OVERVIEWS

Polynesia and Micronesia in Psychiatric Perspective

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For most laymen the tropical islands of Polynesia and Micronesia conjure up idyllic images of happy-go-lucky, brown-skinned natives, unharried by the pressures of civilization. The imagery suggests circumstances directly opposed to those ordinarily associated with mental illness, behavioural disorders, psychosomatic disturbances, and the like. Indeed, the popular media more often than not seem drawn toward using the term "paradise" when referring to the region. A perusal of transcultural psychiatric reviews (e.g. Kennedy 1973; Kiev 1972) does little to dispel this misconception, for they make virtually no reference to problems encountered by Polynesians and Micronesians. Perhaps this is because the islands have turned up no spectacular culture-bound syndromes such as *latah*, *windigo*, or *piblokto*. It seems that observers have found madness in paradise to be rather run-of-the-mill and not sufficiently interesting to discuss in print. In this article I shall survey the scattered literature bearing on psychiatric conditions in this region, excluding from consideration only New Zealand and Hawaii where indigenous Polynesian populations have been submerged in complex pluralistic societies as minority groups.[1] By placing Polynesia and Micronesia in a single grouping I do not mean to imply an absence of significant differences between the two culture areas. Rather, the justification for discussing them together is provided by observed similarities in certain core cultural forms and processes of psychological consequence (see Levy 1969a). The key to common patterning appears to result from the adaptive requirements of living on small islands, or island clusters, relatively isolated from people who are culturally and linguistically radically different. This contrasts with Melanesia (as well as with continental land masses), which is considerably more diversified from every standpoint (see Mead 1967).

The basic cultural pattern that characterizes the region contains most of the features of traditionally oriented, well-integrated, *Gemeinschaft* communities (Redfield 1955). In particular, the ecological limitations of isolated island environments appear to have favoured a strong emphasis on interpersonal harmony and cooperation, and discouragement of individual competitive achievement (Howard 1974). A review of the culture and personality literature on the region reveals that a key problem of communities of this type centres on the control of aggressiveness, while for individuals the focus is on the management of anger and derivative emotions. Even mildly aggressive behaviour threatens social harmony in such tightly bounded communities, and much of the cultural apparatus is oriented toward avoiding confrontations and minimizing the probability of affronts, embarrassment, or other anger-arousing circumstances. Likewise, a good deal of ritual and custom is oriented toward dissipating anger once it has been aroused.

Robert Levy, a psychoanalyst turned anthropologist, has perceptively analysed the management of anger and aggression among Tahitians (Levy 1978, 1973, 1969b). In the community he studied most intensively, Levy was struck by the absence of hostile aggressiveness, even under conditions of personal breakdown. He argues persuasively that Tahitian gentleness is a surface behaviour which is adaptive in that particular ecological milieu, and that it is the product of a highly redundant set of controls. Although Tahitians have the potential for hostile aggression, Levy (1978: 233) argues that "they have learned to construct themselves so that they are not 'basically aggressive.' They do not generally have to *suppress* hostility in themselves, they are structured to minimize the problem" (emphasis in original).

A somewhat different perspective of this antiaggression bias is provided by Melford Spiro (1959, 1953, 1952, 1950) for the Micronesian island of Ifaluk. Although aggressive behaviour is rarely evoked on this small atoll, Spiro argues that Ifaluk personality is not without hostility and anxiety. Hostility is revealed most clearly in individual and cultural fantasies which feature aggressive acts. It is also indicated by a belief in malevolent ghosts which Spiro (1952) considers to be a symbolic projection of repressed hostility. Without this belief or its psychological equivalent, he argues, the tensions arising within the individual as a result of anxieties and repressed aggressions could well become unbearable.[2] Spiro traces the source of hostility to frustrations of socialization, and particularly to the

displacement of a previously indulged child by a newborn infant. From a position of considerable nurturance, the child is relegated to a position in which he is not only likely to be ignored, but his own solicitations for affectionate attention are likely to be rejected.

This pattern of early childhood indulgence followed by harsh socialization is a common theme in the literature and some culture and personality workers regard it as the key to Polynesian/Micronesian character development. Indeed, the degree of harshness with which this transition is administered may be of critical significance for understanding psychiatric problems inasmuch as it influences the levels of anger and hostility that must be controlled. Thus, whereas in some island societies physical punishment is rarely used, and when used tends to be mild, as in Tahiti, in others it is common and often severe, as in American Samoa. It is therefore not surprising that numerous anthropologists have commented on the extent of violence in American Samoa, despite social norms that emphasize interpersonal harmony (e.g. Gerber 1975; Keene 1978; Keesing and Keesing 1956; Lemert 1964a; Maxwell 1969). A complete explanation of Samoan aggression, however, would require attention to both child rearing and social organization. Thus, in an incisive analysis, Shore (1977) convincingly shows that the flash points in American Samoan society involve relationships that include structural ambiguities or contradictions so that status differentials are uncertain.

In addition to a preoccupation with controlling aggression, there are other focal points for anxiety throughout the region. One is food deprivation anxiety, which Lessa and Spiegelman (1954) attribute to the sharp transition from indulged infancy to punitive childhood. This is consistent with Howard's (1974) interpretation of survey results relating obesity to child-rearing strategies among Polynesian-Hawaiians. A second source of anxiety is sexuality. Although it is generally true that sex in the region is less constrained by cultural mores than in Euro-American cultures, it would be incorrect to assume it to be like the totally "natural" indulgence of romantic imagery. In some communities one focus of sexual anxiety is incest because of the great dread it arouses and the threat of supernatural sanctions it elicits (Huntsman and McLean 1976). The requirement that sexual liaisons be kept secret to avoid interpersonal disruptions and embarrassment can also create problems, especially on small atolls (Vayda 1961). More important from the standpoint of vulnerability to psychopathology, however, are the structural oppositions that exist between male and female in many of these societies.

Throughout the region, male and female symbolize alternate aspects of cultural reality with women regarded as dangerous to men and a source of ritual pollution. Such opposition suggests a latent hostility which may be expressed through sexual aggression (see, for example, Shore 1976; Swartz 1958). Another focal point for anxiety centres on the fear of social isolation, not only in the sense of social rejection and withdrawal of support, but in the literal sense of being physically left alone (Barnett 1960; Levy 1973; Spiro 1959).

Two additional characteristics commonly attributed to Polynesian/Micronesian peoples are muted emotionality and impaired intellectual capacity. Barnett (1960) traces these attributes among Palauans to chronic, free floating, pervasive anxiety and in general they are discussed in terms of pathology.[3] However, we are in danger of being acutely ethnocentric in attempting to translate emotional and cognitive styles from other cultures to our own in relation to their significance for adequate functioning. Thus Levy's (1973) analysis of Tahitian emotion management in terms of distancing strategies places the issue of "flat" affect in quite a different light, one in which there are significant adaptive benefits as well as costs. Likewise, Gladwin (1970, 1964) convincingly argues that while Micronesian cognitive styles may emphasize concrete and nonabstract aspects of thinking, it is unwarranted to consider this to be the result of intellectual impairment. He demonstrates that their thinking processes are in fact well suited for the types of problems they confront, and argues that cognitive styles must be understood in the context of cultural ecology rather than simply as a secondary outcome of emotional and motivational development. (See also Shweder et al. n.d.; for an excellent general discussion of the culture and personality literature on Polynesia and Micronesia, see Levy 1969a.)

A critical theoretical issue raised by culture and personality studies in Polynesia and Micronesia concerns the relationship between social and personal systems of control. Virtually every ethnographer has stressed the importance of external social controls for maintaining behavioural conformity. In some societies, Tahiti for example, there is evidently a high degree of congruence between individual motivational and feeling structures and social demands. This results in relatively low tension levels in the control systems of both communities and individuals (Levy 1973). But in other societies, American Samoa being a case in point, the relationship between external social constraints and personal control systems is much more prob-

lematic. A reading of the literature on behaviour in American Samoa reveals a paradox: mild-mannered gentleness, politeness, and passivity are juxtaposed with a capacity for explosive aggressiveness and an inclination to dominate others (Maxwell 1969). While some ethnographers have attributed this opposition to alternate emphases within the social system (e.g. Keesing and Keesing 1956), others conceptualize it as a tension between the social necessity for passivity and personal dispositions of aggressiveness (Maxwell 1969), thus translating the opposition into one between social controls and individual drives. In his analysis of this paradox, Shore (1977) finds that the American Samoans themselves attribute controlled behaviour to external social constraints, while uncontrolled behaviour is associated with the failure of self-control over personal desire. They tend to see their own anger as leading to tantrums and to going wild (Shore 1977). This relationship between social and personal controls is of considerable significance for understanding behavioural and psychological responses to urbanization and migration to new environments, particularly where traditional social controls are inoperative or severely limited in their effectiveness.

A corollary to the emphasis on social controls is the ascription by ethnographers of a strong shame, as opposed to guilt, orientation in Polynesian and Micronesian cultures. The central notion is that it is fear of discovery that generates anxiety following misbehaviour, rather than the self-knowledge that one has violated a moral norm. This implies a weak, or nonexistent, superego in Freudian terms, and a limitation of remorse to cases where there is public exposure of misdeeds. To be sure, there are problems with such a conceptualization. Not only is the distinction itself analytically murky, but there is evidence that islanders do indeed experience anxiety following certain transgressions since punishment can come from supernatural sources independent of public exposure. Nevertheless, the observed differences between Polynesian/Micronesian cultures and Western urban society seem to reflect a psychodynamically different organization of personal control systems which needs to be explained. One approach has been to seek the origins in child-rearing patterns, particularly in the way that punishments and rewards are administered (e.g. Howard 1970); another has been the recent theoretical formulation by Levy (1974) who, following Bateson, looks for an explanation in terms of person-social systems relationships. Regardless of how it is ultimately explained, the nature of control systems

and their relationship with one another is clearly of crucial significance for understanding personal breakdowns in Polynesia and Micronesia. It is to such topics that we now turn.

THE IMPACT OF ALCOHOL

As Marshall (1976) points out in a recent paper, Oceania and most of North America are the two major culture areas known to have had no alcoholic beverages at the time of European contact. The closest thing to alcohol was *kava*, a drink prepared from the crushed root of *Piper methysticum*, which was consumed throughout most of Polynesia and in parts of Micronesia.[4] Kava was (and still is in many areas) imbued with important symbolic meanings and its consumption was regulated by an elaborate set of rules. It was ritually used on most solemn occasions, particularly those involving chiefs. The physiological effects of kava differ from those of alcohol inasmuch as higher brain functions are not affected. Persons who drink large amounts of kava tend to be tranquillized with a temporary numbing of mucous membranes and occasionally a temporary inability to walk. Its effects include a diminishing of tension, analgesia, anxiety relief, barbiturate-type potentiation, and anticonvulsion, spasmolytic, and antimycotic actions (Hansel 1968; Keller and Klohs 1963). For cultures that are preoccupied with minimizing aggressive behaviour, kava thus appears to be an ideal beverage. Alcohol, in contrast, appears to have serious complications for cultures with more fragile control systems.

The available evidence on the introduction of alcohol to Oceanic societies reveals no uniform pattern. In some societies, such as the Marshalls, Ifaluk, and Ulithi in the Carolines, alcohol created very little disturbance, while in Truk and the Gilbert Islands, alcoholic consumption was immediately related to violence (Marshall and Marshall 1975). For the most part the kind of reaction appears to have been continuous through time with those societies that experienced the greatest initial disruption continuing to show the greatest degree of alcohol-related problems (Marshall and Marshall 1975). Whether this is because initial experiences have been historically perpetuated or is a function of systemic differences is problematic. The evidence from Tahiti supports a systemic interpretation. Drinking there appears to have been heavy and disruptive following the social upheavals generated by European contact, but when reintegrated cultural forms developed, moderate, controlled drinking became the rule (Levy 1966; see also Murphy 1978).

The issue of drinking and cultural integration in Polynesian societies has been addressed by Edwin Lemert in a provocative series of papers (1976, 1967, 1964a, 1964b, 1962). In trying to comprehend contemporary drinking patterns, he takes into account a variety of considerations, including historical context, traditional patterns of consuming kava, traditional values, and social control mechanisms. He develops a threefold classification of drinking patterns: festive, ritual-disciplined, and secular. The festive pattern, found in Tahiti and Hawaii, is considered to be the prototypical form in which drinking is associated with feasting and is accompanied by group singing, chanting, dancing, and occasionally "promiscuous sexual pairings" (Lemert 1962: 184).

Lemert suggests that, in the face of pressure from the missions and colonial political controls, festive drinking was supplanted by ritual-disciplined drinking on islands such as Aitu, Rarotonga, and Aitutaki in the Cook Islands and the Marquesas. Ritual-disciplined drinking in so-called bush beer schools is characterized by the leadership of a steward and brewers who exercise control over who drinks, the amount drunk, and the behaviour of those who drink, while abstaining from drink themselves.

Secular drinking is characteristic of American Samoa where "it is much more conspicuously a mechanism or device through which individuals in group settings find release for a variety of unintegrated feelings and impulses" (Lemert 1964a: 366). American Samoan drinking is portrayed as lacking all but the basic elements of patterning, as being without ritual, and as seldom integrating with village or district festive occasions. In part, at least, Lemert attributes this lack of integration to a history of continuous prohibition.

Given this typology, Lemert (1964a: 368) argues that festive drinking in places like Tahiti is well integrated with such basic values as kinship hospitality and "psychic rapport overtly symbolized by collective eating, singing, dancing, and sexual communion." Preference is for beverages of low alcoholic content, especially beer, and for plateau drinking for the type of "long, slow drunk" that facilitates affiliative interaction. Although intoxication does sometimes lead to quarrelling and fighting among Tahitians, the overt aggression involved is mild, being mostly verbal or random pushing and slapping. A main motivation for drinking among the younger men is to overcome shyness sufficiently to make sexual approaches to women. In general, Lemert (1968a: 368) sees male Tahitian drinking behaviour as indicative of their essential personality characteristics which he

describes as "quiet, shy and almost timid" when sober (for a parallel view of Tahitian drinking, see Levy 1966). The ritual-disciplined drinking of the Cook Islands is considered to be less well integrated with basic cultural values. Correspondingly, Cook Island drinkers are more aggressive than those in Tahiti and disputes over women, land, and genealogies often arise in drinking sessions which not infrequently end in fights with fists or sticks (Lemert 1964).[5] The secular drinking pattern of American Samoa is perceived by Lemert, and by American Samoan chiefs, as a direct threat to cherished values which are central to *fa'a Samoa*, the "Samoan way." In American Samoa, drunkenness, particularly among the young, untitled men, often leads to aggressiveness involving fights with rocks and knives, rapes, merciless beatings of wives and children, and the wanton destruction of property. Despite heavy drinking in some societies, Lemert (1964: 372) asserts that "alcoholism in the sense of addictive drinking, with complex personality changes and serious organic pathology such as cirrhosis of the liver, is nowhere found among full-blooded Polynesians." The evidence from a variety of sources confirms this observation, although Murphy (1978) notes that serious drinking problems appear to be developing among elites in territories that have recently received partial or complete independence. He relates this development in part to imitation of colonial administrators, and in part to the burden of unfamiliar and difficult work demands. He also reports that cases of delirium tremens are beginning to appear in the Cook Islands.

The impact of alcohol on contemporary Micronesian society has been assessed by Francis Mahony (1974) in a recent report. He documents a dramatic increase in liquor imports and per capita consumption of alcohol during the late 1960s and early 1970s with by far the heaviest drinkers being men between the ages of 14 and 35 in the district centres and other "wet" municipalities. Mahoney finds that Micronesia's six districts can be divided into three that are nonviolent (the Marianas, the Marshalls, and Ponape) and three that are violent (Yap, Palau, and Truk). In the "violent" districts, which account for 87 percent of the violent crimes reported during the period of study, drinking is presumed by Mahony to exacerbate existing tensions. In Yap and Palau, drinking has become patterned after relations associated with the traditional men's houses—fraternal societies in which demonstrated bravery or daring was a young man's greatest asset. According to Mahoney, in these districts alcohol often acts as a vehicle for young men to both assert their in-group loyalty

and to display their bravado by assaulting members of out-groups. In Truk there are no men's houses and Mahoney attributes alcohol-related violence there to the failure of externalized controls in heterogeneous circumstances such as bars. He reports that the Trukese emphasize the belief, shared by Micronesians throughout the territory, that once a person begins to drink he cannot hope to control himself.

Mahoney found the linkage between alcohol and crime in Micronesia to be commonly recognized as being reflected in police records inasmuch as 84 percent of all arrests were alcohol related.[6] In general, crime rates among Polynesians and Micronesians reflect the tensions apparent between control systems and aggressive tendencies. Thus, whereas in Tahiti Levy (1973) reports a remarkably low incidence of serious crime, in American Samoa serious crime is a problem of some magnitude. The vast majority of criminal acts throughout the region are episodic and explosive. They are committed almost exclusively by young men who traditionally were under the least rigorous controls and who are the least well integrated into social control systems. They also form the segment of the population that consumes most of the alcohol, often in situations in which normal social controls are either inoperative or significantly weakened. (For an additional report on alcohol abuse in the area, see Schmidt 1972.)

Murphy (1978) considers alcohol-related problems in the region to be symptomatic rather than causal, pointing out that there is usually no relationship between the amount of disturbance and the amount of alcohol consumed. He regards most problem drinking as indicative of a sense of impotence produced by an inability to attain mastery in a rapidly changing world, and asserts that "the disappearance of . . . disturbed drinking behavior usually occurs when a new opportunity of obtaining mastery presents itself (as through employment in New Zealand for the Cook Islanders)" (p. 14).

The most revealing analysis of alcohol consumption in Micronesia is Marshall's (1979) recent monograph on drunken behaviour in Truk. Marshall convincingly demonstrates that drunkenness constitutes a dramatic performance for Trukese young men and provides the only available channel for expressing aggressive impulses and bravado in socially acceptable ways. He states that "the message in the madness of Trukese drunkenness is that in assuming the social identity of the drunk, in putting on the culturally approved mask of temporary insanity, one may legitimately express aggression against others and be excused from doing so" (p. 119).

Far from being an indication of pathology, Marshall (1979: 119–20) holds that "the state of drunkenness simply opened up new possibilities for the open expression of antisocial impulses. In this sense, drunkenness may be looked upon as a psychological blessing for young men in Truk from the standpoint of their overall mental health. Rather than bottling up much of their aggression, they could now freely express it in a socially sanctioned way."

SUICIDE

The episodic nature of Polynesian and Micronesian crime, marked by sudden outbreaks of violent aggression, also appears to distinguish suicide patterns in the region. That is, suicide seems to be an impulsive response to a distressing event rather than the culmination of a sustained depression. It also tends to be contagious and at times to become epidemic. In discussing one of the earliest recorded suicide epidemics, in Rarotonga during 1833, Beaglehole (1937) suggests that the newly introduced Christian concepts of sin and "worthlessness" may have played a role in the development of the epidemic. However, evidence from Tikopia suggests that suicide may have been a rather common response to a variety of social and psychological conditions or events regardless of Christianity. Thus, Raymond Firth (1967a) estimates a suicide rate of 60–70 persons per 100,000 per annum for the island between 1929 and 1951, an extraordinarily high rate by Western standards. Since the chief means of self-destruction by adult males was to set out in a canoe to open sea—an act of extremely high risk but not necessarily fatal—suicide attempts were not always distinguishable and the actual rate may have been even higher. Firth (1967: 130) classifies the motives for suicide in Tikopia into four general categories: "(1) grief or despair, such as in suicide because of unrequited love, or love for a dead spouse; (2) anger, such as that resulting from domestic discord, including revolts against parental authority; (3) shame, such as that which occurs in the case of the pregnancy of an unmarried girl; and (4) loyalty, such as is evident in suicides from friendship and peer-group attachment." Firth's account nicely details the complexity of suicide as a social act and should be read by anyone with a scholarly interest in the subject.

The most recent suicide epidemic has been documented in Micronesia by Francis Hezel (1976), a Jesuit priest long resident in the islands. Hezel reports that at least 23 Micronesians, and perhaps as many as 30, took their lives during a one-year period in 1975–76, giving a suicide rate for Micronesia more than twice that of the

United States. Eighteen of the 23 victims were between the ages of 16 and 26, which puts the rate for this age bracket at seven times that of the United States. Suicide has thus become the number one cause of death for persons between the ages of 15 and 30 in Micronesia.[7] All but two of the victims were males, although Hezel (1976: 9) reports "a startling number of unsuccessful attempts on their own lives made by females." He attributes the differential in successful versus unsuccessful attempts to the fact that while men ordinarily hang themselves, women usually imbibe chlorine, kerosene, or some other toxic substance which allows time for discovery and treatment. In response to the question "why are so many young people in Micronesia killing themselves today?" Hezel (1976: 11) writes:

> Virtually all the suicides—with a few clear exceptions—were precipitated by an argument or misunderstanding between the victim and someone very close to him: in some cases his wife or girlfriend, occasionally his friends or drinking companions, but more often members of his own family. Sometimes suspicions of his spouse's infidelity seem to have been the immediate cause of suicide, but more commonly it was something as apparently trivial as a quarrel over a flashlight, the refusal by a parent or relative to give money or food upon request, ridicule by friends over a misdeed, or a fight with a relative or a neighbor. . . . The usual sequence of events is easily identified. There is first the quarrel or scuffle with friends or family; the emotions of anger, shame and perhaps self-pity that are triggered by the incident; the drinking that sometimes, but not always, either precedes or follows the quarrel; and the actual suicide, ordinarily by strangulation from hanging.

Exacerbating the problem, in Hezel's (1976: 12) view, is the fact that weakened familial control systems have led parents to rely "on the only weapon that appears to be left in their arsenal: continual nagging." As the ties of mutual love and respect that bind a youth to members of his family and his community dissolve, Hezel (1976: 13) writes, "the young man's lack of self-esteem gives rise to anger at those who have refused to accept him, shame at his own worthlessness, and a profound self-pity." Hezel's findings lead him to conclude that the frequency of suicide is low in well-integrated, more traditional communities. However, the high rate of suicide in Tikopia, one of the least disturbed cultures in the Pacific, suggests a more complicated picture.

MENTAL ILLNESS

Rates. The problems with establishing valid rates of mental illness have been extensively treated in the general literature (see, for

example, Dohrenwend and Dohrenwend 1974); if anything, they are even more severe in the culture area of concern here. Not only are there the usual problems of diagnosis in culturally exotic settings, but the populations of many societies in Polynesia/Micronesia are so small that the addition or subtraction of one or two cases would drastically alter the figures. It is therefore difficult to determine whether hospitalization rates or field estimates reflect general psychiatric conditions or specific, temporary circumstances.

In a recent report, Murphy (1978: 7), after compiling data on a number of Pacific Island territories (including several from Melanesia), concluded that "many Pacific Island populations have incidence and active-prevalence rates of major mental disorder which are considerably below what one would expect in many other parts of the world," including other areas where he had done similar surveys. In rates of first admission to hospitals, he found a range from 1.5 to 8.1 per 10,000 adults for the three societies that concern us here (Gilberts, Tonga, Western Samoa). On the average, such rates are considerably lower than those of Western nations.

Hospitalization rates appear to be at least partly a function of the "elasticity" of social environments to absorb disturbed individuals rather than a direct reflection of degree of distress. Thus Walters (1977) interprets the discrepancy between projected number of patients with psychiatric diagnosis in American Samoa and those actually seen at a mental health clinic as indicative of a social system that views quiet insanity with calm disdain and provides family and community support for afflicted individuals. Increased rates of admission to mental hospitals in some territories, on the other hand, have been attributed to the "inelasticity" of urban environments in absorbing mentally disturbed individuals (South Pacific Commission 1967).

In field surveys of several island communities, using key informants to identify socially impaired individuals, Murphy (1978) estimates an average of 25 persons per 10,000 suffering from a psychosis during the year previous to his visit in 1977–78, including those already hospitalized. He compares this with the average of roughly 90 psychotics per 10,000 from similar surveys in Europe, North America, and Japan. Thus Eric Berne's (1960: 46) conclusion, based on data available to him in 1958, that "the reservoir of endogenous psychoses (true prevalence) maintains a constant ratio regardless of racial, cultural, geographical, and socio-economic conditions" does not seem warranted. Although he acknowledges that reluctance to hospitalize plays a part in explaining the low admission rates in the region,

Murphy (1978) states that this is not a sufficient explanation and concludes that the true rate of psychosis in the islands must be lower than in Western nations.

Forms of psychopathology. A review of the scattered literature suggests that delusions were a common feature of distress responses in the traditional cultures. Generally, these were given supernatural interpretation, and religious symbolism structured their cultural forms. Spirit possession was common throughout the region, with mediums acting as spokesmen for ancestral spirits or local gods. Possession evidently provided a sanctioned safety valve for troubled individuals (Gardner n.d.; Firth 1967b) and allowed them to communicate distress signals in a dramatic, religiously sanctioned manner. Firth (1967b) states that the Tikopia believed madness involved possession by a "wandering spirit" with whom no social relation existed, and with whom effective consistent communication was impossible. They distinguished this type of possession from that by a known ancestral spirit who used a medium for expressing his or her will, but Firth (1967b) asserts that the line between madness and spirit mediumship was by no means a rigid one (for an analysis of American Samoan concepts of mental illness, see Clement 1974).

Shore (1977: 349) interprets the dissociation involved in American Samoan spirit possession as an exaggeration of tendencies inherent in American Samoan conceptions of human action, which are based on notions of a decentralized body with dispersed centres of activities and will: "Mouths speak, hands take money, feelings spring up. In a similar way, the normal tendency in Samoan thought to dissociate oneself from 'personal' responsibility for actions and to attribute actions to external conditions or relations is carried out to a grotesque degree in spirit possession. But . . . spirit possession does not present a conceptually new picture of human action. It merely intensifies and thus distorts the normal picture."

In his discussion of possession in Tahiti, Levy (1973: 492n) theorizes that dissociation "is a necessary consequence of simple, integrated cultural systems which (1) encourage the development throughout the life cycle of organized systems of meaning; (2) select among them in a limited way for acceptable adult 'selves'; and (3) support the culturally prevalent dissociated systems by giving them expression and interpretation in special, bounded contexts."

As he notes elsewhere, however, possession in such societies did not ordinarily lead to status changes resulting in professional shaman

roles in which possession was a way of life (Levy 1975).[8] In fact, it appears from the few descriptions that exist that even the more extreme forms of psychotic experiences are episodic rather than degenerative. The characteristic response of most Polynesian communities seems to be an almost unbelievable tolerance for bizarre behaviour patterns. Even individuals who are chronically disruptive are generally allowed to go through their routines without hindrance, often with major accommodations being made in a humorous vein (Mead 1928; Levy 1973). It seems, therefore, that the sanctions that operate to insure kindly behaviour in ordinary relationships are not suspended with persons who are presumed to have lost their faculties to a spirit (or spirits, since the same generally holds true for individuals who are drunk). As Joseph and Murray (1951) speculate vis-a-vis the Chamorros and Carolinians, the absence of institutionalization may even keep some of the deteriorated cases from sinking to the vegatative level so often seen in mental hospitals in the United States.[9] More often than not, psychotic episodes are followed by rapid recovery and restoration to the status of a normal community member (South Pacific Commission 1967).

Descriptions of delusional states from Polynesian and Micronesian populations suggest that religious symbolism is a predominant theme and that, relative to Euro-American patterns, sexual content is minimal (e.g. Beaglehole 1940). Delusions of grandeur and persecution, often on the basis of race or native status, are common. From a symptomatic standpoint, manic outbursts, including verbal and/or physical aggression, and self-imposed isolation are common indications of the onset of mental disturbance. Isolating oneself from the community, either socially or physically, carries a particularly powerful message in societies such as these, and is a sign of mental illness.

In general, symptomatology conforms to textbook descriptions with variations in content but no unusual syndromes that would startle a Western psychiatrist (Joseph and Murray 1957; South Pacific Commission 1967). A question remains whether there are significant differences in the degree to which certain clinical states are prevalent. For example, schizophrenia seems to be less frequent in Polynesian/Micronesian societies than in Euro-American populations, although rates overlap with those reported in some segments of the latter. Although diagnoses of manic states far exceed those of depression, which is a clinical rarity in the region, Murphy (1978) questions the applicability of such diagnoses given the difficulties of distinguishing these syndromes from others in this setting. Diagnoses of severe

neurotic disorders are also rare, although one could make a case that neurotic preoccupations are absorbed into ritualistic routines with much greater facility in such societies, thus merging individualized symptoms with collective routines and making them more difficult to recognize.[10]

The issues of depression and neurosis are of some interest inasmuch as several ethnographers have commented on the rather depressive emotional tone that characterizes personality patterns in the region. Interpreting projective data from Ulithi, for example, Spiegelman comments on the "rather striking and unexpected . . . relative dominance of the dysphoric emotions (Anger, Depression, Pain) over the euphoric ones (Affection, Excitement, Pleasure)" and concludes that depression is common among Ulithians (Lessa and Speigelman 1954; 290–91). Lessa (1954), the ethnographer of the team, questions whether expressions of emotion in the tests are an accurate indicator of dysphoria. He asserts that depression is probably not as frequent as implied by the test analysis, and that it does not reach a pronounced state.

Levy's (1973: 405) discussion of "minor stress reactions" among Tahitians helps to clarify this appearance of an underlying dysphoria and its clinical implications. He writes that "if depression is characterized by overt guilt, self-accusation, and suicidal ideas, it was not present; nor was it defined by marked retardation or sadness. If depression is defined more subtly as a 'decrease in self-esteem; a sense of helplessness; the inhibition of ego functions to varying degrees; and a subjective feeling of sadness or loss of varying intensity' (Mack and Semrad 1967: 311), then there is a suggestion of depressive tone' for most of the informants."

It seems then that the muted emotionality which islanders rely upon to minimize the likelihood of social disruptions reduces the occurrence of intense, individualized neurotic disturbances, but that it does so at the price of limiting subjective experiences that generate a positive, expansive sense of well-being. Furthermore, although from a clinical standpoint Polynesians and Micronesians exhibit less neurosis, it would be misleading to deduce from this that they suffer little emotional pain and are free from anxiety. In place of the anguish generated by inner turmoil over guilt, conflicting values, self-doubt, and so on is the anguish bred of extreme sensitivity to external hurt. This cultural option involves great vulnerability for, aside from muting emotionality, psychological defence mechanisms are less available to insulate oneself from one's social world. The locus of

torment is shifted, therefore, from inside one's head to one's community mates (Howard 1970).

PSYCHOSOMATIC DISORDERS

Accumulating evidence suggests that island peoples residing in urban environments have a higher incidence of stress-related physiological ailments than their rural kinsmen. Data from Micronesia show a correlation between residence in modernized areas and high prevalences of symptoms and illness indices. This association has been found for such items as "history of chest pain, high blood pressure, a present health problem, many health problems, ulcers and asthma, and current medications" (Reed 1974: 270).

Studies of blood pressure and hypertension are of particular interest for assessing the impact of urbanization and modernization. It is well known that in industrialized countries blood pressure generally increases with age. However, studies of relatively isolated Pacific island populations such as Easter (Cruz-Coke, Etcheverry, and Nagel 1964), Fiji and the Gilbert Islands (Maddocks 1961), and Ponape (Murrill 1949) show no significant increase in blood pressure with age. This suggests a possible influence of cultural stress accompanying westernization. Reed, Labarthe, and Stallones (1970) studied three groups of Chamorros from the Mariana Islands, one on the relatively isolated island of Rota, another on the more acculturated island of Guam, and the third resident in California, but found little difference in the blood pressure patterns of these populations. The study does not support a hypothesis that migration and westernization directly affect blood pressure. However, the same research team found that in Palau blood pressure followed a gradient from the least urban to the most urban of three communities, although even in the most urban environment, the relatively high values were quite low in comparison with the United States populations (Labarthe, Reed, Brody, and Stallones 1973).

Additional support for the hypothesis linking urbanization to changes in blood pressure patterns comes from the Cook Islands where a New Zealand research team compared populations from the relatively isolated atoll of Pukapuka and the administrative centre of Rarotonga. The Rarotonga sample, chosen because they had lived under town conditions for ten years or more, displayed very different health patterns from the Pukapukans. Whereas in the population aged 40 and over, the Pukapukans showed virtually no hypertension (3 percent of males and 7 percent of females) and no increase in

blood pressure with age, the Rarotongan town dwellers exhibited rates comparable to New Zealand Maori town dwellers (28 percent of males, 46 percent of females) (New Zealand Department of Health 1966; Prior 1962).

A study of American Samoan migrants to Hawaii (Hanna and Baker in press) is also suggestive. American Samoan men between 18 and 44 displayed much higher rates of definite hypertension than U.S. whites, but in the older groups they showed significantly lower frequencies. Rates of hypertension remain relatively constant among the American Samoan men throughout adulthood, while those of U.S. whites rise with age. American Samoan women migrants also have higher frequencies in the younger age groups than U.S. white women, and lower frequencies in the older groups, but their overall rates show a rising frequency of hypertension with age. These patterns parallel those for American Samoa, but at a substantially higher level. An unanticipated finding was that migrants to Honolulu had significantly lower blood pressure levels than those residing in more rural areas. Thus it appears that while migration is involved in elevating blood pressure, there are complicating factors that require clarification through more focused research.

Among the complicating factors involved in hypertension, of course, are diet and obesity. Dietary changes generally accompany migration and increased exposure to Western commerce, which alter eating patterns to accord with those of modern America. In their Micronesian studies, Reed and his associates found a preference for "modern" food to be the outstanding sociocultural variable correlated with measures of illness. The preference for modern food was associated with high systolic and diastolic blood pressure, high serum cholesterol and triglycerides, obesity, and a high symptom score (Reed 1974). Obesity is a very definite health problem for these populations. The prevalence of obesity in the region has been well documented and seems to be most severe among the more acculturated groups. The possibility that genetic predispositions to obesity are at work needs to be taken into account and should figure in future research designs, but one hypothesis worth investigating is that obesity is at least partially a consequence of compulsive eating generated by anxiety.

Also worth considering are hypotheses suggested by research on heart disease and hypertension in the United States and other Western countries. The evidence relating "Type A" behaviour to coronary risk is particularly interesting because it implicates specific

mechanisms that may be at work. At first consideration, the Type A pattern, which is generally described in terms of competitive achievement striving, exaggerated sense of time urgency, and aggressiveness and hostility, does not seem to fit Polynesian/Micronesian behaviour patterns, even in their urbanized acculturated forms. However, it may be that the Polynesian/Micronesian population is being pressured to accommodate to urbanized life but lacks appropriate psychodynamic defences for this, causing continual triggering of their autonomic nervous systems which set off alarm responses and induce stress. The findings by Glass (1977) that coronary-prone individuals are more subject to anger arousal in response to frustration, and that a sense of helplessness stemming from a loss of control over events is a critical component of the high risk pattern, seem to fit the circumstances of modernizing islanders quite well.

CULTURE CHANGE AND ITS IMPLICATIONS

An increase in psychosomatic ailments is but one index of the psychiatric costs of modernization in Polynesia/Micronesia. The evidence also suggests that rates of mental disorders are rising, being lowest where subsistence economies prevail and highest in those areas dominated by cash economies (Murphy 1978). It therefore seems likely that the processes of culture change that are sweeping the region will intensify mental health problems dramatically.

The scenario seems clear. With the shift from a subsistence to a cash economy, pressures are exerted toward individual, and away from communal, efforts to adapt, particularly when associated with high rates of migration (dispersing family units) and Western schooling (which is oriented toward rewarding competitive achievement) (Graves and Graves 1976; Murphy 1978). Individuation at once leads to a weakening of social control systems which have traditionally been relied upon to alleviate interpersonal strain, and to an intensified burden on personal control systems. Individuals caught in this transition are under terrible pressure (for a brilliant theoretical exposition of what this transition entails, see Levy 1973: 347–56; 1974). Concurrently, requirements for adapting to an increasingly complicated environment are being dramatically enhanced, rendering an individual's mastery of these more difficult, and threatening self-esteem. To add to the problem, communal structures that have supported disturbed individuals are being seriously undermined or dissolved, leaving such persons to cope within small family groups or alone. The results of these processes are perhaps best exemplified by

migrants to countries like New Zealand and the United States who became high risk populations on many indices of physical, mental, and social health. The challenge to concerned health agencies would seem to be to find ways of preserving and strengthening those aspects of traditional cultures that alleviated stress while adjusting their own programs to accommodate the special needs of such populations.

NOTES

1. An earlier draft of this paper was read by Jack Bilmes, Paul Dole, John Fischer, Robert Levy, Mac Marshall, H. B. M. Murphy, Douglas Oliver, and Bradd Shore. Each offered constructive criticisms and I would like to acknowledge their assistance.

2. For another account of institutionalized mechanisms for handling repressed aggression see Beaglehole (1937).

3. Robert Levy has pointed out to me in a personal communication that there has been considerable confusion in the literature over the use of the concept of "anxiety." Sometimes it is used to describe manifest behaviour (i.e. physiologically measurable responses); other times it is used as a hypothetical explanatory variable to account for a wide range of behaviours. In describing Tahitians Levy uses the concept in the first sense. Barnett, however, is using it as a construct to explain Rorschach responses, although he talks about it as if it were a biological phenomenon. One could account for the same behaviours Barnett describes using constructs that would permit quite a different inference about anxiety levels.

4. For an excellent review of alcohol and kava studies in Oceania see Marshall (1976); Marshall (1974) also produced a bibliography on the same topic which was updated by Freund and Marshall (1977).

5. This pattern has evidently changed, for according to Murphy "in Rarotonga fifteen to twenty years ago [when Lemert visited], disturbed behaviour in association with alcohol is said to have been quite common, whereas now it is virtually unknown except among tourists" (Murphy 1978: 13–14).

6. Obviously these figures, like all crime records, must be regarded with scepticism. The potential sources of bias are too well known to require further comment here.

7. Of the remaining five cases, two were in their early teens and the other three were in their 30s or 40s.

8. An exception may have been in Palau, where shamans' roles were apparently institutionalized (Leonard 1973; see also Finney 1976 for an account of possession behaviour in the Ellice Islands).

9. For an excellent discussion of traditional supports for disturbed individuals and how they are changing see Murphy (1978: 29–36).

10. In a personal communication, J. Fischer asserts that in some Micronesian societies neurosis may be channeled into traditional expressive culture—worry about sorcery and evil spirits, totemic food taboos, and so on. People who are so preoccupied may be just as neurotic as those who are obsessed with germs and cleanliness in our own culture.

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