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COMEDY, STIGMA AND *FAKASESELE*: CONTESTING 'MENTAL ILLNESS' IN VAVA'U

MICHAEL POLTORAK

This paper is dedicated to 'Ahiohio, his ever patient family, and all those in Tonga who took insight from his uniqueness. His life came to an untimely end several months after a routine operation in 2004. The ethnographic material presented here is based on research in Tongatapu in Vava'u, from 1998 to 2000 and a four-month consultative visit during 2004-2005. This is an abbreviated version of a paper already published in 'The Contemporary Pacific' (Poltorak, 2007). In this and in Poltorak (2002) I have thanked the considerable number of people who made the research possible. The UK Economic and Social Research Council funded my original research and a postdoctoral award. Any errors of interpretation or omission are my own.

"One of the more positive aspects of our existence in Oceania is that truth is flexible and negotiable, despite attempts by some of us to impose political, religious, and other forms of absolutism. Versions of truth may be accepted for particular purposes and moments, only to be reversed when circumstances demand other versions." Epele Hau'ofa, "Epilogue: Past to Remember"

Hau'ofa's aside begs the question, "Positive for whom?" In Vava'u, people suffering from "mental illness" benefit from a flexibility of truth and the contestability of Tongan terms used to describe their behaviour. This article ethnographically examines the reasons for Vava'uan resistance to medical ideas of mental illness and the implications on the lives of those suffering. Manu, the central character in Hau'ofa's classic of Pacific literature, *Tales of the Tikongs* (1994) is a good place to start. He exemplifies the humorous association between "mental illness" and inappropriate truthfulness. Written on the back of Manu's shirt are the words, "Religion and Education Destroy Original Wisdom."

It is little recognized, though, that Hau'ofa based the character of Manu on a popular eccentric in Nuku'alofa (Hau'ofa, pers comm 2006). When standing for Parliament in 1980, this man received so many "dead" fourth-place votes (only three candidates were to be elected) that he beat several very well established candidates. He shared his remarkable propensity for inappropriate truthfulness and freedom of criticism with an eccentric from Vava'u, who, for the sake of

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confidentiality, and in the style of Hau'ofa's comedic use of Tongan names, I have given the pseudonym 'Ahiohio. Its meaning of "whirlwind" or "waterspout" captures the mild distress and then reflection that often followed in his wake—reminiscent, perhaps, of the strength of unification and mutual help that follow the destructive cyclones that periodically hit the islands. The reader may experience a similar disorientation during some of the more necessary disciplinary oriented paragraphs of this paper. There are, however, regular periods of satisfying calm and humour, in contrast to the singular eye of most cyclones. The humorous stories of 'Ahiohio will be experienced all the more positively, and theorised more usefully, by contrast.

As the focus for much theorizing on the causes of unusual behaviour in his island group, 'Ahiohio is the ideal subject to examine a Vava'uan engagement with the scientific basis of psychiatry. I take Manu's shirt as posing a fundamental question that must be answered: On the issue of mental illness, what is the "original wisdom" Manu refers to, and how does it relate to the modernizing influences of religion and education? Before 'Ahiohio, I turn for wider context to Dr Puloka's campaign to modernise public knowledge of psychiatry in Tonga.

PSYCHIATRIC MODERNIZATION

As the only psychiatrist in Tonga, Dr Puloka has attempted to revolutionize public knowledge of mental illness through radio and television broadcasts, newspaper articles, and lecture courses at 'Atenisi University. Part of a project to encourage earlier diagnosis and treatment of psychiatric disorders is to remove the stigma from behaviour that, depending on the particular case, local healers and laypeople most commonly attribute to the influence of *tēvolo* (ghosts or spirits that possess almost all the faculties of the living), punishment for past wrongdoing, sin, or physical injury (Poltorak, 2002). Dr Puloka's extensive translating of psychiatric explanations and coining of hybrid psychiatric Tongan terms have democratized biomedical knowledge to a degree unprecedented in Tongan history (see Puloka 1998, 1999).

In 'Ahiohio's home island group, Vava'u, a day's ferry ride to the north of Tongatapu, people deal with, tolerate, theorize, laugh at, endure, and enjoy "mental illness" in many ways that challenge the positivism underlying psychiatry. The lack of interest in scientific explanations of mental illness on the part of the people of Vava'u is borne out by statistics. This island group, with a population of approximately sixteen thousand people, rarely sends more than two individuals a year for treatment at the country's only dedicated psychiatric unit, on Tongatapu. To my knowledge, most people in Vava'u, even those recognized as well educated, continue to use pejorative colloquial terms to describe people with manifest "mental illness" and rarely define them using the terms that appear in the Mental Health Act 1992, which the Tonga Ministry of Health deems more appropriate and Dr

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Puloka encourages. Families in Vava'u try to avoid bringing their relatives to the attention of the hospital. Typically, admission for unusual behaviour only occurs in the final instance, when the police or town officer is called to deal with an individual causing extreme public nuisance. This contrasts with the situation in Tongatapu, where people voluntarily bring their relatives in for psychiatric treatment. With rare exceptions, the people of Vava'u manage to deal with and explain most incidences of "mental illness" without resorting to processes of institutionalization, essentialization, or overt stigmatization. Research has shown that the absence of stigma is associated with a better prognosis for schizophrenia, arguably the defining condition in modern psychiatric practice (Hopper 1991; Jenkins and Barrett 2004).

MENTAL ILLNESS AND INTERDISCIPLINARITY

A growing transnational Tongan community is increasingly falling under the influence of local and regional mental health policies. The needs and interests of local and regional policy makers require an interdisciplinary approach. In Tonga, Dr Puloka has sought a model of mental illness that would help evaluate the need for and extent of a mental health service in Vava'u. In New Zealand, where a large percentage of the Tongan diaspora live, health policy makers are concerned with understanding and dealing with the disproportionately low presentation of Tongans to mental health services (in relation to other Pacific Islanders); the Tongan population represents 15 percent of all Pacific ethnic groups in New Zealand, but only 11 percent of Pacific clients of mental health services (NZMH 2005, 20). Previously formulated Maori (Te Whare Tapa Wha) and Samoan (Fonofale) models of mental illness suggest the need for Tongan models of mental illness (Durie 1994; NZMH 1997), as well as to provide appropriate processes for Tongans dealing with mental health services.

In the Western Pacific region, the World Health Organization has recognized the financial impossibility of countries providing primary health care to all. There is a potential for an increased and valued role of traditional healers in primary health care. Understanding how traditional healers treat mental illness and the efficacy of their treatment is thus part of examining the feasibility of this wider initiative (Williams 1993).

A landmark publication titled *World Mental Health: Problems and Priorities in Low-Income Countries* examines the growing mental health burden in the developing world and lays out an agenda for research that prioritizes focused ethnographic studies and interdisciplinarity (Desjarlais et al, 1995). Through providing "descriptive maps of local problems, perspectives, social realities and resources," these approaches would facilitate more cost effective and culturally sensitive intervention. Fundamentally, the most successful interventions are those that are

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community based and build on “local institutions, traditions and values” (Desjarlais et al 1995, 281). Hviding has drawn interdisciplinarity into the realm of creativity and an inclusive approach that would not take intervention as a given (2003). As Hviding put it: “Approaching the diversity of Pacific worlds from an appreciation of human creativity requires an interdisciplinary inclusiveness that extends beyond academic disciplines in the humanities, social sciences, and natural sciences into local worldviews and indigenous epistemologies, taking these on board as partners in dialogue and collaboration toward a plurality of knowledges” (2003, 43). His work echoes calls for Pacific anthropology to engage in epistemological dialogue (Gegeo and Watson-Gegeo, 2001); to be accessible to Pacific Islanders (Hereniko, 2000); and to direct research to some positive purpose (Smith 1999). Smith’s emphasis on utility is part of a larger project to establish indigenous methodologies as central to research. “Cultural protocols, values, and behaviour” would then become a part of a methodology based on reciprocity and leading to culturally sensitive, linguistically accessible dissemination (Smith, 1999, 15). On a Pacific regional level, the need for such research is pressing, with accessibility extended not only to Pacific Islanders in general but also to policy makers and medical practitioners in particular. The categories in Rubenstein and White’s comprehensive 1983 bibliography of culture and mental health in the Pacific (including alcohol use, drug use, ethnopsychiatry, law and psychiatry, mental illness, mental health services, social change, suicide, and violence) affirm the degree to which the Pacific as a whole is experiencing social changes similar to those in other developing countries, which in turn have effects on mental health. However, the framing of regional concerns in terms of generalized issues common to all can obscure the very particular and local contexts in which mental illness is experienced and addressed. The homogenizing definitions that inform policy deny the real heterogeneity of Pacific Island ethnic groups (Anae, 1997), evident in some more recent anthropological studies on Tonga (Evans, 2001; Francis, 2003, Young Leslie, 1999).

STUDIES OF MENTAL ILLNESS OF TONGANS

Murphy and Taumoepeau examined psychiatric morbidity in Tonga in terms of enduring debates of the connection between mental illness and traditionality (1980). Cautious in their conclusions, they suggested that more data of a more “refined character” would be required to claim without doubt that in 1980 Tongans had below-average rates of “3 broad categories of psychosis: the schizophrenias, the affective psychoses, and the chronic organic psychoses” (Murphy and Taumoepeau, 1980, 480). They outlined a number of potential social mechanisms that, in a Tongan (rather than an Australian) context, would lessen the impact of these disorders. For sufferers of schizophrenias, communality and the existence of clear models of action for individuals prevented further exacerbation of symptoms. The wide range of emotional support from many sources, rather than from several key

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ones (as is more common in Australia), was also protective for individuals with affective psychoses in Tonga. For chronic or insidious organic psychoses, Murphy and Taumoepeau argued that Australian individualism imposed greater demands than Tongan communalism. Twenty years later, the social mechanisms associated with traditionalism were found to be much less salient in urban Tongatapu and in New Zealand. Foliaki attributed the worsening mental health status associated with migration and social disintegration of Tongans in New Zealand to “domestic violence, barriers to access to medical services and educational achievement,” as well as “high unemployment, low income, poor housing, overcrowding, abortion, and family fragmentation” (1998, 51). While rates of mental illness among Tongans in New Zealand are low compared with other groups there, they are high compared with mental health status in Tonga.

An examination of more qualitative work on mental illness in Tonga reveals a contrast in the confidence researchers have in objective scientific categories for describing and defining Tongan experience of mental illness. Both Helu and Jilek drew attention to case studies, thus showing sensitivity to the way people in Tonga theorise in the particular about mental illness (Helu 1999; Jilek 1988). To my knowledge, only Helu has recounted a case of “spirit possession,” which he witnessed and diagnosed as an acute psychosis during a fund-raising tour in Vava'u with a performing group from 'Atenisi University. Helu's core thesis—that these “mental illnesses” are “manifestations of emotional conflict between basic drives and urges and a rigid social environment” (1999, 37)—is often quoted and forms one of the dominant interpretations of “spirit possession” in Tonga. In contrast, Jilek, a transcultural psychiatrist by training, has resisted translation of Tongan cultural concepts, claiming, “Tongan emic disease classification cannot be simply translated into medical nomenclature” (1988, 173). Mahina has argued for realist and generalizing translations of Tongan concepts of mind, thinking, and mental illness (2002). Setting them in the context of a Tongan theory of *ta* (time) and *vā* (space) suggests a different arrangement from that in Western, capitalist and democratic cultures. Unlike Helu, though, Mahina has criticized attempts to modernize terms for mental illness on seeming moralistic grounds, arguing that the former Tongan terms are “more befitting and objective as descriptions of mental illness than the [modern terms]” (Mahina 2002, 305). Helu's and Mahina's realist (read objectivist) claims contrast dramatically with Hau'ofa's flexibility of truth. The issues of generalizability, incommensurability, and translatability implied by these authors cry out for more empirical examples. Time and space are fundamental, not only to a realist Tongan philosophy, but also to process and the diversity of responses to “mental illness” in different places and times. To that end, I now introduce Vava'u, as a place that people in Tonga distinguish from other places.

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VAVA'U

The banter and talk that distinguish originally independent Vava'u from the other island groups that make up the Tongan archipelago provide a first hint of why modernist psychiatric claims might be resisted in this island group. People all over the one hundred and fifty islands in Tonga make reference to a particular way of being with other people in Vava'u. This is reflected in a complimentary sense in the nickname for Vava'u, *fatafatamafana* (which means warmhearted), and, in a slightly pejorative sense, the term *kaimumu'a* (derived from *kaimu'a*, meaning self-confident or self-possessed). Regarding the nickname, many people in Tonga have commented to me that in Vava'u there is more emotive enthusiasm (*māfana*) invested in the family and community than elsewhere in the country. The word *kaimumu'a*, on the other hand, hints at a presumptuousness in speaking and interaction that people on Tongatapu may find inappropriate or odd. The joking association between “Vava'u Lahi” (Great Vava'u) and “Bilitania Lahi” (Great Britain) draws less on Tonga's protectorate status between 1900 and 1971 than on Vava'u's feeling of greatness and desire not to lose face. Taken together with a sense of pride and importance on the part of the people of Vava'u, the implications of the two designations—*kaimumu'a* and *fatafatamafana*—are extremely important. First, following Malinowski (1935) and Firth (1975), these examples support local recognition of language as a “mode of action,” and as constitutive of social relations. Second, they suggest a particularly Vava'uan emphasis on the link between language and emotionality.

A good example of an event that had measurable empirical results and affirms local recognition of the emotional effect of speaking was the election of William Harris as people's representative for Vava'u in early 1999. This was evidence to many in Tongatapu that people from Vava'u are eccentric voters. Why would they vote for a candidate from the Church of the Latter-day Saints who had only recently returned to Vava'u, having spent a long time overseas? Within Vava'u itself, however, Harris was widely recognized as having won because of his eloquence and because, it was claimed, he talked to everybody on the island group. Friends contrasted him with other candidates from more established churches who prominently gave money at many annual church collections but were not elected. Through speaking to “everybody,” Harris built relationships that led to almost two thousand three hundred people voting for him, four hundred more than voted for the more established lawyer, Samiu Kuita Vaipulu. Harris's speaking to people in person constituted relationships that had an influence beyond the power of speaking manifested in popular ideas of seduction by word (*fakatauhele*). (Sadly, he died of cancer a little less than a year after taking up his position.) This instance is perhaps the best empirically validated example of the local recognition of the relationship in Vava'u between the intentionality of speaking and a Vava'uan aesthetic and experience of relatedness. This can be conceptualized as

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the inextricability in Vava'u of speaking and *tauhi vaha'a*. As a value, *tauhi vaha'a* relates to the importance of "maintaining harmony of the 'space' between oneself and others" derived from *tauhi* (nurturing), *vā*(space between), and *ha'a* (lineage) (Thaman 1988, 120).

SPEAKING AND *TAUHI VAHA'A*

"*Kai pē lea* (speech becomes food): Good speech makes people contented and at peace with each other. This saying was used of a man who did not get a portion of the food distribution from a chief, but the chief spoke to him and that was enough to satisfy him." (Tu'inukuafe, 1992)

The act of speaking is not the only or the main way in which relatedness is evoked and intensified, but it always plays a role. As Ka'ili has pointed out, many Tongans stress the material manifestations of *tauhi vaha'a* in their acts of giving and their ability to *kole* (request) items and assistance from relatives (2005). However, in all such events some act of speaking is always present, and on occasion, as pointed out in the above proverb, speaking may be a replacement for material aid. The inextricable link between *tauhi vaha'a* and speaking is fundamental to a Vava'uan epistemology and is key to dealing with the political nature of local interpretation. The use of language on Vava'u contrasts markedly with that of positivist social and medical sciences. As Robillard has argued, such disciplines "proceed from the assumption that language stands in a positive correspondence relationship with an external world of language independent objects" (1992, 11). For the scientists, language is relatively neutral; it simply references an objective outside world. Vava'uan lack of confidence in and avoidance of Tongan terms for "mental illness" reflects a sociality that more often than not contributes to a positive "mental health" prognosis.

I now finally turn to 'Ahiohio. The previous discussion on speaking and *tauhi vaha'a* underlines the need for sensitivity when attributing "mental illness" to others. 'Ahiohio is one of the few people in Vava'u I can write about in such an open way. There is little I can reveal about his personal history that is not already common knowledge in most of Vava'u. This makes him unusual compared to most people who suffer from "mental illness," but his case is central as an example of how people in Vava'u come to theorize the unusual behaviour he manifests in relation to their own relatives and concerns.

'AHIOHIO AND THE BIBLE

Ti Pilo Simini—"a weedy little man who smokes continuously"—smoked two pages of the Bible by mistake and begged forgiveness (Hau'ofa 1994, 35). 'Ahiohio, according to accounts I heard, smoked them on purpose and carried on regardless. The stories about this original cause of his eccentric behaviour affirm the idea that "mental illness" may be caused by a serious offence against the Church.

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‘Ahiohio’s situation seems the very exemplification of *mala’ia*, a concept that refers to “misfortune as the result or Nemesis of wrongdoing” (Churchward 1959, 323), typically related to acts committed against the representatives or precepts of Tongan Christianity. Yet most people in Vava‘u, while telling me the story, also distanced themselves from these explanations. For example, while sitting under a tree one evening with a group of neighbours, a woman named Sela, who is very familiar with ‘Ahiohio, explained: People say his condition is the result of a dare he carried out with two other boys when at high school. Since then the other two have died. The first dare involved them all eating roast lizard. Then ‘Ahiohio challenged them to smoke cigarettes rolled in pages of the Bible. This is the biggest *tapu*. You can’t even get food on your Bible. Most people believe that his illness and the early deaths of his companions are the results of this dare at school. In another account from a friend, one of the three boys died soon after the event. A second boy went to a minister and confessed, but occasionally he still behaves quite strangely. By introducing the story with the phrase “People say,” Sela was able to tell a good tale, distance herself from the implied slander, and also suggest there were perhaps other explanations she was party to. The idea that mental illness (in psychiatric terms) or the associated behaviours (in Vava‘uan terms) may be the result of nemesis, or punishment for past wrongdoing, is pre-Christian and is continuous with the idea of transgression of a *tapu*. William Mariner translated *mala’ia* as bad luck (Martin 1981, 439). Either he was not aware of other meanings of the term, or the process of missionization led to what had previously been regarded as bad luck being attributed to divine punishment. The dedication of the Kingdom of Tonga to God by King Tupou I, carried out at Pouono, in Neiafu, Vava‘u, in 1845, is often used to explain the origin and process whereby nature became a vehicle for the punishment or revelation of crimes against God or the Church. People quote the Bible in support of the theory that the sins of the father are visited on their children and grandchildren up to the fourth generation. Many people still ask doctors to remove organs such as the liver—popularly regarded as the seat of love—on the death of an individual, to interrupt this generational transmission of sickness. Sharks may attack those who have committed an offence.

However, the most definitive spoken stories of actual shark attacks as punishment tend to be about events distanced in time and social space from the speaker. For example, Sela’s mother had told her about an event that occurred in Longomapu in 1965. Sela was careful not to mention any names: A man took wood from the church boathouse on the beach to light a fire. The priest had been very angry about people doing this and had told them not to. The man and his friends lit a fire before going off to fish. Very soon after the man entered the water, a shark came up and bit his right arm. The sea went red with blood. His two friends, who were also diving at the same time, were not touched at all. When they got him

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back to land, he was already dead. The shark had bitten the same arm that he had used to take the wood from the shed. Everyone goes fishing knowing that if they do something wrong they will be bitten by a shark. Do something bad to the minister or to the Church, something will happen. The man had taken wood off the shed before, but hadn't confessed when the minister got angry about it. Events come to be told definitively only over the passage of time, through the continual telling and retelling of stories. Ambiguities are forgotten as the stories take on lives of their own and individuals tell them for their own purposes. A complex play of factors keeps punishment for past wrongdoing as a definitive explanation for events in other places and times but only a potential one for events in the present. Those close to the individual tell different stories, not just because they share in the shame but also because they know more about the individual in question. Competing stories about the original cause of 'Ahiohio's sickness that must have circulated at the time of the onset of his sickness were probably forgotten as family members became reconciled to the implied slander or could no longer influence stories being told outside of their social networks.

TĒVOLO AND MENTAL ILLNESS

As is the case with many people who exhibit unusual or out-of-character behaviour, it is likely that 'Ahiohio's early behaviour would have been attributed to the influence of or interaction with *tēvolo* (see Gordon 1996; McGrath 2003). An attribution of *tēvolo* interaction (rarely in Vava'u is the *tēvolo* conceptualized as entering the person) locates the agency for unusual acts outside of the person affected. The social effect of treatment, other than removing the stigma from behaviour that could be attributed to less salutary causes such as faking, is to galvanize the family in common action around the patient. A *tēvolo* is conceptualized as having all the capacities of a living person, living between heaven and earth, outside of a Tonga constituted in Christianity and, as a result, free of social responsibilities. By contrast this idea confirms the importance of a Vava'uan personhood constituted in intersubjectivity and relatedness (Poltorak, 2002). Because most *tēvolo* are concrete, named individuals, translations of the term are more accurate in their adjectival form, "devilish" and "spirited." Many but not all *tēvolo* are young men who have died in dramatic circumstances. The existence of *tēvolo* also serves to affirm the enduring connections and relatedness of individuals with dead relatives. This is perhaps most clearly demonstrated in treatments that involve examining and cleaning the bones of deceased relatives to ensure that they are suffering no discomfort that would in turn be manifested in pains and illness of living relatives in similar bodily locations (Young Leslie 1999, 221; Bloomfield 2002). If 'Ahiohio's family had been able to persuade him or pin him down for treatment, a local healer would have squeezed plant extracts into his eyes, nose, and mouth (and possibly ears) to break his sensory engagement with named *tēvolo*. After many decades, however, 'Ahiohio's household members no longer consider *tēvolo*

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involvement to be a possible explanation for his behaviour. *Mala'ia* is unlikely to have been the default explanation for 'Ahiohio's family. Nor is it likely for other extended families. The real or imagined ridicule or gossip initiated or suggested by family members' verbalized attribution of *mala'ia* would severely influence their experience of relatedness with fellow villages and associates. To imagine that others are gossiping behind your back is bad enough; to have it confirmed by someone within the family can be a serious blow to the confidence in interaction that is so vital to wider and satisfying social relations. 'Ahiohio supposedly smoked a page of the Bible approximately forty five years ago. But if they live in Vava'u, people still take care to distance themselves from that explanation of his condition. To introduce him more sensitively, I recall an event that reminded people of the uniqueness of both Vava'u and 'Ahiohio. People in Vava'u have come to know 'Ahiohio less in terms of definitive categories than through interacting with him personally and hearing about his escapades.

THE LAKALAKA

In early 1998, Princess Pilolevu and her husband, Baron Tuita, who was then governor of Vava'u, requested that the people of Vava'u prepare a *lakalaka* for the celebration of the then king's eightieth birthday in Nuku'alofa in July (Kaeppler, 1999, 54). In part to outdo all the other groups who danced for the king that day, the *lakalaka* that the people from Vava'u performed had as a surprise introduction the presentation of five hundred six-pound tins of corned beef from under the skirts of the participants. A six-pound tin of corned beef is considered a valuable (*koloa*)—six pounds is the largest size possible—and is also emblematic of the extreme generosity and happiness of the second largest village in Vava'u, Leimatu'a, whose people made up a large percentage of the dancers on this occasion. Leimatu'a is famous for an event involving such a tin that had occurred many years before. After a shortage of corned beef, some was finally delivered to the village. A local man, in great enthusiasm, promptly took one of the six-pound cans and beat it with a stick until corned beef covered the road, while he loudly castigated it for having been away for so long. Since then, the term *pāuni ono* (six pound) has been used metaphorically to refer to Leimatu'a. 'Ahiohio's occasional over-exuberance, and his tendency to dance and do cartwheels during a *lakalaka* without wearing underwear, led to concerns among the organizers of the *lakalaka* of the potential shame if he was to do so in front of the king and all the visiting dignitaries. His often eccentric behaviour was accepted and tolerated in Vava'u, but the international arena of Tongatapu was a different matter. The police were asked—some say by the princess—to find 'Ahiohio and prevent him from going down to Nuku'alofa on the interisland ferry, the *Olovaha*. Somehow he heard of this plan and cleverly hid himself in a box of kava on board the ferry. The police searched for him but to no avail. On a stopover at Ha'apai, as one version of his

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exploits has it, 'Ahiohio jubilantly climbed the mast of the *Olovaha*, lifted his *Tupenu* (a male skirt), thus exposing his genitals, and shouted to an astonished and amused local crowd, "Ha'apai, this is Vava'u."

The chief justice, who was in charge of the *lakalaka*, gave instructions to simply leave 'Ahiohio alone, reflecting a tolerance that he had demonstrated with similar individuals appearing before him in court for disturbing the peace. Someone explained the situation to 'Ahiohio and he did not cause any problems, which suggests that on this occasion he recognized the importance of *taubi vaha'a* to his fellow Vava'uans, in exchange perhaps for a recognition of his relatedness to the royal family. He was well looked after at the king's palace during his stay, reflecting a royal concern with "mental illness" that can be traced back to the early 1800s and compared to the warrior king Finau 'Ulukālala's concern with the case of Tootawi, an individual who shared many of 'Ahiohio's characteristics and quite possibly the same main village of residence (Martin, 1981; Poltorak, 2002, 255). People joked that if 'Ahiohio danced, "Tō 'a Vava'u Lahi" (Vava'u would fall in the estimation of others). People talk about 'Ahiohio with humour and familiarity. There are many stories of similar exploits. Even people who have been slighted by him regard him with affection. His uniqueness, which is often remarked on, lies in part in his expert knowledge of genealogies of the islands, on occasion up to six generations, and in part in his occasional inappropriate truthfulness. Many people remember his ability to put people in their place when they claimed an ancestry not borne out by 'Ahiohio's knowledge. One woman, Mele (a pseudonym), explained how he used this knowledge to great effect by alluding to illegitimate relationships in the past, surreptitiously critiquing claims of *'iki* (chiefly) blood and reminding people of the appropriate place to sit when drinking kava in formal settings. 'Ahiohio is a pedant who tells people what they are supposed to do. When ill he seems rarely concerned with the mutuality of *taubi vaha'a* to his fellow Vava'uans, other than to evoke and intensify an imaginary relatedness to the royal family—a trait that a relative suggested was the result of his being the youngest in the family of successful brothers. This relative argued: "His problem lies in his dreaming of something he can't get. He is always planning big things. Because he was the youngest in the household he was entitled to nothing. When he is sick he will say the same thing, 'I will buy a truck, build a boat, make a garden.' He overestimates himself. He says he was meant to be king and that all his relatives are big chiefs." When he does take *taubi vaha'a* seriously, one does not usually hear about it, partly because this is expected social behaviour and partly because when not ill, he typically stays within the confines of his village. Mele affirmed the validity of 'Ahiohio's claims for others' genealogical connections (but not his own), despite the occasional inappropriateness of his mentioning them. Surprisingly, as a headmistress of a local school who had been educated overseas

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and who was probably familiar with a host of medical terms for mental illness, she chose to switch from English to Tongan and refer to him as “one of the most unique *fakasesele* in Vava‘u.”

FAKASESELE: INSULT OR TERM OF ENDEARMENT?

What was Mele communicating if, following Malinowski (1923, 307), a statement cannot be “detached from the situation in which it has been uttered”? What is the act of *tauhi vaha‘a* implied by her choice to describe ‘Ahiohio as “one of the most unique *fakasesele*”? What did she mean, and how should her use of the term influence how we understand what *fakasesele* means? Churchward identified *fakasesele* as an intransitive verb and translated it as “to act in a silly or eccentric manner” (1959, 97). *Fakasesele* and *vale* (foolish, silly, ignorant, unskilled, incapable, incompetent [Churchward, 1959, 533]) are terms of considerable antiquity. Both *sesele* (translated as eccentric or odd) and *vale* (translated as mad, insane, crazy, delirious, also ignorant) appear in Mariner’s dictionary, reflecting Tongan language use at the beginning of the nineteenth century (Martin, 1981).

Dictionary translations do not communicate the fondness that Mele has for ‘Ahiohio. They do, however, give a sense of why Mele might have chosen the term *fakasesele* rather than an English term or a more “appropriate” biomedical term. Was she actually being more objective by using the Tongan term, as Mahina would argue? *Fakasesele* suggests behaviour rather than condition. By saying he is the “most unique *fakasesele*,” Mele implied a degree of permanence not typically communicated in Tongan. In the Tongan language, most words that are primarily verbs can also be used as nouns. For example, the term *fefine faito‘o* can be translated as woman healer and woman who heals. Both identity and action are communicated. Translating *fakasesele* as a noun implies objectivity, thereby to a degree supporting Mahina’s claim. Translating it as a verb implies more subjectivity, in the sense that a behavioural description is likely to be more partial. Is it this partiality that Dr Puloka objects to when he requests that the use of such term be stopped? Yet in the context of our conversation, Mele’s use of the term seemed neither offensive nor pejorative. She genuinely admired the man, despite having been slighted by him on occasion. Was her use of the term *fakasesele* ironic? Perhaps she assumed I knew she liked him; she spoke in the company of friends. Also, depending on context and familiarity, to insult someone jokingly more often than not suggests closeness. The following example, however, illustrates objection to the use of the term.

In December 1999, the annual Miss Vava‘u competition took place in the main centre, Neiafu. A large number of contestants took part in a series of judged events. One of the final tests was to answer a question in front of the eager and easily amused audience. The contestant from Leimatu‘a was asked a question about the *māfana* (an emotion of communitarian enthusiasm) of Leimatu‘a vil-

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lagers. People often speak about Leimatu'a as the village in Vava'u where *māfana* is most celebrated. People from Leimatu'a have a reputation for being uniquely eccentric and for doing everything to extremes. The contestant replied passionately: *Ko e kakai 'oku 'ikai ke nau tokanga ki honau kita. Ko e kakai Leimatu'a ko e kakai 'oku mo'ui tau'atāina pea 'oku tala leva ia ko e fakasesele pē vale. 'Oku 'ikai ke mau fakasesele pe vale. 'Oku mau mo'ui fiefia, pea 'oku 'ikai te mau tokanga taafataha pe kia kimautolu, pea 'oku mau tau'atāina* (They are people who do not focus on themselves. Leimatu'a people are people who live freely, yet people call them *fakasesele* or *vale*. We are not *fakasesele* or *vale*. We live happily and we do not focus on ourselves and we are especially free). Her response seemed an overreaction to what appeared to be an innocently phrased question. Did mentioning the *māfana* of the people of Leimatu'a in that context, by someone patently not from Leimatu'a, imply a subtle jibe? That the contestant felt it necessary to speak so openly, in such a public setting, of the *luma* (ridicule) some people express toward those in Leimatu'a emphasizes the sensitivity to the use of such terms. It is not possible to claim impartiality when one uses terms such as *fakasesele* or *vale* in reference to people in the plural. For the Leimatu'a contestant, the use of *fakasesele* is a general attribute of Leimatu'a was inappropriate. She objected to the implied objectivity; it did not reflect the truth of Leimatu'a's existence. For her, perhaps, the use of the term in this context was not a reflection of friendly banter but more representative of a failure to *tauhi vaha'a* on the part of those people still labeling Leimatu'a in these terms. This contrasts with the use of the term in the particular by Mele in reference to 'Ahiohio, in which case it seemed more of a term of endearment.

STIGMA: NEGOTIABILITY, CONTESTABILITY, AND TEMPORALITY

The objectivity or subjectivity of the term *fakasesele* seems to depend highly on context. What seems most important, as revealed in the protest by the girl from Leimatu'a, is the term's negotiability and contestability. Its very partiality of use allows disagreement. It also does not imply a permanent state. So one can be *fakasesele* (or even "the most unique *fakasesele*") one month or year, but not necessarily the next. The negotiability and impermanence of the term are mirrored in the many explanations for 'Ahiohio's behaviour later in life. (The story of his smoking a page of the Bible is inadequate by itself; besides, that is old news and common knowledge.) In local discussion, particularly in his village, the precipitating factors (in psychiatric terms), because they are much more immediate to people's experience, take precedence over what in 'Ahiohio's case is the predisposing factor.

Extended family members are much more concerned with dealing with the individual than with theorizing about the original cause. Town officers are often the barometers of acceptance in most villages. It is they who typically request help from the hospital or the prison. As their "anger" thresholds are set quite high—

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they often are on good terms with most people in the village—most eccentric behaviour is tolerated. Most people in Vava‘u are tolerant and subscribe to the view that one should not anger people in such states; one should just humour them. On occasion, ‘Ahiohio was beaten up or got into fights because his truthfulness was just too insulting. Prison sometimes offers him protection. When ‘Ahiohio said to his nephew that he did not know why he was like that, it implied a lack of insight on his part. One possible reason for his being beaten up is that, in general, people in Vava‘u do not deny insight to anybody. A Vava‘uan notion of personhood is both extremely inclusive and humanist. All peculiar behaviour can be spoken about as the result of “faking it” for an ulterior motive. *Fievaleloi* (to desire to be thought ignorant or unskilled [*vale*] when one is not really so) and *poto* (to be clever) were terms I often heard to describe local eccentrics. *Fievaleloi* was also used to describe stroke patients who were unable to interact properly with their family. The previous periodicity of ‘Ahiohio’s sickness affirms the one commonality in people’s talking about eccentrics, that their behaviour is *fakataimi* (temporary or periodic). I knew of only one individual who was seriously mentally ill all the time, and he was rarely in public view. The periodicity of eccentric behaviour over the April period is most commonly referred to as *laumea ‘a e ta‘u*. This phrase describes change in colour of yam leaves (suggesting harvesting is required), as well as the time when this occurs, and the yearly manifestation of unusual behaviour among those most prone. The association with a regular natural cycle, in contrast with shark attack, does not imply nemesis, or punishment for past wrongdoing.

The story of ‘Ahiohio smoking a page of the Bible suggests a definite cause, yet most people see him as ill only when he is in a “manic” state; when at home “depressed” (in psychiatric terms), he is well. The possibility of many different proximal explanations and an overall sense of periodicity and impermanence are affirmed by a medical pluralism in which conditions are defined in terms of the current healer (McGrath, 1999). These all imply a future possibility of different behaviour. No eccentric in Vava‘u self-identifies as “mentally ill” or learns a role of being “mentally ill” such as might follow from institutionalization in a non-Tongan context. Even the most stigmatizing and absolutist of explanations—nemesis or punishment for past wrongdoing—can be addressed directly, through pleading forgiveness from the minister, and indirectly, through creative explaining on the part of extended family members. Previously unusual behaviour is readily forgotten and forgiven as an individual returns to a valued role. The many possible explanations for eccentric behaviour, because of *tauhi vaha‘a*, are usually non-stigmatizing. Not controlling his sleep, his wife’s making him angry, and *laumea ‘a e ta‘u* were only three of the explanations I heard for ‘Ahiohio’s behaviour. Of the other eccentrics I learned about whose unusual behaviour had been far too enduring to suggest the involvement of *tēvolo*, too much study, too much time alone, the

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death of a sibling or partner, and being kicked by a horse were all explanations people found eminently preferable to punishment for past wrongdoing. None of these imply the person is to blame. One can imagine only rare occasions, perhaps in a heated argument or when someone gets drunk, when a family would have to hear a stigmatizing explanation implying blame of the family or individual.

CONCLUSION: TRUTH AND THE REJECTION OF POSITIVISM

A health officer friend of mine in Vava'u, originally from Tongatapu, felt that all these explanations were excuses for the essential truth: 'Ahiohio had a diagnosable, treatable condition, which the health officer hypothesized was bipolar disorder. Like Tupou, this man was fond of 'Ahiohio, but his diagnosis communicated distance and a concern about the appropriateness of 'Ahiohio's behaviour. A psychiatric diagnosis implies a kind of permanence not communicated by the term *fakasele*. It also suggests (by association with the other source of valued claims of objectivity, the Bible) divine punishment for past wrongdoing. People avoid having a family member treated by the psychiatrist or by the hospital because of the potential for *luma* (ridicule). Once a person is treated at the hospital, another possible explanation for their behaviour enters public circulation. Being treated at the hospital, because of all the social networks that coalesce there and the increased visibility, acts as a social catalyst to broadcast news about the unfortunate person—usually in the worst possible light, because for people to have been brought there, they must have been behaving quite outrageously. Many hospital workers are not from Vava'u and may not share in the implied shame. Whether or not the family believes that the cause is nemesis does not matter; the very fact that some others might believe that and might talk about it affects the social confidence of individuals in the family. The thought that others are potentially hypothesizing about what offence a relative or ancestor may have committed against the Church is enough for family members to keep their relative hidden as long as possible. A biomedical diagnosis can be less easily contested than the term *fakasele*, for the terms of its designation lie outside the knowledge of most people in Vava'u.

It is therefore ironic that Dr Puloka rejects the term *fakasele*, when its negotiability and partiality of use in Vava'u makes it less stigmatizing than the current implications of biomedically coined terms. To Dr Puloka's credit, his educational campaign to communicate the bio-psycho-social model of mental illness does not discount the spiritual. However, as long as people imagine the possibility of others attributing punishment for past wrongdoing or having the desire to use it to ridicule, they will still prefer to avoid or delay seeking hospital assistance.

Hau'ofa's comment on truth in Oceania raises the question: Can there be an essential truth to 'Ahiohio's condition? In Vava'u, it seems there cannot, without a denial of the "original wisdom" in Hau'ofa's quote: the effect of speaking truth on the experience of relatedness. Positivist explanations deny people's experience

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of relatedness with those who are said to be “mentally ill” and the intentional individuality attributed to all. The claim to impartiality or objectivity and a concomitant faith in the exclusively referential power of words implies alienation and lack of involvement. It disregards relatedness as principle and experience and thus implies a kind of disengagement from local values as these are to be found in the everyday life of the household, the extended family, the Christian congregation, and, more generally, in life as it is lived in Vava’u as distinct from Tongatapu. The flexibility and negotiability of truth that Hau’ofa wrote about is founded on the experiential truth of relatedness. Versions of truth are evaluated and negotiated on the basis of their effect on relatedness in particular contexts. It is key to recognize that attributions of mental illness are always partial in Vava’uan terms and will have an influence on medical and local prognoses. The need for an encompassing Tongan model of “mental illness” must be tempered by the Vava’uan ethic of emphasising the relationship to concrete individuals before abstract models of their behaviour. In this light, a model of Tongan mental illness would seem to say more about the demands of policy makers in New Zealand than Tongan scholarly debates on the validity of biomedical definitions of “mental illness” or the experience of mental illness in Vava’u.

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