agnes's father, he only went to a doctor when the infection became so bad he needed to be hospitalized. In most cases, traditional healing is effective enough to deal with the day-to-day illnesses. Tai Liti's granddaughter in Kadavu, a rural area of Fiji, was a similar situation of rural Fijians being wary of biomedicine. Tai Liti described how her granddaughter had "a lot of anemia" and diarrhea. By the time her family took her to the hospital, it was too late and she passed away. Tai Liti concluded this story

by saying, “if I were there I would have just give her some herbal medicine, sometimes they (doctors) don’t care about the sickness; if the sickness is serious then we go to the doctor.” In evening gossip sessions around the kava bowl, however, Tai Liti did also sometimes speak of people whom she believed would have been saved if they had gone to the doctor sooner. One such example was a story of a woman who had a stint put in her stomach for something and then was killed by massage therapy in the village.

In urban areas, however, individualized social networks create a situation where traditional healing is not as all encompassing and organized. While this does not mean that, for example, the art of massages is completely lost in urban settings, it is practiced differently, and perhaps less effectively, in urban areas. Individual families are responsible for massages for minor pain. For example, in the Vosiyala family, the children would massage their father’s back after particularly hard days of work. In the first case study at the beginning of the chapter, Emma utilized her social network to find a masseuse to be brought into her home. While the masseuse was not someone Emma herself knew, it was someone one of her friends from her golf club knew. These massage social networks in urban Fiji are evidently less personal, and less seamlessly organized, than in the Moce village example.

This theme of the breakdown of the medicinal social network was also evident in herbal medicine usage. While some of the older women I interviewed, women who had spent some time of their lives in a village, were very knowledgeable on medicinal plants, many of my urban-raised informants seemed less knowledgeable. Josi, for example, a teacher at Green Hill Kindergarten where I

volunteered, was very knowledgeable regarding plant-based remedies, as she had lived much of her life in a Fijian village. When a student, Taobe, came into class with open sores along her mouth, Josi applied a paste of *kuru* leaves to Taobe's mouth, and prayed over her, ultimately resulting in the sores scabbing over within a few days. However, my urban-raised informants seemed less privy to this familial knowledge of how to treat illnesses based on herbs.

As discussed in Michael's case study, Emma had to enlist the help of her aunt, Nela, to make the *uci* steam bath, as Emma herself did not possess this knowledge. In asking Emma about her knowledge of herbal medicines she described how when she was younger her grandmother would frequently provide her with various herbal medicines like *lili*, a daily morning herbal drink. She said that now if she were to use herbal medicines, she would have to find out where it is, and then make it. She described how it is just easier to go to the pharmacy. She did describe though how she "misses it and I wish I had someone to make it for me." In Emma's case, there seems to have been a breakdown somewhere where knowledge of herbal medicines were not passed down to her, and only in somewhat serious cases, like Michael's hacking cough, does she reach out to find traditional Fijian cures.

Ultimately, an individual's medical practices revolve around their worldview and their resources. Urban Fijians are still largely socio-centric. However this socio-centrism looks different than in rural areas. Social networks are individualized in the sense that each individual Fijian has a uniquely put-together social network, whereas in a village structure everyone is largely part of the same network together.

This then ends up in differentiated healing styles that utilize these social networks and incorporate a sense of control over the healing process.

Due to this prevailing trust for local medicines, for some urban Fijians healing methods look very similar as they did in rural areas. This is largely due to a continuation of the same rural kin networks. Tai Mere, the third case study in the previous chapter, is such a case. She is a recent transplant to Suva and has largely kept up with her original kin networks. This led to a healing style of her boil that is very reminiscent of rural healing. She utilized her familial knowledge of herbal healing to create the paste for her eye. She works for her cousin, who called a distant relative in to massage her boil. This use of extended kin networks is reminiscent of Agnes's description of the extended massage networks on Moce. She did also go to see a doctor, but did not attribute the healing to the biomedicine she received. Instead she attributed her healing to the pastes that she had made for her eye, the local medicine that she understands and trusts.

Overall, her healing process looked very similar to what a typical rural Fijian's path to healing might look like. However, this makes sense because Tai Mere largely has only connected with her kin networks in Suva. She does not have a patchwork of various social networks like the Kims or the Vosiyalas, and thus is able to sustain socio-centric healing practices similar to rural areas. As someone that has resisted the urbanization of the city, her worldview, her sense of control, jives with the rural worldview. Thus using her extended kin networks, which makes up her entire social community, for health care knowledge is what makes Tai Mere feel most in control during her healing process for that boil.

Other groups in Fiji too have created systems that mimic the rural socio-centric healing systems, while also calibrating for urban realities. The World Harvest Congregation in Suva, for example, has many members whose entire lives revolve around the church. For these dedicated members, the church replaces the traditional village structure, in a sense. A good example of this was the Lomaloma family, a host family I got to know during my study abroad in Fall 2013. The Lomalomas practiced a style of medical healing that revolved almost entirely on the World Harvest Congregation. Many of their Fijian medicines came from church members, and even their biomedical interactions were often within the church circle as well. They both described how they receive their cure-all liquid medicine, *Loloma*, which claims to cure a range of illnesses, from high blood pressure, to “cancer of any kind,” from their church. Pita described how the secret behind this bottle, is that not only has it been made by Fijian herbs, but it has also been blessed by God, as evidenced by the words on the bottle, which read, “God’s plan is you to be healthy, happy and wealthy in this life and the next.”

Lelei also described that despite her family’s distrust of healthcare in Fiji, they are more willing to see healthcare professionals who are associated with the church, as she feels this makes them more “qualified.” She described how her daughter, Sepa had had a cough for a while. Sepa had been suffering from a chesty cough for a few weeks and had been taking *Loloma* every day, but her cough had not improved. Lelei explained to me that “because of the cough...she persisted to go” to a doctor. Lelei did not want her daughter going to the hospital for a simple cough, though, and instead she went to see a nurse that was present at Family Day, a

church event. This nurse, who herself was affiliated with the World Harvest congregation, then gave Sepa the pills she needed, and now her cough is much less severe. In Sepa's case, the Lomalomas used both Fijian medicine and biomedicine to alleviate her symptoms. In both treatment methods they entirely relied on their church community. By being part of such a strong communal group that essentially dominates their social network, they have managed to maintain a system of healing that strongly resembles the socio-centric rural context.

Their healing system revolves around this community that dominates their life and worldview. By utilizing CMF nurses and CMF remedies like *Loloma*, the Lomalomas have created a style of healing that works for them within their social context. In using a nurse that has been blessed by God, the Lomalomas were able to utilize biomedicine in a way that resonates better with their religious worldview, similar to religious baby boomers in the United States viewing their doctors as being enabled through God (and thus increasing their trust in their biomedical remedies) (Harvey 2007: 2006).

Other members of the CMF church also spoke to this effect of organized communal healing practices within the church. Tima discussed the communal healing process of dealing with an individual possessed with a demon. She described the symptoms of a demon possession as "slimy saliva" and "their eyes roll back." With these symptoms, she recommended calling a left-handed priest from her church, World Harvest Congregation. She said that a priest has the "faith" to exorcise the demon. Her thoughts on demons were also particularly socio-centric because she discussed how these demons are usually socially caused. For example, she

discussed how her mother-in-law used to clear exorcisms from “family feuds.” Her ideas of illness having a social cause are particularly socio-centric, reminiscent of the rural cases. It is clear that her strong ties to the church, her strong ties to a single community, have perpetuated these wholly socio-centric values in illness and healing.

However, while certain church members like Tima have maintained this thoroughly socio-centric view, others health views reveal a more individualized sense of health and healing that mimic their changing worldview in the urban context. Sister Esiteri’s recollection of her religious healing is a perfect example of this phenomenon. Before her “death experience” Sister Esiteri was a very active member of the World Harvest Congregation. She was one of the singers during church services and also a “worship leader” of the church. She was also a teacher at one of the CMF schools. She described how “so I did [the work for the church] with all my heart, based on the promise of God, the word of God.” However, she had also started to become disillusioned from the CMF church. She described how CMF started raising funds in “the millions,” and encouraged church members that by contributing they would see improvement in their life. In many years of contributing, though, Sister Esiteri felt no closer to God and felt no improvement in her life—“I had never learned to hear the message of God.” She also felt in her heart that in order to improve her life she had to “step aside from teaching and step away from being a worship leader in church.” She did not listen to these feelings until her illness in 2008.

After her death experience, she finally felt like she was hearing the word of God, and that her healing had been a religious awakening of sorts. The doctors had been unable to diagnose her, but once she formed a “relationship” with God she was cured. However, unlike a typical religious healing session, where the afflicted becomes further intertwined with the community, Sister Esiteri felt compelled to distance herself from the church. She felt that the leadership had strayed from the true path and that, “He will teach you, without even going to church.” Essentially, in Sister Esiteri’s healing, she found her personal path with God, which ultimately led to her distancing herself from the CMF community. She now does not attend church, and has been shunned by much of the CMF community. This distancing from her social network is in sharp contrast to other cases of Fijian healing. For example, when Agnes’s father had an infection in his nose, his church community prayed around him, and brought him further into the fold. Sister Esiteri’s religious healing experience, on the other hand, was very individualized. She did not right her wrong to her church community, but rather righted her wrongs with her personal relationship with God. Her healing was a personal healing with God—other church members did not assist, and in fact she ended up socially distancing herself from the church community.

The end result of her healing was her social distancing from the church community. This change marks a different way of living in the city. Sister Esiteri was able to divorce herself from the church community, but still maintain other social networks, like her political campaign network, and other dissatisfied members of the church community like Emma. This individual sense of religious healing

ultimately reflected Sister Esiteri's world view, and helped her make sense of her world. She was dissatisfied with her church community, and in her religious healing experience, she was able to not only make sense and take control of her "death experience," but also make changes in the other parts of her life she was dissatisfied with, like the CMF church.

Michael's case too speaks to a more individualized sense of healing. Emma brought together a medley of healing styles from various social networks, reminiscent of the "supermodel" of healing that Chinese Americans maintain combining biomedicine Chinese medicine. She independently prayed for Michael's healing, which is at the same time individualized but also reinforcing of their connection to the church. She used her family network to obtain an herbal steam bath, which is affirming of her family ties. Michael's family too brought him a Korean rice drink to aid in his recovery, reaffirming his connection to them. Finally, Emma used Michael and her golf network to find a masseuse. Emma's patchwork of healing methods reflects her social world, and by utilizing healing networks that she trusted, she was able to maintain a sense of control over Michael's illness. In this case, biomedicine was not used, partially due to the doctor's earlier assessment of Michael needing to quit smoking. Biomedicine provided a treatment that to Michael seemed more destabilizing than healing (quitting smoking), and so he discarded it as an avenue of treatment. He did however use pain relievers and cough drops to aid in alleviating symptoms.

CONCLUSION

As can be seen throughout this chapter, urban Fijians are striving to create a style of healing that resonates with their world view and creates a sense of trust and control during the stressful, uncertain stages of illness. Traditional Fijian styles of healing rely on moral and social causes of illness. Particularly in rural areas, these socially-caused illnesses are usually treated by fixing the social wrong that the ill person's family has perpetrated. In healing the sick individual, the individual is brought further into the communal fold. This system somewhat necessarily breaks down in urban Fiji. For one, biomedicine, an integral part of the pluralistic healing process in both rural and urban Fiji, is if anything socially distancing. This does not sync with Fijian socio-centric values in healing, and thus, despite frequently using biomedical healers and medications, Fijians are very vocal about their distrust about the safety and efficacy of these cures.

Social networks are also much more individualized, and so organized systems of healers are not always as effective, resulting in a more patch-worked sense of healing. However this is all very individualized. Some individuals, like Tai Mere maintain a cohesive single social network, and thus their healing process reflects that and resembles strongly a rural healing network. Other cases, like Emma and Sister Esiteri, have a more individualized sense of healing, because their social networks are different, and their senses of self are more individualized (particularly in Sister Esiteri's case).

Also markedly notable is that the social causes of illness, as discussed by Katz and Becker, are much less evident in the urban setting than they were in the rural setting. My informants primarily discussed illness not as having social causes, even if there was a socially involved cure. A notable exception would be spiritual healing processes, like Sister Esiteri and Tima's discussion of demon exorcisms, which do seem to be based in something social, or at least not something bodily. It is significant that these cases occurred within the very close church community of the World Harvest Congregation, which, in many ways, emulated a rural village. Individuals often joined this church because it created a close communal network and doing so placed them in a similar environment to a rural village and encouraged belief in sociocentric causes.

One could also see belief in social causes in other contexts. Particularly, borderline biomedical 'illnesses' like learning disabilities and depression were still viewed with a social context. Learning disabilities were a particularly good example of this. Most of my informants had not heard of learning disorders, like ADD or ADHD in the first place. Those that were familiar with this idea did not classify learning disorders in need of any physical healing whether it be biomedical or traditional.

Learning disorders were labeled as purely a child-rearing problem, or an "environment" problem, as evidenced by Teacher Tarusila, Teacher Josi, and Auntie Carmen's words on the matter. Teacher Josi said that an inability to pay attention and learn in school was due to a child's home life and because their "parents shout to them." Teacher Tarusila also discussed how a child who was having learning

issues in school was again due to parents. She specifically mentioned one student in the class, Maikeli—she said his being “cheeky” in school was the fault of the parents, who “have to care of him, teach him.” Even Auntie Carmen, who had heard of learning disorder designations, like Attention Deficit Disorder, believed that they were entirely caused by “the environment, the environment needs to be healthy.” However, she did say that part of the problem was due to diet, “sugar...fizz,” indicating some belief in a physical explanation as well. Learning disorders thus became almost purely a social environment problem, not something rooted in biology, in line with a traditional socio-centric view on ‘illness’ causes and remedies.

Some chronic illnesses were also viewed as having a somewhat moralistic cause. However, these moralistic causes were more based in individual failings to live their life to a certain standard, as opposed to moral causes related to disrupting family or community, as is prominent in rural areas. For example, high blood pressure was often attributed to living a life of anger and stress. Agnes discussed how people who suffer from high blood pressure “yell a lot,” and in order to reduce their blood pressure she would get the person to “stop shouting.” Teacher Tarusila discussed that in addition to going to the doctor, it is also important to “stop worry about many things, stop thinking about many things, because that give you high blood pressure.”

Some of my informants also recommended nutritional lifestyle changes. For example Emma described how in addition to going to the doctor, people with high blood pressure should avoid “fatty foods.” She had a similar recommendation for diabetes—“avoid sugar please.” Nau Ina similar detailed how to treat diabetes she

would “cut down on food intake.” Clearly, for chronic illnesses like diabetes and high blood pressure, in addition to using biomedicine and alternative medicine therapies, urban Fijians were also proponents of treating via lifestyle changes, like changing nutrition and anger habits. Lifestyle changes are reminiscent of changing moral habits, as is common in rural areas, but on a more individualized level. Thus, while overall illness in urban areas is less associated with moral causes, the remnants of this influence is strong with chronic illnesses, like diabetes and heart disease, as well as ‘borderline’ illnesses, like Attention Deficit Disorder and other sort of hyperactivity behaviors.

In the next chapter, I will discuss how these Fijian urban healing networks, as well as how illnesses are perceived to start and be cured, compare with healing styles in the United States. With an expansion of the idea of what alternative medicine entails exactly, it becomes clear that Americans are remarkably pluralistic in healing styles as well.

CHAPTER FIVE MEDICAL CARE LANDSCAPE IN THE UNITED STATES

PREFACE

American Case Study Two—Isabella John-Smith

Isabella is a senior female at Union College. While relatively healthy, she has suffered from various allergies and diet issues since she has been very young. Overall she is a strong proponent of biomedical care, and more skeptical of alternative medicines, but her family does utilize various alternative medicines. Isabella herself has a fairly severe nut allergy. She described how she first realized she had this allergy at a Thai restaurant in Bar Harbor, Maine—after eating a dish with peanuts in it, she spent forty-five minutes throwing up in the bathroom. She describes how, “I kind of always thought I had an allergy, sort of thing, but whenever my parents ate nuts I would have to leave the room it was so bad.”

Her allergy never acted up so badly until about ten days before she came to Union though. On a plane across the Atlantic Ocean she went into anaphylactic shock, and the flight attendants gave her oxygen. After this experience, her parents took her to an allergist. When I asked her to describe her thoughts on the allergist she said he “took so much blood” and that “I never had a problem with him, but he made me watch a two-hour video on how to use an epipen. It’s really not that complicated. He was really nice I guess, just judgy about how I hadn’t been there until I was 18.” She also described how she is allergic to “a lot of fruits and stuff.”

Lastly, Isabella also maintains a vegetarian diet. Below, she describes her transitioning process towards a vegetarian diet:

I've been like, the texture of meat made me feel sick. I also kind of started wanted to be vegetarian because there were kids at school who were and it was the fad. But it was easy because I already didn't like the texture. I started becoming a vegetarian when I was four, it was slow, beef was the last thing I gave up, because my dad made this really amazing beef stew. My parents were really supportive about it, surprisingly. I've been vegetarian for so long that at this point I don't even think about it. It hasn't really been a challenge.

Besides the allergist, Isabella also visits a massage therapist fairly regularly. However, when I asked why she attended these appointments she said, "just for massages, not for health reasons." Her family uses various alternative medicines, like massage therapists and chiropractors as well, but Isabella is somewhat skeptical of their physical efficacy, though she does acknowledge the emotional benefits. For example she describes how her mom uses acupuncture and "some weird janky shit." Isabella even referred to the acupuncturist as a "quack."

Her sister also uses a chiropractor, because from her competitive cross-country and track activities she was getting injured a lot. She started going to a chiropractor this past fall, as a friend on her track team recommended she do so. While Isabella is skeptical of the physical healing benefits of her sister's chiropractor, she did acknowledge its emotional efficacy: "You don't know if it's

doing any good, but it's giving her confidence. I'm not sure if that's worth what it costs. But it means something that she feels good about it and feels more confident. But we haven't really seen any results from it." Overall, while Isabella trusts the more biomedical styles of healing, she readily acknowledges the emotional support provided by filling in this medicine with various alternative therapies like chiropractors and massage therapists.

SURVEY RESULTS: BUILDING UP HEALTH

My surveys of 10 Americans showed that overall Americans do use a variety of healing styles, but with a greater personal emphasis and faith in biomedicine. Their use of alternative medicines were often phrased in terms of "building up the body" against toxins, steeped with individualistic rhetoric. Just like my Fijian informants, my American informants have sought to create a supermodel of healing that best meshes with their worldview, thus leaving them with a sense and control during the uncertain stages of illness, while also ideally optimizing health outcomes. But my American informants, like Isabella, talk about their health in an idiom of building up physical strength, emotional confidence, and having a personal responsibility to maintain health through good diet and exercise, and doing internet research before seeing doctors. Unlike my Fijian informants, the Americans I interviewed seldom talked about the need to bring a network of social support around them. Overall, the nature of the interaction with various healers, biomedical and otherwise, seemed to matter less to Americans than it did to Fijians perhaps

reflecting the deeply rooted sociocentrism of Fijians who grow up linking their health to their social relationships. Americans and Fijians, for instance, both had problems with the ways doctors treated them sometimes but it didn't bother Americans as much as Fijians.

For basic illnesses, ranging from colds to high blood pressure, my American informants utilized a variety of treatment options. For colds, they used a combination of over the counter medications like Emergen-C and cold medications, herbal teas, and the doctor depending on the severity. For body pains, I received answers ranging using painkillers to resting. My informants used over the counter fever reducers, rest, and fluids to bring down a fever. For chronic illnesses, like heart disease, my informants had similar ideas to Fijians. In the heart disease example, my American informants recommended a doctor's visit as well as various lifestyle changes, like reduction in stress and change in diet. Overall these results do emphasize biomedicine, but supplemented heavily with other medicines like vitamin supplements and lifestyle changes, which work to 'build up the body' against illness so that doctor's visits aren't necessary as often.

As in Fiji, medicine within the United States is pluralistic. However, the make up of this pluralism is different than what I observed in Fiji. Ultimately though, the basic tenets are the same. In health care, individuals are seeking treatment that provides a sense of control and comfort during the uncertain stages of illness. The things they find comforting, though, are different from the things Fijians find comforting. In order to best obtain this, people will blend together a variety of healing styles that ultimately create this sense of control and comfort, while also

ideally optimizing health outcomes. Biomedicine, just as in Fiji, is a major part of the healing system within the United States. The complaints about the biomedical system between both my Fiji and American informants were fairly similar—long wait times, impersonal care, and their doctors making costly mistakes.

However, as can be seen with the example of Isabella, how Americans respond to their biomedical care is drastically different. Whereas Fijians felt out of control and distrustful of biomedical healers and treatments, Americans had a greater belief in the efficacy of biomedicine. Americans agree with Fijians that doctors often diagnose wrong, prescribe dangerous cures and fail to listen to their patients. But this leads them to do some research for themselves and find different doctors, a process which ultimately leaves them feeling empowered and in control of their own bodies. One of the people described below, for instance, had over time come to take pride in the way she was able to help friends and relatives navigate through the medical system. Higher education levels within the United States could be a strong factor in this confidence in navigating the health care system. However, ultimately biomedicine is also a very individualized style of healing, in tune with American values of individualism and independence. Therefore, Americans feel comfortable in taking charge of their biomedical care in a way that Fijians are not. In addition, there was also an innate sense of trust in the biomedical system, which was definitely absent in Fiji.

In addition to biomedical care, many of my American informants supplemented their care with alternative medicine practices. These ranged from massages, chiropractors, herbal medicines, to spiritual healing. In addition, vitamins

and special diets (vegetarian, gluten-free, etc) seemed to make up their own category of 'alternative medicine' amongst many of my informants, suggestive that what makes up alternative medicines could be culturally defined. The logic of this, as one informant said, is that many people felt they should build up their own bodies through diet and exercise so as to prevent themselves from getting sick and having to "depend" on doctors' pills. Here again, Americans spoke of their health in a rhetoric of independence and personal responsibility. Interestingly, my informants' understanding of these various alternative therapies seemed to be very rooted in biomedical understandings of the self and body—this idea is something I will explore in this chapter as well, as it suggests that biomedicine is the 'native' medicine in the United States through which we understand our health and healing. Before delving into these analyses however, I will put forth two more American case studies to guide the chapter. My American informant pool drew largely upon members of the Union College community (students and staff) as well as a small sample from the Indian-American community in the Boston suburbs.

In the end, the medical pluralism within the United States emphasizes American values on controlling the body. As Anne E. Becker argue, by taking responsibility of one's body, and building oneself up through various alternative therapies like diet, exercise, and vitamins, one is building up immunity so as not to need the biomedical system as frequently. This falls in line with the American values of the autonomous self, as opposed to the prevailing socio-centric self in Fiji.

American Case Study Three—Carolina Hirsch

Carolina is an executive assistant at Union College in her early 50s. She describes her major experiences with health care as “a long term caregiver for a friend with stage 4 metastatic cancer.” She and her family too have various medical problems, like migraines and joint pain. As a result she has extended experiences with the biomedical health care system within the United States, as well as various alternative therapies. In terms of biomedicine, she described in detail her experiences with oncologists as an advocate for her friend:

For my friend we had been referred to an oncologist. The first one we didn't feel comfortable with, they didn't answer our questions, we came with a list, because it's a very serious condition. We wanted to go for a second opinion, and the doctor told us not to because he said 'I've been doing this for thirty years.' That seemed strange, so we went away from him, and sought other avenues. We went to an oncologist in New York City and we've worked with oncologists, radiation oncologists, pediatric oncology. Since then it has been good. When going through such a crisis its best to have someone you feel comfortable with as you go onto this road of the unknown. Also now we go to Memorial Sloan, a national research center, as opposed to here in Albany, which is regional center. I think that has made a difference in the quality of care.

In terms of biomedical care, Carolina has learned to take control over her experiences, and this has helped her be an “advocate” for her friend. She speaks of needing to feel comfortable with a doctor but phrases this in terms of whether or not the person is willing to answer the questions she brings with her to the consultation. It is important to keep in mind that Fijians also can choose among doctors and many choose to go to private clinics (which are fairly cheap) instead of to the public hospital. Fijians also have access to the Internet and use it frequently. But they do not take the same empowered approach to doctors.

Carolina recalls an experience where her daughter’s medication was given to another patient, and ever since then, she has always requested to know what medication her health care professionals are providing. This experience has helped her in her advocate role:

And with my friend just recently, the first doctor wanted to start chemo right away, because it was so aggressive. Our second opinions were the total opposite—they said this drug doesn’t work for this kind of cancer. If I hadn’t been her advocate, she would have been on this medicine that wasn’t beneficial to her health.

She has also taken this lesson to heart in her own health care as well. When her doctor recommends a treatment or medication, she will research it and the next time she goes to the doctor, will be prepared to ask questions. She describes this

practice as “the difference of being a participant in your health versus them telling you what it’s all about when you go there.”

Her experiences with oncologists and her friend’s illness also has colored her alternative health care practices. She said, “When our friend was diagnosed, we looked at our health in a different way, we looked at our nutrition, not really alternative medicine, but looking at how good nutrition can help our body heal itself, our health and wellbeing.”

In addition to nutrition, Carolina has also started using vitamins, as she believes that the vitamins ensure her body is healthy and “can heal itself.” In addition to these ‘alternative medicines’ like nutrition and vitamins, Carolina’s family also uses the more traditional forms of alternative medicines, like chiropractors:

I was having a lot of migraines, and I was taking medication for them. The medication is strong, I had to use injections and that got unnerving, I didn’t like doing it alone, I was worrying about opening all my blood vessels, or a clot forming, and no one being there. So I went to the chiropractor So, I went to the chiropractor to lessen the medicine usage. And it helps, aligning the bones and muscles. So then I did not have as bad migraines and didn’t need to take those injections. It was the same for my husband. He had a hip replacement, and the chiropractor keeps everything lined up, because his body was favoring one side other the other.

Finally, in terms of religious healing, she will occasionally attend healing mass on Thursdays at her Episcopalian church. She said that this healing is more emotional than physical, “the spirituality of the mind and body.” She described how going to these healing masses, “has helped in my health as a caregiver for other sick people in my family and as a caregiver to my friend.”

American Case Study 4—Charmaine Kelly

Charmaine is a senior student at Union College on the pre-medical track. She has had extended experiences with doctors, particularly orthopedic surgeons, due to problems she has had with her knees. Charmaine is a particularly enthusiastic proponent of biomedicine. She described her positive experiences during her knee surgeries:

I like that they are trained in what they do, and for the most part they care about my well being, and because they see that I am interested how my body systems work and how medicine works they are more willing to explain whatever reason it is that I’m going to the doctor in the first place... My knee doctor for example who did both of my knee surgeries. After the surgeries were over and I was for the most part healed, we sat down and watched a videotape of my knee surgery with me and explained the process. He knew I was interested in how things worked and was willing to give his time to show me.

When things did go wrong with biomedical care, like long waits in the waiting room, she did not blame biomedicine or the doctor—“I don’t blame the doctor for that though, there is a lot of people who need care. It’s not anyone’s fault, just a necessary evil of the situation.” She even knew of more dire mistakes occurring while under the care of the biomedical system.

I have heard of people being given the wrong dosage of medication, or given the wrong medication all together. I have heard of wrong doses of meds leading to severe, permanent side effects. One of my dad’s old colleagues just overcame breast cancer and they were giving her the wrong dose of medication and she went blind, and were mixing two meds that shouldn’t have gone together.

But again, these were not mistakes that decreased the value of the biomedical system in her eyes.

Charmaine’s experiences with other types of healing, however, are quite limited. She described herbal remedies as a:

sad excuse for health care...Because none of it is actually proven, because it doesn’t need to be FDA approved, which means none of it has to be tested. If someone’s own immune system healed them, they might be tricked into thinking it was the herbal medicine. But really it was science.

She did however use very basic alternative medicines, like tea and honey for sore throats and colds.

Her views on other sorts of health care too were similarly bleak. For example, for religious healing she discussed, “Vom” If you’re sick, see a doctor. I believe God created us, it’s not his job to heal us too.”

TRUST AND THE AUTONOMOUS SELF IN BIOMEDICINE

Biomedicine is a very individualized sense of medicine, and thus becomes the sort of ‘native’ medicine in Euro-American cultures like the United States. As Kleinman discussed in regards to the psychology of illness, “culture affects the way we perceive, label, and cope with somatic symptoms as well as psychological ones” (Kleinman 1980:178). Therefore, it is comforting to utilize medicine practices that follow the psychological and cultural assumptions of our illnesses. In many ways, biomedicine accomplishes this for Euro-American cultures. Biomedicine deals with the body as an individual. In diagnosing an illness, doctors will look at parts of the body in isolation, and will also be looking at each patient in isolation from the community. This method of diagnosis and healing emphasizes the responsibility of the individual in maintaining one’s body (Ross 2012: 22).

Americans too see themselves in an individuated sense. As Becker discussed in *Body, Self, and Society*, while rural Fijians view the body as something that is communally controlled, in the United States, there is a “firm conviction that the individual is the personal author and agent of bodily experience” (Becker 1995:

130). The body is seen as within the individual's jurisdiction, and therefore maintaining and building up the body, during both in illness and health, is seen as primarily as the individual's responsibility, not a societal one as it is in Fiji. This idea of the autonomous, individuated self meshes well with the individual responsibility view of biomedicine, and is evident in my informants' experiences with biomedicine.

My American informants often made the effort to take charge of their medical care. They tried to stay informed on their treatments, would actively change providers if they were not happy, and were overall taking the idea of individual responsibility of their health care to heart.

Carolina, for example, is an ideal example of this phenomenon. When she and her friend did not agree on the first oncologist's assessment of treatment, she "sought other avenues." She described how, "when going through such a crisis its best to have someone you feel comfortable with as you go onto this road of the unknown." Carolina and her friend took individual responsibility over her treatment, and sought to find biomedicine that best fit what they were looking for in the treatment of her body. In order to further take on individual responsibility, Carolina will research various treatments online. She was a strong proponent of being an advocate of your own health care: "the difference of being a participant in your health versus them telling you what it's all about when you go there." For her, in order to gain optimal benefits from biomedicine, she needed to be a participant and ask the important questions, and conduct her own web research. This idea of advocacy for oneself is very in line with American ideals of individualism and

autonomy, and also suits well with the emphasis on individual responsibility in biomedicine.

Other informants were also clearly 'advocates' in their own health care. Amita, for example, discussed a case where she had learned that a local doctor had child pornography on his work laptop. She described how she learned from that knowledge and now, "well based on that you do a little better background check. Like now I do a full CLERY. You don't just do it for convenience sake, you actually want to learn more." She started to take charge of her health care in a more thorough way after hearing about this local doctor. Instead of accepting her biomedicine as it was, she strove to increase her quality and control in her health care. This has led her to be "pretty satisfied" with her doctors. She feels in control of her biomedical care, and thus overall has a more satisfied feeling with it than many of my Fijian informants.

Ranjana, another one of my Indian-American informants had a similar story of autonomy in her health care experiences:

I switched because I found that I when I went to her, I felt like that like she had given me Advair and later I found out, she had given it to me for a chronic cough, and I found out its not for normal people, it's for asthmatics and something that you take on a long-term basis and I needed it on a more short term basis. I wasn't comfortable after that and started going to someone closer and more convenient.

When she no longer felt that her doctor was giving her the proper medication, Ranjana took active steps in changing her health care provider, again taking individual responsibility over her health care experience. She also narrated a similar story to Carolina of how she makes sure to be an advocate of her own health care. Ranjana discussed how “I prefer a female and I prefer to be, usually I am very clear that I don’t want 101 medications, even if I go for a cold. Yeah I do tell them about that.” Again Ranjana is clear in her own responsibility for her biomedical care, and will act as an active participant in her health care, telling her providers that she does not want “101 medications” and even dictating the gender of her health care provider.

In addition to this individual take charge attitude in terms of dealing with biomedicine, my American informants also revealed a sort of innate trust for biomedicine, despite having many of the same problems that Fijians had with their doctors. Many of my American informants had had bad experiences with doctors and had heard of bad experiences with doctors. Amita and her story about the doctor found with child pornography on his laptop is a good example. Even Charmaine, a strong proponent of biomedical care above all else, also had heard of people having bad experiences with doctors. She discussed how her father’s work colleague, while being treated for breast cancer, was given the wrong dosage of medication and a bad combination of medicines, leading to her eventual blindness. Despite having heard of this, however, Charmaine ultimately discussed biomedicine as the most superior of any other medicinal style.

Isabella, too made an interesting analogy in regards to her innate trust in doctors while discussing biomedicine. She described how she likes the doctor, “because it is kind of the dollar. There is no reason that I should believe in it, but I just do. The dollar is just a piece of paper but we believe in it fundamentally. And the doctor, she might be wrong but I just believe it.” For Isabella, biomedicine and biomedical providers are just as “fundamental” as the value of the dollar. She just naturally trusts doctors, just as she innately trusts the worth of the dollar. Even though she acknowledges that the doctor “might be wrong,” she still naturally trusts what the doctor tells her.

A few of my other informants echoed similar sentiments. For example, Aditya, an older Indian-American woman in her late sixties, discussed how “I trust my doctor. That’s the thing, you have to trust the doctor, otherwise well. I don’t know anything, so why would I put my opinion in the middle. You listen to the doctor and you trust them.” Aditya is echoing similar thoughts as Isabella—she just innately trusts her biomedical care.

I believe that trust in biomedical care among my American informants indicates that biomedical care is something comforting, as opposed to my Fijian informants who often felt destabilized by it. Jayanta, another of my Indian-American informants spoke to this effect: “when something lasts more than four or five days it makes me feel better that the doctor takes a look at it. So I ended up going just for the peace of mind and he told me things to do.” When I further pushed her to describe what kinds of things the doctor told her to do, she said, “Things I already knew like drink water, over the counter medications.” Jayanta goes to the doctor for

the “peace of mind.” Often the doctor does not have anything surprising to tell her, like “drink water,” but still the reassurance from the healer she trusts leaves with her with a sense of peace and control over her basic illnesses. Further, for her children’s pediatrician, she repeated a few times how “we trust him,” again reiterating this idea of innate trust in the biomedical system.

This sort of innate trust is interesting, especially when considered in contrast to the individual responsibility attitude that my informants also expressed in optimizing their health care. While Americans do have this autonomous sense of health care, there is also a sense that biomedicine is the ‘native’ health care system, and thus the one to automatically trust. However, this does not stop my American informants from taking individual responsibility for their body and health care when they do not feel their care, biomedical or otherwise, is up to a certain standard, as exhibited particularly well by Carolina and Ranjana.

While my Fijian informants were often as a default mistrustful of their doctors and biomedical cures, my American informants were more likely to trust the words and treatments of their biomedical healers, leading to a greater sense of satisfaction in their biomedical care. My informants often used words like “trust” and “believe” to describe their doctors, which really speaks to the innate trust they have in their doctors. At the same time, despite trusting doctors, if they did not feel that their care was up to a certain standard, they took the individual responsibility of improving that care, thus maximizing their benefits of using the biomedical system, and perhaps in a sense filling around the biomedical system as well. However, just as in Fiji, biomedicine was not the only system of healing that my

informants relied on. More obvious alternative medicine usage also abounded in my informants' discussions of their health care.

BUILDING UP THE AUTONOMOUS SELF: ALTERNATIVE MEDICINES IN THE UNITED STATES

The rhetoric that my American informants used regarding alternative medicines often followed the autonomous self model. They would discuss how they would take alternative medicines to build up their body, build up their immune system, build their confidence, thereby taking control of their body and their health care. For example, as mentioned in Isabella's case study, her sister was using the chiropractor to prevent injury. While chiropractors have their own ideology on healing the body, it did not seem that Katherine, Isabella's sister, was really using chiropractors for the ideology behind it. Rather she was using it to prevent further injury, and therefore prevent a trip to the doctors for a sprain or strain. Isabella was skeptical if the chiropractor's work on her sister was actually physically causing this 'build-up' in her body, but she did acknowledge that it was helping her sister emotionally—her sister felt as if she was building up her body, and therefore felt in control and that she was taking responsibility for preventing further injury. While Isabella did not believe in physical efficacy, she did believe in the positive effects of taking control and feeling in control of one's body and health through alternative medicines.

Jayanta, an Indian-American woman, similarly, discussed alternative medicines as a building up of the body and taking initiative to prevent further illness

episodes. For example, she described how during an illness when you can't figure out what is wrong, as during her own illness, she recommended, "if you can't find the cause, work on the things that do give you energy," echoing this idea of taking individual responsibility and building up the self. For example for fatigue, she recommended taking vitamins like B-complexes as well as lifestyle changes in nutrition and exercise. She also discussed how, in general, it is important, to "not rely on the pills too much," referring to pharmaceutical drugs. She instead supported more focus on lifestyle changes like diet and exercise.

Jayanta uses more typical alternative medicines, like "a little of that homeopathic medicine." She uses these for basic illnesses like common colds. Particularly, she gives these homeopathic remedies to her children, as "these days I have been trying to use it more so I don't have to give them over the counter medicines all the time. And it works." Jayanta is not distrustful of biomedicine. She spoke of biomedicine with a trusting rhetoric, like "we are at a place or point that we don't know what's going on and we trust them that they are knowledgeable." However, she is still trying to build up her children's immune systems, their bodies, so that they will not need to rely on biomedicine as frequently. She is taking individual responsibility over her family's bodies and health, thus following a very American ideology of the autonomous self.

Carolina, similarly details how her husband and her build up their bodies by using chiropractors, vitamins, and the like. In doing so she is able to reduce their biomedicine usage. For the chiropractor, she describes how she started going specifically to "lessen the medicine usage." Carolina was suffering from chronic

migraines and was regularly taking some sort of prescription injection, which she was not comfortable taking. However, as described in her case study earlier in the chapter, by using the chiropractor she is “aligning the bones and muscles” and therefore her migraines are not as bad as before, meaning she does not need to utilize the biomedical injections as frequently. She used a similar rhetoric to describe her husband’s use of the chiropractor as well. He had a hip replacement and goes to the chiropractor regularly to “keep everything lined up.” The usage of words like ‘aligning’ and ‘lining’ speak to the effort that Carolina and her husband are making to build up their bodies in order to be in control of their health and biomedicine usage.

Carolina’s ideas regarding vitamins and nutrition similarly follow this idea of building up the self and taking responsibility of one’s health. For example, she describes good nutrition as the staple for helping “our body heal itself,” again echoing this idea of building up the body’s immune system so that the self is autonomous and in control of health. For vitamins she said the same thing, describing how vitamins “vitamins ensure my body is healthy, and can heal itself.” Even how she discusses her spiritual healing practices follows this idea of building up a strong self, both physically and mentally. She described how her Episcopal church has healing mass on Thursdays. She described this religious healing as a building up of the emotional self. By building up her emotional self, she describes how she is able to be a better caretaker and advocate for her friend, who is suffering from cancer, as well as her family.

Overall, the rhetoric surrounding alternative medicines followed a very individualized sense of self, as opposed to a more socio-centric focus as was the tendency in Fiji. In Fiji alternative medicines, like massages and spiritual healing, often involved utilizing various social networks, such as the church community, family, and ethnic communities, to draw out healing through reinforcing social contacts. However, alternative medicines among my American informants more often had a much more individualized tint, as my informants detailed individually obtaining these various alternative medicines, like vitamins and massages, in order to build up the self. This is not to say that social networks did not have a place in health care. As in Isabella's sister's case, she utilized her track team network to obtain her chiropractor. However, overall, there was a stronger individual emphasis. In building up the self, my informants felt more in control of their body and their health care, as building up the immune system also ultimately followed with needing to use biomedical healing less frequently.

INDIAN-AMERICANS AND AMERICAN HEALTH CARE

For the most part, my Indian-American informants were not different from my US-born informants in terms of medical care. However, they did still have some interesting things to say, particularly in contrasting between health care in India and the United States. For example, Lakshmi discussed very frankly how different options of health care in the United States led her to have a very different style of healing once she immigrated to the United States. When she was living in India, "my

mom was taking me to homeopathy doctors a lot, but they don't have that here. Alternative medicine is not as popular, so I don't go here. That is sort of the difference." Homeopathy doctors are not as commonplace in the United States, and therefore Lakshmi naturally transitioned into a more biomedical-based healing based on her new location.

However, moving to the United States did not entirely eradicate these homeopathic remedies. Jayanta describes how her parents gave her homeopathic remedies when she was a young girl in India, and to a certain extent she does still utilize these homeopathic remedies, like *kali mur* to soothe a cough. She specifically mentioned that the reason she keeps up with these homeopathic medicines is that "well it's a belief thing, sometimes it works." Jayanta is acknowledging that she is not sure entirely of the physical benefits of these homeopathic remedies, like *kali mur*, but rather it is a "belief" that it will work. I interpret this to mean that there is a certain amount of comfort in using these remedies from her childhood, thereby creating a sense of control. In addition, she also used these homeopathic remedies as an alternative to biomedicine, in order to reduce her biomedical usage. She discussed how "these days I have been trying to use [homeopathic medicines] more so I don't have to give [my kids] over-the-counters all the time." Jayanta is attempting to minimize her children's biomedicine usage through using these homeopathic remedies.

CONCLUSION

Ultimately, both Fijians and Americans are working within their cultural and health care contexts to create a supermodel of healing that provides a sense of control, but is also efficacious. While for Fijians this means emphasizing the efficacy of healing styles that utilize social networks, for my American informants, this supermodel largely consisted of building up the autonomous self to prevent further illness. The autonomous body is a very Western conceptualization of the self. Whereas Fijians view their bodies in a socio-centric context, Americans see their bodies as under their own jurisdiction. Therefore, it is up to the individual to maintain the body, and in extension, the body's health. This is reflected in how Americans practice health care.

In terms of biomedicine, my American informants acknowledged many of the same dangers that my Fijian informants emphasized—medications with bad side effects, impersonal care, and the power to harm. However, my American informants responded differently than Fijians. Americans did not lose trust in the biomedical health care system, but rather took the shortfalls of biomedicine as a chance to practice individual responsibility of their health care. This jives well with the American idea of the autonomous self, and therefore perhaps the way that biomedical health care is practiced in the United States is culturally relevant to Americans' views on the body and self. In Fiji, on the other hand, these same shortcomings in biomedicine drive Fijians to distrust biomedicine (though they still

utilize it readily) and seek alternative supplements that work well within the more socio-centric context of Fijian lifestyles.

Alternative medicines within the United States also follow this same sense of the autonomous self and body. My American informants used paralleling rhetoric of building up the body to describe various alternative medicines, ranging from herbal medicines to chiropractors. A few informants, like Jayanta and Isabella, also emphasized the emotional stability that is built through these alternative therapies—by using alternative medicines one feels as though their body is being protected from illness and that they are taking responsibility to build up their health and immune system.

CHAPTER SIX

CONCLUSION: IMPLICATIONS FOR BIOMEDICINE

In conclusion, individuals are seeking a sense of control and comfort in their medical care. This tendency leads to the creation of individual ‘supermodels’ of healing that fill around biomedical care. In Fiji, these supermodels emphasize utilizing social networks. Traditional healing practices revolve around further enveloping the individual within the communal fold, and this is missing in biomedical care. Therefore, urban Fijians use their individual social networks to piece together alternative healing styles, like massages, spiritual healing, and herbal medicines that fill around biomedical care. In using these alternative medicines to satisfy a sense of the socio-centric self, Fijians are taking control of their healing process, and feeling most comforted during the uncertain stages of illness.

American rhetoric, however, focuses much more on individual responsibility, which actually biomedicine, as a sort of Euro-American ethno-medicine, does appeal to. In response, Americans feel much more comfortable using their biomedical care to the fullest—doing their own research in advance of the doctor’s appointment, controlling their treatment directions, and even switching providers as needed. However, Americans also use complementary alternative medicines, like vitamins, lifestyle changes like diet, and chiropractors, regularly. But the defining characteristic of these alternative medicines is not the social networks utilized, like with my Fijian informants. Rather, these alternative medicines are an extension of the desire to take individual responsibility over health care. My American informants used these alternative medicines so as to ‘build up’ their bodies, and thus

take control of their body and health. In using these alternative medicines, they felt they were similarly taking control of their biomedicine usage by ultimately reducing their need to use it as often.

Overall, these findings have implications for moving forward in terms of globally improving biomedicine. Around the world, critiques of biomedical healing have led to efforts to improve medical care. However, what my research is showing that perhaps the solution is not one-size-fits-all. Each culture has something unique it can take away from biomedicine, and unique problems associated with biomedical care. In Fiji, current efforts to improve biomedical care revolve around improving primary care. Following recent coups in Fiji, many physicians have left Fiji and there is a shortage of primary care physicians. (Sharma, 2002: 59). Thus, current focus is on building up again the primary care system in Fiji. Perhaps in this period, it would be helpful for biomedical healers to incorporate certain elements of socio-centric care into their healing practices, in order to increase patient satisfaction with their biomedical care. For example, this could include making efforts to include the family in discussions of healing practices, as this keeps the patient's familial social network in the loop of care.

The United States, too, is working on improving medical care, notably through the Affordable Care Act. Part of this act, and much of current complaints, focus on how medical care is impersonal and cold. However, my American informants, all of whom had relatively good health care, did not seem to feel this way about their health care. What they did seem to desire was a sense of collaboration with their health care healers, and a personal say in the direction of

their treatment. Perhaps, efforts to improve patient satisfaction in care in the United States could focus more on this collaborative aspect, which would, in the end, put a stronger sense of control in the patient's hands. Americans also liked the idea of building up their immune system so that they could fight off infection without going to doctors so perhaps increased emphasis on preventative care by doctors would appeal to their sensibilities.

Cultural background has a tremendous impact on what a patient seeks in their health care. For both Fijians and Americans this has led to filling around the gaps of biomedicine with alternative medicines that work with these cultural idiosyncrasies. As I referenced extensively in Chapter Two, it is not only Fiji and the United States that faces this phenomena of filling around the gaps of biomedical care—many other countries, like Japan and Mexico, as well as sub-groups within the United States, are seeking to create an ideal supermodel of healing. It is thus important to consider these cultural intricacies in health care delivery around the world. Perhaps in doing so, patient satisfaction, particularly in regards to biomedical care, could ultimately improve in a meaningful and lasting way.

BIBLIOGRAPHY

- Becker, Anne E
1995 *Body, Self and Society: The View from Fiji*. Philadelphia: University of Pennsylvania Press.
- Finkler, Kaja
1985 *Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics*. Salem: Sheffield Publishing Company.
- Guo, Zibin
2000 *Ginseng and Aspirin: Health Care Alternatives for Aging Chinese in New York*. Ithaca: Cornell University Press.
- Harvey, Idethia, and Myrna Silverman
2013 The Role of Spirituality in the Self-Management of Chronic Illnesses among Older Africans and Whites. *Journal of Cross Cultural Gerontology* 22(2): 205-220.
- Katz, Richard
1983 *The Straight Path of the Spirit*. Rochester: Park Street Press
- Kleinman, Arthur
1980 *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Berkeley: University of California Press.
- Lock, Margaret, and Vinh-Kim Nguyen
2010 *An Anthropology of Biomedicine*. Oxford: Wiley-Blackwell.
- National Institute of Health
2008 *The Use of Complementary and Alternative Medicine in the United States*. Electronic Document, https://nccih.nih.gov/news/camstats/2007/camsurvey_fs1.htm. accessed March 7, 2015.
- O'Connor, Bonnie Blair
1995 *Healing Traditions: Alternative Medicine and the Health Profession*. Philadelphia: University of Pennsylvania Press.
- Ohnuki-Tierney
1984 *Illness and Culture in Contemporary Japan: An Anthropological View*. Cambridge: Cambridge University Press.

O'Rourke, Meghan

2014 Doctors Tell All—and It's Bad. *The Atlantic*, October 14.

Ross, Anamaria Iosif

2012 *The Anthropology of Alternative Medicine*. London: Berg.

Sharma, Neil

2002 Primary Health Care in Fiji. *Asia Pacific Family Medicine* 1: 59-60.

Weitz, Rose

2012 *The Sociology of Health, Illness, and Health Care: A Critical Approach*.
Boston: Wadsworth Cengage Learning.