

## THE PLACE OF PERSONS WITH DISABILITIES IN ROTUMAN SOCIETY

Jan Rensel  
Alan Howard  
*University of Hawai'i*

In Rotuma, as in many other small, face-to-face societies, persons with disabilities are treated not as members of categories based on their conditions, but as individuals having whole constellations of characteristics and interpersonal histories. Their roles are not scripted on the basis of disabilities, but patterned by a number of key cultural principles that guide all relationships, including notions of immanent justice for wrongdoing, expectations of generosity and reciprocity, personal autonomy, and concern for family honor. Case studies and analyses of exchange interactions are presented to illustrate these points.

IN THEIR PAPER reviewing the social science literature on physical disabilities, Scheer and Groce, citing Gluckman (1962), suggest that in small-scale societies based on face-to-face contact individuals are related to each other in diffuse social roles and contexts. In such situations, they assert, "a single personal characteristic, such as a physical impairment, does not generalize to define one's total social identity" (Scheer and Groce 1988:31). This situation contrasts with complex societies where "social relationships and contexts are more impersonal and task specific, and individuals are not related to each other in varied contexts. Accordingly, visible characteristics are commonly used to classify and socially notate the individual's identity" (*ibid.*:31-32).

Rotuma, an island of seventeen square miles and some 2,700 inhabitants, located approximately three hundred miles north of Fiji, conforms to Scheer and Groce's portrayal of a small-scale society. As in most other Pacific Islands communities, personal relationships are based on a combination of kinship,

co-occupation of villages or hamlets, participation in common activities, and the like. Individuals relate to one another as total persons, based on known personal histories.<sup>1</sup> While physical or mental impairments may influence specific relationships, there are no well-developed roles for disabled persons as such; that is, specific disabilities do not dictate social expectations to any great degree. An impairment or disability is one consideration among many in each of a person's relationships, and much depends on the way in which an individual is situated in a household, community, and network of kin. Thus, no strong socialization pressures are exerted to induce an individual with a disability to conform to specific role expectations for a blind person, a person with a hunched back, a person with a mental disability, and so on. Individual attitudes, abilities, and dispositions play a correspondingly greater part in structuring a person's role within households and communities than do particular impairments or disabilities.

Indeed, disabilities on Rotuma appear to be hypocognized (Levy 1973: 324), as reflected in a comparatively undeveloped lexicon for categorizing impairments (see below). Furthermore, Rotumans do not categorize people according to characteristics like disability. Thus, while someone might mention a disability while referring evaluatively (positively or negatively) to a specific person, we have never heard anyone express attitudes toward *categories* of persons defined by disability. Therefore, instead of seeking to elicit abstract conceptions of disability, we believe it a better strategy to examine the ways in which key cultural principles shape Rotuman thinking about personhood and social relations, and to reflect further on the ways these appear to implicate the treatment of persons with disabilities.

### **Methods and Theoretical Framework**

In this article we present data concerning disability on Rotuma from two periods of fieldwork. Alan Howard conducted research on the island in 1959–1960, then together with Jan Rensel spent a portion of five consecutive years (1987–1991) working there, and returned for a brief visit in 1994. In 1960 Howard conducted a detailed census of the island that included identification of individuals with conditions recognized by Rotumans as disabilities, that is, conditions that, from a Rotuman perspective, interfered with people's ability to function in conformity with their social construction of a fully responsible person. Howard collected case material on several such individuals.

In 1989 Rensel conducted a survey of daily activities of seventeen households in a village on Rotuma (Rensel 1994). Each household recorded labor, meals, gifts, and other items given or received by household members over

the course of thirteen weeks. Households were given cash gifts of five Fijian dollars per week in exchange for their cooperation. The study yielded extensive comparative information on the social interactions of two households headed by persons identified by Rotumans as having disabilities. We have also drawn on less formal observations of interactions involving individuals with disabilities recorded in our field notes.

We wish to make clear at the outset that we did not engage in a study of disability while in the field. Our data therefore are largely incidental; they do not include systematic information on attitudes, self-concepts, and life experiences as these relate to disabilities—an unfortunate omission in any study of this topic. Rather, we have engaged in a historical study, one in which the primary texts are our own field notes. For interpretation of these texts we rely both on our theoretical framework (detailed below) and on our "head notes"—untranscribed understandings we have come to as a result of repeated exposure to Rotuman culture (Sanjek 1990). We hope to demonstrate that such studies are worthwhile, despite their limitations, for what they have to tell us about cultural processes affecting disability.

For analytical purposes we conceive of culture as composed of an array of propositions out of which individuals construct beliefs and attitudes (Goodenough 1963). We purposefully use the term "array," rather than, for example, "system," to underscore the fact that the pool of propositions accessible to individuals inevitably includes inconsistencies and contradictions. This is true not only of complex urban societies, but of small-scale isolated societies as well.<sup>2</sup> Individuals combine and recombine propositions in various ways, depending on context and self-interest, resulting in a variety of perspectives even in the simplest societies. As expressed in discourse about almost any topic, including disability, variable propositions result in an inevitable heteroglossia (Bakhtin 1981, 1986; see also Besnier 1996).

Nevertheless, we can gain insight into the way culture patterns experience by identifying key propositions that have salience for certain conditions. In this spirit we attempt to identify salient Rotuman propositions that have a bearing on conceptions of and responses to disability.

Three levels of proposition may be distinguished.<sup>3</sup> At the level of least complexity are those propositions that underlie conceptual distinctions, that is, that group phenomena as the same or distinguish them as different. Many, if not most, of these propositions are encoded in the lexical and semantic structures of language and can be explored through inquiry into relevant domains. We provide a short account of Rotuman concepts bearing on disability for what it reveals about such basic propositions.

At the second level of complexity, concepts are related to actions, events, thoughts, feelings, and other concepts. The propositions underlying these

perceived relationships are often explicit in statements of association, correlation, causation, and so on, ranging from simple statements such as "x affects y" in some indeterminate way to highly formalized, specific propositions relating multiple variables in precise ways. Folk theories of social action are, in fact, rarely formalized or clearly articulated; they have to be inferred from discourse and observed behavior. Often what is said is indirect, requiring an analysis of underlying presuppositions before reasonable inferences can be made regarding the structure of propositions at this level. The more salient propositions, however, generally reveal themselves through sheer redundancy. From the broad array of culturally salient propositions that both order and provide a basis for interpreting social life on Rotuma, we have selected several we believe to be especially relevant to disabilities for discussion.

At a still greater level of complexity is metatheory—propositions about the formation of propositions and about their acceptability, truthfulness, and the like. Metatheory is an engine of cultural variability and change insofar as it involves the continual assessment of existing propositions, the examination of innovative propositions (whether indigenously generated or imported), and the interpretation of propositions as they apply to new circumstances. We briefly discuss the nature of Rotuman metatheory, particularly with regard to assessments of truthfulness, and examine its implications for disability.

For our current purposes one further distinction—between *person-centered* and *situation-centered* propositions—is required. Person-centered propositions locate causality and/or responsibility inside the person. For example, the proposition "blind people cannot take care of themselves" presumes a quality of personhood irrespective of circumstances, whereas the proposition "it is dangerous for a blind person to cross a busy highway unassisted" is situation specific: it does not preclude the possibility of persons with visual impairments being self-reliant in other circumstances. As we shall see, Rotuman cultural logic concerning disability leans heavily toward situation-centered propositions when contrasted with the more essentialist, person-centered cultural logic characteristic of folk Euro-American cultures.

The view that culture is composed of propositions does not require the ethnographer to reduce it to a list of statements in propositional form. Indeed, to do so would be to trivialize culture and bore the reader. It is the way propositions are employed in action by thinking, feeling people that affords social life its vitality. And just as many propositions are implicit in action or coded in metaphors and metonyms, anthropological accounts premised on this viewpoint can convey appropriate cultural meanings in the form of narrative accounts of behavior or rhetoric, analyses of values and

beliefs, life history analyses, and so on. Whether explicitly or implicitly, culturally grounded propositions form templates for understanding, explaining, and evaluating experience. Our argument in this article is that a certain core set of cultural propositions, particularly those embedded in notions of personhood, are central to the way in which persons with disabilities (culturally defined) are evaluated and treated on the island of Rotuma.

Following a background presentation of Rotuman concepts for disability and data on prevalence, we discuss those principles of Rotuman cultural logic that appear to structure experience of disability on the island. We then furnish data from case studies drawn from Rensel's 1989 study of household exchange and conclude by considering the implications of Rotuman cultural principles for the treatment of persons with disabilities.

### Concepts

The Rotuman language has a relatively impoverished vocabulary for talking about disabilities, suggesting they are not a focus for cultural attention. There are no generic terms for "impairment," "disability," or "handicap." The term *pipiki* is used in reference to any distortion or paralysis of limbs. There are four terms for impaired vision—*maf pogi* (night eyes), *maf pala* (blind or nearly so), *maf rahrahu* (dimsighted, purblind), and *tu'u* (cataracts)—but only a single term for deafness (*futi*). Hunched backs are termed *fomafua to'i* (bent back), and clubfeet *lā fei* (crooked foot). Two words refer to elephantiasis: *pū* is a general term for the condition and usually is used in reference to swelling of the arms and legs; *jua* refers specifically to swelling of the testicles.<sup>4</sup> The vocabulary for mental and behavioral deviations is also restricted. All forms of mental disabilities, from retardation to violent outbursts, are categorized as *filo' raksa'a* (bad head). The terms *jaurarā* (half-witted; silly, stupid; delirious; Churchward 1940:231) and *koko* (foolish, silly, mad; naughty; *ibid.*:243) are sometimes used as descriptive adjectives to describe certain individuals or actions, while *huag hapa* (of unbalanced mind, simple, not all there; *ibid.*:225) refers more directly to a person's mental disability.

### Prevalence of Disability on Rotuma

#### *Disabilities in 1960*

Howard's survey of disabilities in 1960 identified sixty-one persons with handicaps from a total population of 2,843, yielding a prevalence of twenty-one per thousand. The survey was conducted by two Rotuman research



assistants, who were instructed to identify individuals who "had something wrong with them," that is, who had a condition, considered to be permanent (to distinguish it from illness), that hampered their ability to conform to Rotuman notions of ideal personhood.<sup>5</sup> They were also instructed to inquire whether the conditions were congenital or had been acquired. Conditions were categorized according to type of impairment using English concepts, although they were often described in Rotuman by the assistants. In order of frequency, the following conditions were identified:

visual impairment	18
lame leg	13
mental problems	8
elephantiasis	7
clubfoot	5
unable to hear	4
unable to speak	3
hunchback	3
missing limb or hand	3
speech defect	2
harelip	1

Since some individuals had more than one impairment, the total exceeds the sixty-one persons identified. Visual impairment, mostly as a consequence of cataracts and glaucoma, heads the list. It mainly affected older individuals—fifteen of the eighteen victims were over fifty years of age; in all but one case the condition was acquired, rather than congenital. Somewhat more women were affected than men ( $F = 10$ ,  $M = 6$ , unknown = 2). In eleven instances vision loss was total, in five instances it was partial, and in one instance partial loss had been restored (in one case degree of loss was unspecified). Half of those with visual impairments were listed as either head of household or wife of the household head, suggesting that they maintained an active role in domestic affairs. Six others, without spouses, resided with offspring, as one might expect of elderly individuals on Rotuma.

The second most frequent impairment was a lame leg. It, too, was mainly an acquired condition (nine of thirteen instances), but it occurred among younger individuals (median age = 39.5), as a result of diseases such as polio or accidents. Slightly more men than women were affected ( $M = 7$ ,  $F = 5$ , unknown = 1). Three of the five females and three of the men over twenty years old had never married (one had a hunched back as well), suggesting that this condition may decrease a person's marital prospects.

Of the eight individuals identified as having mental problems, four (one female, three males) had a learning impairment from birth. None of the

adults was married. They all lived in households headed by others, as was the case for those whose mental impairment developed later in life.

Elephantiasis is clearly an acquired condition, affecting men more than women ( $M = 6$ ,  $F = 1$ ) and afflicting those over fifty years of age, reflecting the long incubation period of the filarial disease. All who had the disease either were household heads or were married to a household head, indicating their ability to perform such roles successfully.

Four females and one male had clubfeet, a congenital condition. Of the three adult women who were disabled, two had never married and were living as dependents in households headed by others. The three persons with hunched backs and the one woman born with a missing hand were also never married and were all in a dependent position: taken together, these data suggest a definite social disadvantage for individuals with congenital deformities. In contrast, persons with acquired disabilities, including deafness and missing limbs, appear to have the advantage of having established normal life patterns prior to their impairments. Most of them were married or had been married and headed their own households.

### *Disabilities in 1989*

Although we did not collect comparable information and are unable to make precise comparisons,<sup>6</sup> Howard gained the impression of a much higher prevalence of disability on the island in 1989 than in 1960. To the extent this is true, a possible explanation would be that the island has become a haven for Rotumans whose disabilities make it difficult to cope with the demands of an urban environment. In contrast to many other rural settings, Rotuma provides an exceptionally benign environment for persons with disabilities. Food is plentiful and assistance from kin is immediately available. In the years since 1960, the Rotuman population has increased from approximately 4,500 to nearly 10,000, with most now resident in urban centers within Fiji. The population on Rotuma has actually declined in the interim, from approximately 3,000 to about 2,700. It may be that the economic and social costs of caring for individuals with disabilities are much higher in cities, providing an incentive for their remaining on the island or being sent back. In general, Rotuma seems to provide a more supportive environment and presents more opportunities for performing productive tasks than urban areas.

### **Cultural Propositions and Disability**

The most fundamental propositions implicating disability concern Rotuman notions of personhood, since it is against the yardstick of ideal persons that people are judged. Persons with disabilities may be evaluated entirely

benignly if they are able to approximate ideals, while persons without disabilities may be evaluated harshly for deviations. The key issue, then, is to what degree disabilities impede approximations of those ideals.

### *Personhood*

Like their counterparts in other Pacific societies, Rotumans build their sense of personhood primarily (but by no means exclusively) around relationships and contexts. Shore (1982), for example, likens Samoan personhood to a many-faceted gem insofar as persons manifest different sides depending on context. He contrasts this with notions of a unitary, internally consistent self that is the ideal in Euro-American society. Personal differences in Samoa are attributed to types of situations, Shore argues, not to discrete character traits. Morality in Samoa is likewise defined situationally more often than as a matter of personal attribution, and evaluations of behavior are more likely to be ephemeral, related to specific events, than indicative of enduring character. This suggests that Samoans are much less likely than Euro-Americans to associate undesirable personal characteristics, including disabilities, with personal character. As long as we do not overdraw these distinctions, the same could be said for other Polynesians, including Rotumans. (Polynesians certainly do have a sense of themselves as having a "center" and Americans think of themselves and others in terms of relationships and contexts at times, but degrees of emphasis are quite apparent to anyone familiar with the contrasting cultures.)

Despite this emphasis on context rather than on enduring traits, if an individual repeatedly fails to perform in ways expected of a "normal" person of his or her age and gender, expectations are modified accordingly, and he or she is likely to become the object of banter, gossip, and, on occasion, pointed criticism, regardless of reasons for failing to comply with cultural norms. Thus, although judgments focus on behavior, their cumulative effect may nevertheless relegate an individual to a stigmatized position in Rotuman society.

Two aspects of ideal personhood are especially relevant to the treatment of persons with disabilities: notions of the body and social expectations concerning work and reciprocity. The Rotuman word *haharagi* (in good physical condition; stout, plump, youthful) perhaps best describes the ideal state of the human body.<sup>7</sup> It also implies a body that is complete and unblemished. The state of a person's *ata* (life force, soul) is said to be reflected in his or her bodily appearance. Persons who are disfigured from birth or through accident are disadvantaged because they are perceived as deviating from ideal physical form. Certain disabilities—such as a harelip or a clubfoot—may render individuals socially vulnerable, targets for teasing and jest.



More significant, however, are the values Rotumans place on work and reciprocity. Contrary to popular stereotypes of Polynesian laziness, Rotumans regard work as central to assessments of personal worth. During the colonial period (1881–1970) work revolved around the production and preparation of food. Men's work primarily involved planting and tending gardens of taro, yams, bananas, and other crops; in addition, they cut and dried coconut meat for exportation as copra. Women's work centered on weaving mats and keeping the home and its surroundings well groomed. Both men and women fished, tended domestic animals, prepared and cooked food. Nearly equal in importance to domestic work was communal effort—work on behalf of the church or the community. This work generally required efforts similar to those within households, since feasting is a central part of most communal activities. A prestige economy based on the production and distribution of surplus food and of produce of extraordinary size also flourished (Howard 1970:102–103). Today hard work is still valued and remains central to an individual's reputation, although additional opportunities for acquiring resources, through remittances from relatives abroad for instance, now provide alternative paths to social merit.

From a social standpoint, the importance of work is that it allows individuals to engage appropriately in reciprocal exchange. Proper relationships, involving persons of equal status, are expected to balance over time. Exchanges may involve labor, food, political support, money, or other valuables in various combinations, but to be considered a fully competent person requires giving as much as one receives. Giving less than one receives diminishes one's status proportionately vis-à-vis those who give more. To elevate or maintain one's status in the community therefore requires access to resources and/or the capacity to contribute labor to projects (see below regarding 1989 exchange behavior).

The social circumstances of a person with a disability largely depend on how the impairment affects his or her ability to produce food, earn money, and work in productive ways. A clubfoot may prove only a minor handicap, if the individual can maintain a plantation, fish, make an earth oven, or weave a mat, for example. In contrast, disabilities that preclude productivity place individuals at a serious disadvantage and jeopardize their standing as fully competent persons. As much depends on the individual's social circumstances as on the particular disability. Thus a woman who has lost the use of her legs, living in a household with her husband and mature children, may occupy her time weaving fine mats—a highly valued activity—and thus make an important contribution to her family's standing in the community. Another woman with the same physical condition, living in a household without such support, is in a much more vulnerable position if she must occupy most of her time with subsistence tasks.

Another aspect of personhood that impacts judgments of social competence is the management of anger. Like people everywhere, Rotumans expect properly socialized individuals to conform to the rules of decorum appropriate to their age and sex. Of primary importance is the ability to identify persons and situations that require different degrees of restraint and license. With persons, proper socialization means knowing relative kinship status of persons who are related and any special social status that calls for deference or entitles the individual to express intimacy, joke, admonish, and so on. With persons to whom one owes deference, a whole repertoire of behavioral prescriptions apply, including the following examples: (1) one should not talk much in the person's presence and should allow him or her to initiate and control interactions; (2) if eating with the person, one should not commence before he or she does and one should stop eating when he or she does; and (3) when sitting on a mat, proper positions should be assumed (these differ for men and women). In certain formal situations (e.g., community meetings, funerals) the list of rules prescribing behavior is considerably expanded, while in other circumstances (e.g., picnics, informal gatherings) they are relaxed. Persistent violation of social rules arouses suspicion regarding an individual's mental capacity. Some who repeatedly violate norms are recognized as retarded, while others whose alertness is acknowledged but who are seen as prone to frequent, inappropriate outbursts of anger may also be regarded as disabled. We have never known Rotumans to admit to anger, even under circumstances of great provocation and frustration. When asked how they feel, they are likely to use terms that can be translated as "disappointed" or "sad." Our interpretation is that emotions like jealousy, envy, and anger are considered chaotic internal states that would threaten the social order if expressed. This hypocognizing of anger is premised on the cultural proposition that anger results in a loss of self-control, in behavior that will generate pervasive conflict. Wariness of a person who freely expresses anger may therefore lead to his or her exclusion from various activities. (See Levy 1969 and 1973:273–288 for an extensive discussion of the relationship between anger and personhood in Tahiti.)

A further consideration involves a set of metapropositions that implicate judgments of mental soundness. Rotumans evaluate the veracity of statements by relating them to an assessment of the speaker's *mana*, or supernaturally derived potency. Let us say that in the course of a conversation a person says he was told something will happen—for example, that the supply boat will come on such-and-such a date, or that A will marry B. If events unfold in the way stated, the speaker's potency as a social being is affirmed and his credibility enhanced; if they do not, his potency is rendered dubious and his credibility diminished. Whether or not the speaker has

control over the outcome or is reporting information secondhand is not at issue; the statement itself puts his *mana* at risk. Thus individuals who are predisposed to making or reporting problematic predictions, or who often make statements that can be readily falsified, run the risk of losing esteem. To the extent that persons with mental disabilities repeatedly fall into this trap, their social standing is diminished and they become targets for teasing and ridicule.

### *Immanent Justice*

Rotuman explanations for ill fortune often presuppose it to be a punishment for moral transgressions. Individuals commonly dredge up past events or conflicts to account for deaths, serious accidents or illnesses, political and financial setbacks, and so on (Howard 1979b, 1990). In earlier times ancestral or free-roaming spirits were specifically invoked as causal agents of such misfortune, but today agency is usually omitted in explanations (Howard 1996). Thus people attribute the deaths of several young mothers in a new maternity clinic to a failure to perform proper dedication ceremonies when the clinic was built, without directly implicating spirits in their explanation. While short-term illnesses and minor accidents may be accounted for in naturalistic terms, persistent conditions and permanent impairments lend themselves to explanations based on immanent justice. For example, the condition of a woman with a hunchback was attributed to her misappropriation of turtle meat in her youth; her spine was likened in shape to a turtle's shell. Immanent justice is sometimes extended to the entire family and/or descendants of a transgressor, especially if land or chiefly titles are involved.

Belief in immanent justice can affect persons with disabilities in two important ways. On the one hand, it grants license for others to place a person with a disability in a morally inferior position and thus justifies pariah treatment. Such attribution is by no means automatic, however; much depends on the history of previous relationships and current dispositions. Thus some people may resort to claims of immanent justice when it suits them, while others may ignore it altogether. On the other hand, mistreatment of disadvantaged persons is itself a moral transgression and can lead to affliction of unkind individuals. Using this reasoning, people sometimes explain an acquired affliction as a consequence of mistreating someone who had that same condition. Thus, in the early part of this century, medical officers had a difficult time trying to quarantine lepers; Rotumans refused to cease interacting with them, claiming that to do so would bring the disease on themselves. Two case studies from 1960 provide further illustrations:

Jenny was an old woman of around seventy years. She wandered from village to village, staying with whomever she liked, whether or not they were related to her. Despite her bizarre behavior, people said she was not really crazy (*jaurarā*), since she could hold a reasonable conversation if she wanted to. It was mostly in response to the teasing provocations of young people that she would begin to act silly, dancing and singing songs, inciting her audience to laugh at her. She also swore freely, especially to the young boys and girls, and spoke unintelligible words and phrases.

When she came to a house, she might stay for a few days or for several weeks, doing as she pleased and, before leaving, taking whatever she wanted. The owners of the house usually did not object. They said that if they chased her out or complained, others would think them greedy or inhospitable.

One day Jenny came to a house in Itumuta. While there she dug a hole in the middle of the cooking-house and defecated into it. She left it exposed and refused to bury it. Furthermore, she guarded her place and refused to let anyone else bury it, so it remained there until she left. The prevailing explanation for Jenny's behavior was that when she was young, she ill-treated her mother-in-law. In particular, people said that Jenny used to laugh at her mother-in-law when [the latter] was old and afflicted with illness. They said that now that Jenny was old she was being punished for the way she treated her mother-in-law, since everyone now laughed at her. (Howard, field notes, 1960)

Fred [a man in his late twenties] does not do any constructive work and usually just hangs around with his kinsmen. His speech is usually incoherent. He does not get violent and is considered "mad" (*jaurarā*) but harmless. Several years ago Chief Tokaniua's house was burned and he called a meeting to find out who had caused it. No one confessed, so the chief used the *pū'aki*, curse of immanent justice. The people say that Fred was the guilty one, but he was too afraid to confess. Instead he tried to kill himself by drinking *fuha*, a poison made from the root of a plant [*Derris* spp.]. Arthur [my informant] said that one cup is enough to kill a person, but Fred didn't finish drinking the cup. Instead he got very sick and was taken to the hospital, where the doctor saved him, but since that time he has been in his present condition. I asked Arthur if Fred started the fire at the chief's house because he was angry or if it was an accident. Arthur was unsure, but he said he thought it was inten-

tional. (Actually I don't know if there is any real evidence that Fred started the fire, but I believe Arthur's assumption of Fred's guilt is based on the fact that the curse presumably worked. If he was not guilty, it would not have.)

Fred stays mostly to himself, although he could not really be described as retiring. The boys don't pay much attention to him because his speech is too garbled. The girls often tease him. Arthur says that when they tease him, he acts drunk; that is, he staggers about and tries to talk but cannot say anything coherent. He goes from household to household among his kinsmen, and everyone accepts him without fuss and feeds him for the time he stays with them. They just let him do as he pleases and excuse him if he does anything silly, because "his head is no good." (Howard, field notes, 1960)

The willingness of households to accommodate both of the above individuals is attributable to the importance placed on generosity in Rotuman culture as much as to fear of supernatural reprisal. Persons who are well off are expected to give amiably to those who are less fortunate. In return they are praised for their kindness, or at least are able to avoid criticism for being stingy and hard-hearted. There are limits, however, which may account for the tendency of the persons described above to move frequently.

### *Personal Autonomy*

A principle of autonomy operates throughout Rotuman society (Howard 1990). Not only do individuals exercise autonomy within their households and communities, but villages are autonomous vis-à-vis one another, and each of the island's seven districts operates as an independent political unit. Even children are granted an astonishing degree of autonomy by Western standards. Respect for others' willfulness means that persons with disabilities are given a strong negotiating voice in determining their social existence. They are generally permitted to participate in whatever activities they feel up to and are not systematically discouraged from involvement. As Marshall observes for Namoluk Atoll in the Caroline Islands, so long as persons with physical disabilities "continue to be actively involved psychologically and morally in relationships with other community members, they are not truly disabled" (1996:259). Alternatively, if a person with a disability (or anyone, for that matter) decides not to participate in communal activities, little effort is made to reintegrate that person until he or she gives clear signs of a willingness to return to the fold. In some respects a low level of participation may



have its advantages, especially if the person is victimized by incessant teasing or banter, although it means forfeiting the many benefits of active involvement. As on Namoluk, however, completely isolating oneself from the community is regarded as the severest form of disability (Marshall 1996; see also Alkire 1982; Howard 1979a).

### *Family Honor*

Some families perceive certain types of disability, especially severe retardation, as shameful and do their best to keep a person with such a disability out of public view. The individual might be given menial tasks within the household but left behind when communal activities take place. Family members may discourage him or her from interacting with anyone outside the household. In the village of Oinafa, where we made our residence during the 1987–1990 field sessions, a young woman we shall call Flora was so treated (see Case 8, below). One day, Howard was walking on the road between villages and Flora was alone, walking slightly behind. She purposefully caught up and started a conversation, talking partly in Rotuman, partly in English. She was animated and engaging, full of quite reasonable questions. As we neared Flora's house, however, she moved away and assumed a vacant, if not sullen, expression. On subsequent occasions, Howard tried to engage her attention, but if other family members were present, Flora kept her head bowed and refused to acknowledge him.

We were told of another family's having sent their retarded son (Case 5, below) away to be brought up on the other side of the island by a distant kinswoman who had leprosy. That son, now thirty-four years old and unmarried, returned to live in a one-room building next to his parents and assists them but is marginal to the activities of the village men.

### **Teasing**

Joking is central to most Pacific Islands cultures; it ranges from light-hearted interpersonal banter to ritual clowning with serious political implications (Hereniko 1995; Mitchell 1992). As several ethnographers have pointed out, persons with disabilities are often singled out as victims of humorous barbs (Barker 1997; Hereniko 1995; Marshall 1983, 1996; Martini and Kirkpatrick 1981; Peter 1992). Laughter is a common response to embarrassment and anxiety, whether it is generated by a near accident, an actual mishap, or the awkwardness of interacting with someone who is noticeably different. Since there are few restrictions on teasing those of equal or lower status, laughing at individuals with disabilities is rarely admonished.

On Rotuma, although awkward movements may be mimicked at times, teasing is more intense for behavioral deviation than for physical disabilities. Much of it is light-hearted and integrative, however, actually drawing otherwise marginal individuals into social activities through verbal play (see Peter 1992 for a particularly poignant, personal account). Again drawing on Howard's 1960 field notes:

Ted is regarded as learning-impaired by people in the village. One indication is that he cannot tell when he is being teased. If the boys tell him complimentary things in an ironic way, he will not know. The girls also like to tease him about his being their boyfriend, but he doesn't seem to realize they are joking. He works diligently, however, and even is the main provider for his family. He appears calm and happy, and actually seems to enjoy the ironic buildup people give him in jest. Arthur says he is not known to get angry or to show any aggressive tendencies.

Frank is an unmarried twenty-six-year-old man who is regarded as lacking normal intelligence. He fulfills the role of a normal young man in most ways and is a competent worker. His interpersonal relationships with the other young men are relatively normal, but the girls like to tease him. They tease him indirectly, by getting him to do silly things, then laughing at him. For example, at one of the dances, the girls made him think he was in charge of the dance and encouraged him to the point where he began giving orders as to who was to dance with whom. The boys and girls all complied with his orders, while laughing at him to one another. Arthur says Frank never knows when the people are being serious or fooling him and that he believes whatever they tell him. The girls often pretend that he is their boyfriend in the same way.

An incident in 1988 illustrates how teasing can be used for social control. We had just met Robert (Case 2, below), who lived next door to the house where we were staying. Robert sat with us on the verandah for a long time, telling us about his former exploits, which we found increasingly hard to believe. He had been the captain of a ship that sailed to Australia, he told us, and he had traveled far and wide. Later, we mentioned these stories to our host, Terence. He laughed and said they weren't true. The next day we accompanied Terence to the local cooperative shop. Robert was there, sitting along the wall with some of the other men. Terence pro-

ceeded, in a somewhat mocking manner, to tell everyone there about the stories Robert had told us. Everyone laughed, and Robert hung his head, smiling sheepishly.

### **Cultural Principles in Action: Case Studies**

Reciprocal exchange and sharing of resources is central to social life on Rotuma. On formal occasions people demonstrate kinship ties and loyalty with special gifts of food, mats, money, and assistance. But Rotumans also frequently give informal food gifts, share meals, or help other households on a reciprocal basis, especially within the same village. People are concerned to influence how others think of their family by their generosity in giving, sharing, and helping. They also seek to maintain or strengthen bonds with other households for mutual social, political, and economic support.

Even if it were desirable, households could not maintain equally strong exchange relations with every other household in a village. Household size, the capabilities of its members, and availability of different resources constrain the number and types of exchange in which a household can participate. Closeness of kinship ties, proximity, fluctuating economic circumstances and political alliances, and interpersonal histories are some of the factors influencing how pairs of households interact. The effect of physical or mental disabilities on social interactions must be seen within this wider picture.

Two of the households in Rensel's 1989 thirteen-week survey of daily activities consisted of single adult males living by themselves; in both cases the men were regarded as having disabilities. In this section we provide some background on each man's situation and describe his exchange interactions with other households. We then compare their interaction patterns with those of other households in the study.

#### *Case 1*

*Condition.* Francis, age sixty-four, has crippled legs. He walks with difficulty, with an exaggerated rolling gait. He gets around better on a bicycle, when it is in good repair. Francis is also able to hitch rides on trucks or on the school bus. His upper body is strong, although his hand shakes when he tries to write.

*Explanation of Condition.* According to the Rotuman medical officer, Francis had polio as a youth. We are unaware of any folk explanations for his condition.

*Kinship.* Francis has no close family in the village and is said to come from "the other side of the island." However, he was adopted by a second cousin, who has since emigrated to Australia, and is *sigoa* (namesake) of the husband of another second cousin, now deceased. On the strength of these ties he was brought to the village at age fourteen to stay with the extended family, and allowed to live in a neighboring house on family land from the time he was forty-seven.

*Education and Experience.* Francis attended school through Class 4, which is common for his age group, and has traveled to Australia three times to visit the cousin who adopted him, at her expense. On the third trip he also went to New Zealand with a group from Rotuma who performed dances for a Rotuman gathering there. He speaks English quite well and is intelligent and witty. He has never married.

*Activities.* Francis is able to garden, although during the survey period he went to work in his garden only eight times, less often than any other adult male. He did not cut copra during the survey, although he does from time to time when he needs cash. Otherwise he receives money from his cousin in Australia. He is fairly skilled at carpentry and other building skills. He attends church services and gatherings regularly, both in the village and elsewhere on the island, and when the village participates in a dance performance, he joins the elders who keep rhythm by singing and beating on a pile of mats.

*Exchange Interactions.* Since he did not garden very much during the survey, Francis had no produce to share with others. His primary resource was his ability to work. Despite problems with mobility, Francis assisted three other households and the church with construction and repair projects during the survey. One of the households paid him (they were also paying four other workers from outside the village). Francis helped other households prepare *koua* (food cooked in an earth oven) several times, cut grass, cut firewood, and plaited coconut-leaf baskets in which to send food to Suva. Other households thanked him primarily by giving him meals, although he was also invited to eat with some households even when he was not helping them. One woman sewed a *sulu* (wraparound garment) for him. Because he assisted with the grave preparation, a household that hosted a funeral gave Francis a mat. He attended two eightieth birthday parties and gave one of the birthday honorees a gift of five dollars (this may have been the five-dollar gift Rensel had given him for assisting with the activities survey that week).

Francis loaned his bicycle to one man eleven times, gratis. (There were a

total of only fourteen instances of bicycles being loaned by anyone during the entire survey.) Interestingly, this happened after an incident in which Francis had become upset with the other man's son and another boy who were fooling around with his bicycle. Francis struck the children. The first boy's family was furious with him for doing that and avoided him for several days afterwards. It is possible Francis loaned the bicycle in an attempt to make amends for having hit the children.

*Intensity of Interactions.* During the survey period Francis had no interactions with six other households, a few (one to three) interactions with five other households, and several (sixteen to thirty-four) interactions with five households. His most intensive interactions were with the households of his namesake's daughter and her husband, and of her husband's brother; the household of the catechist (*vis-à-vis* church activities); the household of the family who hosted the funeral (which was the main focus of their interactions); and the household that paid him to help them with a construction project.

### Case 2

*Condition.* Robert, a fifty-six-year-old man, appears normal, but when trying to engage him in extended conversation, one quickly realizes he is "not right in the head" (*filo' raksa'a*). He tells (in English or Rotuman) of extraordinary experiences he claims to have had, such as having been captain of a ship and going on extensive travels. Some people mock or tease him about this or gently coax him to talk more normally; others avoid speaking to him at all.

We also were told of previous incidents in which he violently attacked his father or his twin brother (both now deceased) with an axe, a crowbar, and then a gun. He also reportedly dreamed that his brother's son was trying to kill him and scuffled with him. People in the village do not consider Robert to be dangerous except perhaps to members of his own family, although some women seemed reluctant to interact with him.

*Explanation of Condition.* One person, whose family has a history of enmity with Robert's, told us that Robert was this way because Robert's family had asserted that they were of a chiefly line and should have a turn at selecting the district chief; our informant said this claim was nonsense. The family was uncooperative with the chief and thereafter had bad luck, including Robert's condition. The Rotuman medical officer suggested that he had a form of epilepsy that could be controlled by medication.



*Kinship.* Although he lives on family land, Robert has no close family in the village, and Rensel was unable to get anyone to admit he or she was related to him. He was the eldest of eleven children. All his siblings save one have emigrated from the island. Robert stays in one family house and looks after a second one, which was otherwise empty during the survey period. His siblings contribute to a fund for his support, generally sending food and other goods rather than money. The remaining brother, a catechist, lived on the other side of the island during the survey period, though he and his wife visited and brought Robert produce periodically, and have since moved back to the family home.

*Education and Experience.* Robert attended school through Class 6. In his twenties he sailed for six or seven years on a copra boat, then returned to the island to stay. He speaks English quite well. He was married and divorced.

*Activities.* Robert primarily keeps to himself, although others do not actively exclude him when he chooses to participate in community activities. He attends church services only rarely. When there is a feast or other village work, he will sometimes assist the men (see below regarding exchange).

During the survey period Robert looked after about thirty chickens, two cats, and a dog. He gardened on twelve days. On seventeen days he cut copra and used the money to buy cigarettes. Most mornings Robert walks over to the cooperative store to buy two packs of cigarettes. Sometimes he sits quietly with the other men who gather there to talk. Morning and evening, he can be seen walking slowly through the village, between the two houses he looks after, smoking a cigarette.

*Exchange Interactions.* Robert was on the receiving end for a few food gifts and two rides but gave no gifts other than labor during the survey period. However, in previous years we noted Robert's sharing with an adjacent household some of the food and supplies that his siblings sent him from Fiji (eggs, onions, toilet paper). That household often gave him Sunday lunches, although they did so only once during the survey.

Robert is physically capable of performing most adult male activities in the village and sometimes joins in. When a group of men were tearing down an abandoned building, he assisted. When a family was preparing a feast for an eightieth birthday party, Robert joined in the work. He helped a group of men repairing and painting the church on three consecutive days. Each time Robert, along with the other men, was thanked with meals or refreshments.

Before he died, Robert's brother's wife's father had been exceptionally close to Robert. When Robert would start to talk or act strangely, the old man would come and speak gently to him, bringing him around to normal behavior. In addition, a European son-in-law of the old man was kind to Robert when he visited Rotuma, recognizing Robert's ability to work and involving him in helping the family with a house extension project. Other villagers teased the European man about his helpers, who also included Francis (Case 1) and a man with hearing loss from another village, but the European defended his choices.

When the old man died, Robert helped that household with food preparations for five days and ate with the household during the entire period. At the last dinner on the fifth day, Robert gave a speech, saying how wonderful it was to work together and how he wished it could be like this all the time. Those present were struck silent when he began to talk and made approving noises when he finished. Although other adults frequently give speeches of appreciation at gatherings, we have never heard Robert speak out in public before or since.

*Intensity of Interactions.* Robert had no interactions with seven households, one to six interactions with eight households, and nineteen interactions with one household. The household with whom Robert had the most intensive interactions was that of his brother's wife's father and sister.

### Comparison of Interaction Patterns

#### *Intensity of Interactions with Other Households*

The average number of interactions between households was fifteen, but the median was four interactions (see Table 1 below). Clearly some household pairs interacted much more intensively than others. In contrast, both Francis and Robert had fewer interactions with other households than the average. These men differ markedly from the other households in the number of other households with which they had no exchange interactions

TABLE 1. Number of Interactions between Household Pairs

	Range	Mean	Median
Seventeen households	0-124	15	4
Francis	0-34	9	2
Robert	0-19	3	2

TABLE 2. Number of Other Households Interacted With

Household	Number of Interactions					
	0	1-10	11-20	21-30	31-40	41+
A	2	7	3	3	0	1
B	2	10	2	0	0	2
C	5	9	2	0	0	0
D	0	2	7	3	3	1
E	1	7	3	3	3	1
F*	6	5	1	2	2	0
G	0	12	1	0	2	1
H**	7	8	1	0	0	0
I	0	8	6	0	2	0
J	2	7	4	2	0	1
K	0	4	1	3	3	5
L	1	5	4	5	0	1
M	3	10	2	1	0	0
N	1	7	2	3	1	2
O	1	7	5	1	0	2
P	1	8	2	1	2	2
Q	2	9	3	1	1	0
Mean	1.9	7.5	2.8	1.6	1.1	1.1
Mean excluding F and H	1.4	7.5	3.1	1.7	1.1	1.3

\*F = Francis's household; \*\*H = Robert's household.

during the study period (see Table 2, Figure 1). Only one other household (C) had nearly as many households with which they did not interact (five); they were a retired minister and his wife who had just moved to the village temporarily and had only distant relations there. The household of the one Jehovah's Witness family (M) in this village of Methodists interacted with all but three households, despite the limits placed on interaction by their religious differences. (These two households illustrate the influence of social deviation on exchange relations.) All other households maintained some level of exchange interaction with all but one or two households.

Most households in the study maintained a low level of interaction (one to ten) with several other households (average 7.5) while emphasizing exchange relations with a few. The average household had more than twenty interactions with about four other households. Francis followed this pattern, aside from the high number of households with which he did not interact. Robert, however, managed to interact moderately often (nineteen times) with only one other household and intensively with none.

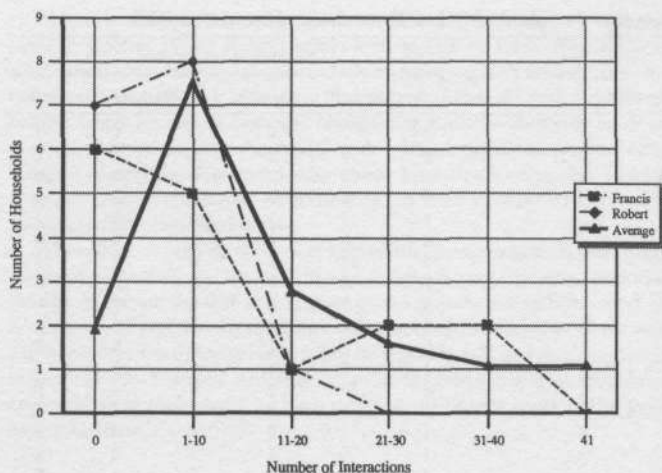


FIGURE 1. Household interactions: Francis and Robert compared to average.

### *Types of Interaction*

The primary forms of reciprocal exchange in the study area were (1) food gifts, (2) assistance, and (3) shared meals. The two men with disabilities have different patterns from the average for each of these forms (see Table 3, Figure 2 below).

1. A total of 793 food gifts were recorded in Rensel's survey. For seventeen households an average of forty-seven food gifts were given or received. Francis and Robert each received only eight food gifts and gave none.
2. The households recorded 783 person-days of assistance given to or received from other households in the study area. The average given or received per household was forty-six person-days of assistance. Francis helped other households on forty-two days, but he himself was helped only one day. Robert helped other households fourteen days, and he was helped on four occasions—twice when his brother's wife's family assisted in preparing meals at his house, once when a

TABLE 3. Numbers of Exchange Interactions by Type

Household	Food Gifts		Person-Days of Assistance		Shared Meals	
	Given	Rec'd	Given	Rec'd	Given	Rec'd
A	50	48	63	40	18	29
B	40	22	58	19	38	48
C	16	19	25	22	2	3
D	127	59	63	101	83	34
E	48	50	67	39	51	45
F	0	8	42	1	0	66
G	20	47	71	30	12	63
H	0	8	14	4	4	21
I	49	43	16	25	22	28
J	36	50	47	50	42	36
K	55	110	113	127	76	91
L	44	41	45	115	67	20
M	10	18	41	20	2	19
N	22	105	9	102	75	8
O	109	62	58	53	32	25
P	136	59	38	27	32	33
Q	30	44	13	8	30	17
Total	793	793	783	783	586	586
Mean	46.6	46.6	46	46	34.5	34.5
Median	40	47	45	30	32	29

man gave him some melon seeds to plant, and once when a neighbor brought Robert's cargo from the wharf in his truck.

3. The households collectively recorded 586 days when meals were shared with other households. For each of the seventeen households, there were an average of thirty-four days (out of the ninety-one days of the survey) when they shared meals with others, either hosting or being hosted by someone else. Francis ate meals at another household on sixty-six days. This figure is nearly twice the average and represents more than two-thirds of the total survey period. He did not host anyone for meals. Robert ate meals at another household on twenty-one days, and on four days someone from another household ate at his house; on these occasions, his brother and the brother's wife were visiting and actually provided and prepared the meals.



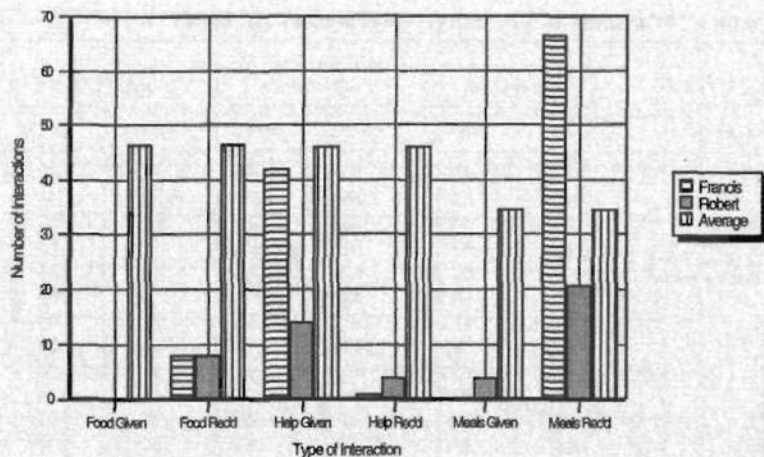


FIGURE 2. Exchange interactions by type.

### *Discussion*

Both men interacted with fewer households than the average during the survey period. A number of factors may contribute to this pattern. For instance, age and gender may play a role, insofar as they tend to define appropriate venues and partners for interaction. By the time they reach late adulthood, Rotuman men usually have established networks through decades of involvement with others and continue to strengthen relationships through participation in particularly male activities, such as going inland during the day to garden or cut copra and staying up all night to prepare feasts. Both Robert and Francis were restricted with regard to the extent to which they took part in such activities.

But household size is especially salient in determining levels of inter-household exchange. In Rensel's 1989 study, larger households generally maintained larger exchange networks, with each household member contributing to the cumulative total of interactions (see Rensel 1994 for a more detailed discussion of interhousehold exchange patterns). Single-person households necessarily face practical constraints on the number of exchange relations they can maintain. Being single, Francis and Robert faced limits on the forms and scope of their interaction with others.

Each man maintained low levels of interaction with several other households, in keeping with the overall village pattern. But whereas Francis, with

his physical impairment, emphasized more intensive interactions with a few other households, Robert, with his mental problem, interacted only moderately often with one other household.

Neither man gave food gifts, and both received few. Francis emphasized assisting other households and was hosted for meals in return. Robert also helped other households but only a third as often; still he was hosted for a moderate number of meals.

The patterns of interaction demonstrated by the survey data are illustrative of general observations we have made during our extended field research on Rotuma. They suggest the following cultural patterns:

1. Individuals with mental impairments find it more difficult to maintain exchange relations with other households than persons with physical disabilities.
2. Persons with disabilities have greater difficulty maintaining exchange relations with more than a few neighboring households.
3. Others are less likely to initiate or maintain exchange relations with households headed by persons with disabilities.
4. Possibilities for exchange are affected by disabilities that limit individuals' productive capabilities. For instance, neither Francis nor Robert gardened very often during the survey, so they had little produce to share with others.

Since exchange relations with other households both constitute an important economic strategy and reinforce social relationships, persons with disabilities who live alone are economically and socially disadvantaged to the extent that their participation in such activities is limited by their disabilities.

### **Additional Cases**

Among the other households participating in the 1989 study were additional people with disabilities, but since they belonged to larger households, their individual contributions to exchange interactions were not tallied separately. However, our observations concerning their activities and the way they were treated by the rest of the village suggest that disabilities are just one factor among many shaping interactions with the rest of the community.

#### *Case 3*

John, age twenty-two and unmarried, is missing a finger and has trouble with the muscles of one eye, which flutters. He also suffers from neck trouble,

for which he periodically gets a massage from a neighbor. He lives with his parents, grandfather, and five siblings, of which he is the eldest. John completed Form IV (tenth grade) but was unable to get employment in Fiji. He earns money from occasional labor when opportunities present themselves. John avidly enjoys athletics and despite his slight build played on the island's rugby team in 1989 at the national games. He occasionally attends church and activities organized by the Methodist Youth Fellowship. Whenever young men are needed to help prepare a feast in the village or when they decide to go drinking, John is there. However, when his father needs help, he is likely to be elsewhere. Although his parents consider him unreliable and foolish, most people find John friendly, helpful, and likable. He gets away with defying social convention. For example, the greeting "Come and eat!" when someone passes by one's house is called out as a courtesy (much like "How are you?" in American culture), rather than as a serious invitation. People have come to realize that if it is called out to John, however, he will come and eat! Most just laugh and make him welcome.

#### *Case 4*

John's grandfather, Richard, is eighty years old but still active, despite his hearing loss, toothlessness, and periodic bouts of filariasis. Except when he is ill, Richard makes daily trips to the inland gardens, bringing back bananas, yams, or cassava. He frequently climbs the tree next to the house to cut breadfruit. He washes his own clothes and scrubs the pots and pans for the household at an outside standpipe. Richard regularly attends church, although he doesn't talk to anyone. He joins in some social gatherings and sits with other old people, watching what's going on, but he refuses to eat in front of others because he is ashamed of his toothlessness. When guests come to the house, he takes his food outside and eats alone. The house belongs to his deceased wife's family, and he continues to live there only with his son's permission. His daughter-in-law resents his presence, occasionally yelling at him and threatening to kick him out. Although Richard can't hear her, he is aware of her attitude. His eagerness to make daily trips to the garden can be interpreted as an attempt both to contribute materially to the household and to stay out of her way.

#### *Case 5*

Samuel is thirty-four and unmarried. He attended school until Class 3 but dropped out because of a learning impairment. The youngest of seven children, Samuel was sent to live with distant kin on the other side of the island when he was small. He has since returned and lives in a small, one-room

building next to his parents' house. He assists with household chores and runs errands for his parents. Samuel is marginal to the young men's activities: that is, he occasionally helps with feast preparations but otherwise his socializing is limited. He attends church services and Methodist Youth Fellowship activities, where he is treated kindly.

#### *Case 6*

Edward, age nineteen and unmarried, has a clubfoot. He finished Form IV (tenth grade) and worked for a few years on his father's brother's cattle ranch on the island of Viti Levu in Fiji. After returning to Rotuma, he went to work driving his father's truck to make money by transporting groups to special events. He joins the activities of the other young unmarried men, who have accepted him, and at least one young woman in the village has declared him handsome, implying he would be a good catch.

#### *Case 7*

George, age fifty-six, has a bad knee. He walks by swinging one leg around rather than bending it at the knee. George is married and has two children, who live in Fiji. He cuts copra and works for the cooperative association driving a truck for a fortnightly salary. In 1989 he was in the process of building a small house for himself and his wife away from the village, but at the time of the survey he was staying with his wife's mother, brother, and extended family, totaling thirteen people in two dwellings. Along with his wife and brother-in-law, George participates in all the community activities.

#### *Case 8*

George's daughter Flora, age twenty-three and unmarried, has never gone to school. Her family explains that she is "sick." She does not participate in community activities and seldom leaves the home compound, where she does some simple chores or just sits, watching others. Occasionally she accompanies her father down the road to cut copra. Her family strictly controls her movements and limits her interactions with others. (Flora is the person who struck up a conversation with Howard, reported above, but refuses to engage when in sight of others.)

#### *Case 9*

William is the head of one of the higher-ranking families in the village. Since the death of his wife in 1988, he lives part-time with one son in the village

and part-time with another son on the other side of the island. William suffered a stroke just after the celebration of his eightieth birthday and was subsequently partially paralyzed. His stroke promoted a sudden and intense outpouring of food gifts and assistance from most of the other households in the study area and beyond. One family from a neighboring village came and stayed for a month to help care for him and provide daily *sarao* (therapeutic massage). Neighbors visited often and brought favorite and hard-to-obtain foods. Even households that had long-standing conflicts with William took this opportunity to make amends and show their sympathy. Thus, in his disabled state, William interacted with many more households more intensively than he did prior to his stroke.

### Conclusion

We have argued that Rotuman culture shapes the experience of persons with disabilities primarily on the basis of salient propositions about personhood and social relationships. We regard these propositions as part of a broad pool that individuals may choose to employ or disregard, according to circumstances and personal agendas. Indeed, a person with neither physical nor mental impairment may be socially handicapped by other circumstances that call these propositions into question.

Our data suggest that the treatment of persons with disabilities on Rotuma is less the consequence of a prescribed set of norms, based on notions of what such individuals can or cannot do, than the result of negotiated interactions that derive from total social histories.<sup>8</sup> Thus impairments that occur later in life are less likely to require dramatic role shifts (e.g., playing the role of a "blind person") than in societies where disabilities are often primary criteria for defining roles. Persons with visual impairment on Rotuma may drop certain tasks from their repertoire, for example, while continuing to do others that are socially valued. Their interactions with others may show a great deal of continuity. Much depends on their life circumstances and the state of their relationships with people around them. If they have been generous, well-regarded individuals, they are in a strong position to negotiate favorable conditions for themselves, despite impairments. If they have led less than exemplary lives, their positions are correspondingly weakened. Their disabilities under the latter circumstances may be attributed to moral transgressions, lessening the social obligation of others to provide support. Persons with congenital conditions that decrease their opportunities for marriage or impair normal functioning are in a more vulnerable position. They may be deprived of the opportunity of ever becoming, in Rotuman terms, a fully competent adult. But they, too, have negotiating power depending on



circumstances. In the final analysis, the ways in which persons with disabilities are treated on Rotuma depend far more on individual dispositions and agendas than on any set of preconceived cultural premises.

### NOTES

Earlier versions of this article were presented at annual meetings of the Association for Social Anthropology in Oceania (ASAO) in New Orleans (1992) and Kailua-Kona, Hawai'i (1993). We wish to thank Maureen Fitzgerald and Jocelyn Armstrong, organizers of the sessions on disability in Pacific societies, for their encouragement and support as well as their constructive criticisms. We also are grateful to several anonymous reviewers whose assessments forced us to clarify our central points.

1. In the spirit of this cultural emphasis, we present our case material intact—a meta-statement of sorts—rather than selecting fragments to illustrate specific points.
2. See Clifford (1988) and Abu-Lughod (1990, 1991) for critiques of the tendency for anthropologists to impose unproblematic coherence on cultural models.
3. For a more extensive discussion of this view of culture, see Howard 1985.
4. Churchward lists a third term, *'atuamürsoro*, which he translates as elephantiasis of the buttocks (1940:352). Elisapeti Inia, one of the most knowledgeable Rotumans alive, disputes this translation, insisting that the word should be *'atuamürsolo*, which would translate as a *penetration* of the buttocks by an *'atua*, or ghost. Mrs. Inia says that the condition to which this term refers is polio, not elephantiasis (pers. com., 1993).
5. The notion of "ideal personhood" was not directly invoked at the time of the research, although in retrospect it was the clear implication. In negotiating criteria we settled on a definition of disability that centered on conditions that interfered with a person's being able to meet expectations appropriate to an individual of the same age and sex, without impairments.
6. We nevertheless were able to identify persons with disabilities in the village where Rensel conducted her research on household exchange and can extrapolate. Since categorization of persons as disabled in 1960 was based on Rotuman research assistants' notions of individuals "who had something wrong with them," while in 1989 we made our own assessments on the basis of a combination of observations and comments in unstructured settings, extrapolations are necessarily suspect, but we present them for what they are worth. In 1960 there were thirteen households in this village containing ninety persons, two of whom were identified as having disabilities, yielding a prevalence rate of twenty-two per thousand, nearly identical to the rate for the island as a whole. In 1989 the village included seventeen households and ninety persons, nine of whom had disabilities, providing a prevalence of one hundred per thousand, nearly a fivefold increase.
7. *Haharagi* also refers to a stage in the Rotuman life cycle, the stage intermediate between childhood and married adult (see Howard n.d.).

8. An anonymous reviewer pointed out that even in complex societies social identity among family and friends is based on many factors, not exclusively on disability. Although we acknowledge this to be a valid observation, we believe that cultural patterns nevertheless shape the experiences of individuals with disabilities, even among intimates. Thus the salience of categorical propositions (beliefs) in Western societies leads even family members to presume limitations based on types of disability. We would argue that while intimacy often results in such expectations being overridden, the very existence of the stereotypes requires a good deal of counterexperience to overcome them. On Rotuma this is not the case.

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