Supernatural curses in Pacific communities
A challenge for modern healthcare

Since time immemorial, science and religion have navigated a tricky and often confrontational relationship. In 1633, Galileo Galilei was tried by the Inquisition and imprisoned for publishing his theory that the Earth revolves around the Sun. Conversely, medical science broadly sidestepped issues of health. In Ancient Egypt for instance, prayer together with herbal remedies and medical procedures were all tools of the healthcare worker; in Tudor England, hospitals were commonly run by monks from various religious orders in which prayer was a key element of healthcare delivery.

For the Global North (and those lands under colonial control), the situation changed with the advent of modern medicine. Led by 18th-century medical pioneers such as Dr John Hunter, the ‘Western secular scientific worldview’ rapidly superseded belief in a paranormal or supernatural existence, with medical practice and healthcare systems now largely independent of religion. Nevertheless, there remain pockets around the world where communities still hold strong traditional beliefs linking medicine and healthcare with Indigenous spirituality and supernatural causes, curses, and religion. Nevertheless, there remain pockets around the world where communities still hold strong traditional beliefs linking medicine and healthcare with Indigenous spirituality and supernatural causes, curses, and religion. Nevertheless, there remain pockets around the world where communities still hold strong traditional beliefs linking medicine and healthcare with Indigenous spirituality and supernatural causes, curses, and religion. Nevertheless, there remain pockets around the world where communities still hold strong traditional beliefs linking medicine and healthcare with Indigenous spirituality and supernatural causes, curses, and religion.

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The formal presentation and consumption of kava by the traditional Fijian healer and their patient commonly initiates treatment, adding mana and ‘spiritual’ efficacy. (Photographer, Todd M Henry, 2019).

In many Pacific communities, including the Pacific diaspora, belief in the supernatural is deeply ingrained in daily life.

Resources result from ‘matenivanua’ – the land, the culture and the people.
Aporosa aims to inspire future healthcare workers to cultivate professional relationships with patients that nurture their Indigenous and spiritual belief systems, thereby supporting their aspirations for health and wellbeing.

Safe and effective healthcare requires culturally informed ‘critical consciousness’ and healthcare professionals who acknowledge and accept the belief systems of their patients.

In the 1840s, when the war had ceased and defence was no longer a concern, Village 1 moved down the hillside to a location just 700 m from Village 2, now a vibrant, bustling, and healthy location was just 700 m from Village 2, the government established the Native Lands Commission, who were tasked with that popular colonial policy of changing the course of history to that of the community - that is, ‘the more you talk about it, the less likely it is to happen.’ This is true of the continued and widespread discussion of it in the community - impacts of the curse in fact the natural result of actions taken by the villagers in response to their belief structures have been reported around the world, some in authoritative peer-reviewed publications; were these also real, or are they simply the product of a colonial mindset?

From the perspective of healthcare professionals, the answers to these questions are aimed at stimulating critical thinking and cultural safety, encouraging his future ‘health practitioners to examine themselves and the potential impact of their own culture on clinical practice.’ This in turn contributes to the ‘creation of culturally safe environments and therefore to the elimination of Indigenous and ethnic disparities.’

A TALE OF TWO VILLAGES

In the 1660s, war was raging between two opposing districts in Fiji. In Village 1, perched high on a hillside for defensive reasons, the village chief had twin sons. Following a brotherly rift, one of the twins took a band of followers and left the village, establishing Village 2 in the oppressing territory. There, his followers married into the local community, creating new ties with their former enemy.

In recounting this ethnography, Aporosa stresses that it is not unique to these two particular villages. Similar stories with similar impacts on health and wellbeing. Today, modern healthcare professionals must be aware of their own belief systems and how their biases potentially interfere with the delivery of healthcare to those who respect the beliefs of others.

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