Walking Apart But Towards the Same Goal? The View and Practices of Tongan Traditional Healers and Western-Trained Tongan Mental Health Staff

Sione Vaka

Malcolm W. Stewart

Siale Foliaki

Metuisela Tu'itahi

Sione Vaka, Lecturer, Manukau Institute of Technology.
Dr Malcolm W. Stewart, Professional Leader – Psychology, Counties Manukau District Health Board, Social and Community Health, Faculty of Medical and Health Sciences, University of Auckland.
Dr Siale Foliaki, Psychiatrist, Whirinaki Child and Adolescent Mental Health Service, Counties Manukau District Health Board.
Metuisela Tu'itahi, Probation Officer, Department of Corrections.

Malcolm Stewart, Social and Community Health, University of Auckland, Private Bag 92019, Wellesley St, Auckland, New Zealand, Ph +64 21 792 804, Fax +64 9 303 5932, Email Malcolm.Stewart@auckland.ac.nz

This study explored the mental health-related beliefs and practices of Tongan Traditional Healers and Tongan workers in the Western-style mental health services in Tonga. The groups showed very different explanatory models and treatment methods for mental health difficulties. A variety of methods, similar to those reported in other Pacific communities, were used by the Tongan Traditional Healers. The Traditional Healers had a negative view of the Western-style system, feeling it did not address the real issues in mental health that they considered more culturally and spiritually-based. Western-trained staff were generally more accepting of traditional healing, and incorporated aspects of Tongan culture into their practice, but did not typically include traditional healing practices. This study aimed to inform efforts to foster more synergy and collaboration between traditional and western healing approaches in Tonga and with Tongans elsewhere. The results may be relevant to other Pacific peoples.

Introduction

Recognising differences in the needs and context of people of different ethnic groups is important for developing culturally responsive and appropriate health services.[1] This is as important for Tongan people as for any others, regardless of whether they are living in Tonga or in other countries. The complexity for Tongan people may be increased by the parallel operation of Tongan Traditional Healers and the western-style mental health system, both in Tonga and elsewhere. Finau and Tukuitonga[1] reported the opinion that there is scope for Western healthcare approaches to operate alongside traditional Pacific approaches, as long as a suitable, mutually respectful and understanding attitude is adopted. However, there is also considerable potential for the two systems to work at cross-purposes or incompatibly, perhaps leading to higher risk and poorer outcomes for their clients. This study aimed to explore the similarities and differences between Traditional Healers and Western Trained Tongan Mental Health Staff (referred to in the paper as "Ward Staff"), and to explore the relationship between these two types of mental health care providers in Tonga at present. This study aims to provide information that could help strengthen the opportunity of the two approaches to work compatibly so that the contribution of each to the mental health of Tongan people in Tonga and elsewhere can be maximised, and the potential risks with interaction of the two systems can be minimised.

In some Pacific cultures there is a notion of illness that is particular to their cultural group and other

illnesses that are "introduced". For example, Cluny and La'avasa MacPherson[2] describe a widespread Samoan understanding of there being two types of illness: *ma' i samoa* (illnesses traditional to Samoa) and *ma'i palagi* (illnesses bought to Samoa by others). However, the use of traditional healing approaches is not limited to dealing only with "traditional" illnesses. Lui[3] argues for greater consideration of Christian and traditional spiritual factors in treatment of mental health difficulties of Samoan people. Lui also argues that western models may be inappropriate if they do not recognise and utilise the importance of traditional beliefs, understandings, and information in treating mental health conditions. Without this understanding, Western approaches may not be able to address the cause of the problem even if they are able to reduce some symptoms.[3]

There are similar but somewhat different concepts to those described above in Tongan health beliefs. Three traditional difficulties are 'avanga, te'ia and mala. Avanga and te'ia both refer to when a person is being possessed by spirits of the dead. Mala refers to a person who is being cursed due to reasons like breaking the cultural norms and values. Avanga is described as a spiritually induced psychosis that has several variants, and which is typically expected to respond in a few days to appropriate traditional healing approaches.[4]

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The Kingdom of Tonga has a population of approximately 117,000 people. It consists of three main island groups: Tongatapu, Ha'apai and Vava'u. Two thirds of the population live on Tongatapu. Tongatapu is the main point of contact with the outside world and is most exposed to western influences. The other two island groups tend to be more traditional. The Western-style mental health system in Tonga consists of a psychiatric unit attached to the general hospital that houses about 12 patients, although frequently more. This unit is staffed by a medical officer, a mental health welfare officer, nurses, psychiatric assistants and a social worker. There is also a forensic mental health unit at the Tolitoli Prison on Tongatapu. Government-funded community mental health services are provided by staff from the general hospital. On the other islands mental health services are provided by general health staff. Non-governmental organizations (NGOs) also provide a range of services for mental health clients, often in close association with the hospital services. Tongans who train and work in western-style mental health services in Tonga could be seen as adopting a non-traditional role and beliefs or, at least, needing to "walk in two worlds" to practice.

The Tonga National Disability Identification Survey [5] reported a relatively low prevalence of mental disorder in Tonga, but suggested this may in part relate to disabilities such as mental difficulties not being recognised, and/or the associated stigma leading to under-reporting. Murphy and Taumoepeau[6] reported a relatively low rate of psychosis in Tonga, which they suggested was due to the buffering effect of Tonga's stable, traditional, rural society. Foliaki[7] suggested the low rate may be due to people who are genetically predisposed to mental health conditions being spared expression of these due to the lower stress levels typically associated with life in the islands.

The Tonga National Disability Identification Survey[5] found a range of views, but described attitudes of fear and shame of people with mental health conditions as most prevalent. This was partly attributed to the influence of western media portraying people with mental health difficulties as dangerous. However, people with avanga (a spiritually induced psychosis) were viewed more positively. The social consequences of stigma were evident in rates of participation in society, where participation rates in both village life and church activities were lower than average for people with mental illness compared to people with a broad range of disabilities. However, people with avanga had a higher rate of participation in village life but a lower rate of participation in church life than the average of people with disabilities.[5] Roberts and colleagues[8] described similarly high levels of stigmatization of mental illness in Fiji, with particular stigma associated with an inpatient admission which they regarded as potentially leading to life-long stigmatization.

Achieving the kind of synergy of effort between traditional and western healing approaches advocated by Finau and Tukuitonga[1] and Lui[3] is likely to require understanding and collaboration between practitioners of both approaches. This study aimed to explore and compare the definitions and perception of the causes and symptoms of mental health difficulties, and their beliefs and practices regarding the management and/or treatment of mental health difficulties, of Tongan Traditional Healers, and Ward Staff who worked with western approaches. The study also explored the relationship between the Traditional healers and the Ward Staff. This information was seen as being useful in informing the development of greater synergy and collaboration between the approaches.

Method

Participants

Participants in this study were eight Tongan Traditional Healers living in Tongatapu and eight clinical staff from the psychiatric unit at Vaiola Hospital in Tongatapu who were primarily registered nurses and psychiatric assistants.

Traditional Healers

Four Traditional Healers were contacted using a Vaiola Hospital database of Traditional Healers who at times worked with the hospital. Another four healers who were not in the hospital database were contacted to provide a balance of those more or less engaged with the Western health system. Three of the four traditional healers not on the hospital list refused to work with the hospital. All Traditional Healers approached agreed to take part in this study. Four of the Traditional Healers were male and four were female. Their average age was 58 (range 36-78 years) with most being in their fifties or older. All were born in Tonga, and had developed their skills as healers in Tonga. Six of the healers lived in Nuku'alofa. Six Traditional Healers had practiced only in Tonga, and two had practiced briefly in New Zealand or Australia.

Ward Staff

Tongan staff who worked at the psychiatric inpatient unit at Vaiola Hospital in Tongatapu were approached and invited to participate. Eight Tongan staff of a total of nine approached (89%) participated. Three of the Ward Staff participants were males and five were females. Their average age was 47 (range 32-59), with most being in their thirties or fifties. All Ward Staff participants were born and raised in Tonga with Tongan as their first language. All Ward Staff had worked in mental health settings for at least five years, with several having worked in mental health settings for more than 20 years.

Procedure

In this qualitative study all participants undertook a semi-structured interview in which they were interviewed by the first author. The interviewer is a Tongan-born male who has lived in New Zealand for the last 10 years and who trained as a psychiatric nurse in New Zealand. He has practiced as a psychiatric nurse both in inpatient and community settings in New Zealand and Tonga. At the time of this study he worked with a Pacific Island specialist community mental health team in New Zealand.

In almost all cases only the interviewer and participant were present for the interview. The interviews lasted from 30 minutes to 3 hours. Interviews were conducted in Tongan. Participants were asked the seed questions detailed in Appendix 1. The interviewer took notes during the interview and extended these notes after the interview. The interviews were also electronically recorded. These tapes were reviewed later to complete the record of the interview. Notes were taken both on the responses to the seed questions and on other relevant matters raised by the participant.

Analysis

Interview notes were analysed using the Inductive Categorisation technique[9] to identify major and minor themes emerging from this data. This method involved the systematic categorisation of data into themes by reading through the interview responses, with the themes being noted. The themes that emerged were then grouped into categories, and each individual response was analysed against these categories. The results section of this paper is the summative commentary of the emergent data.

Results

Perceptions and Causality Models of Mental Illness

The Traditional Healers and Ward Staff showed very different definitions and beliefs about the cause of mental health difficulties. The Traditional Healers universally defined mental health difficulties from a traditional perspective, using the Tongan terms 'avanga, te'ia, and mala. These conditions were seen as covering most if not all people who presented with what would be considered mental illness in the west. They attributed these conditions to spiritual or social causes rather than physical illness. Four specifically expressed the belief that the sufferer was cursed and one expressed the belief that it was due to the person holding non-Christian beliefs. Breaking a tapu (taboo) was also expressed as a cause. Not conforming to the social context and expected norms was also seen by some traditional healers as pivotal.

The Ward Staff defined and explained the cause of mental health difficulties consistently with their western training and beliefs, with four participants defining it as an illness of the brain and four defining it as the result of abnormal thinking and behaviour. The Ward Staff offered both biomedical and social interpretations of the causes of mental health difficulties consistent with Western beliefs. Four of the ward staff cited chemical imbalances and three cited genetics as major causes of mental illness, while three cited social issues and environment as major causes of mental health difficulties. Ward Staff also expressed acceptance of beliefs consistent with traditional Tongan beliefs about mental health difficulties. Specifically, two reported being cursed and two reported spiritual issues as important causes. Both groups regarded Christian beliefs as important for understanding mental health difficulties.

The Traditional Healers and Ward Staff reported relatively similar perceptions of the signs and symptoms of mental health difficulties, although the Traditional Healers described the phenomena more in lay terms and the Ward Staff used more the language of professionals. The Traditional Healers mostly cited abnormal behaviour as the key signs of mental illness, whereas the ward staff tended to

cite a range of behavioural, perceptual, and cognitive signs.

To summarise, Traditional Healers and Ward Staff showed quite different definitions and models of causality for mental illness, but there seemed to be quite a high level of agreement over the signs and symptoms of mental illness. The Traditional Healers showed considerable consistency about the causes of mental illness, which was seen as being an issue of spirituality. The Ward Staff reported a view much more consistent with western understanding, but with room being left by most for Tongan traditional beliefs.

Treatment Methods

The Traditional Healers described a range of treatment modalities. The use of herbs (as drops, in drinks, or for bathing in) was common. Some also reported the use of massage. Some also reported the use of heat and/or a whip as a treatment method for mental health difficulties, with the aim of expelling troublesome spirits. Two of the healers specifically reported prayer as a modality. One healer reported seeking guidance from a spirit at a graveyard to determine the course of treatment required. Another provided a nurturing living environment for the client for the duration of the treatment, and used massage, traditional music, and chanting. Many regarded belief by their clients in the potency of their treatments as being important.

In all cases, the kainga (extended family) was very much involved in treatment, decision making, and supporting the client through treatment. For example, with Traditional Healers who used a whip as part of treatment, the kainga was involved in holding the person, and in the case where the client lived with the healer, a kainga member also stayed. The kainga were often more involved in decisions regarding treatment than the client themselves. The healers reported that the client recovered more quickly if the kainga was involved throughout treatment.

Instruction by the healer to the kainga to carry out specific actions or to change their family processes and/or lifestyle was a common part of healing activity for all the traditional healers. These instructions may have either been of a spiritual nature (either traditional or Christian) or about behavioural or systemic aspects of family life.

The Ward Staff adopted a more western approach to treatment of mental illness with use of medication being indicated by six participants and psychotherapy being mentioned by two participants. Two of the Ward Staff mentioned the use of Traditional Healers as a treatment method. They reported providing groups and outings for the hospitalised clients, and attempting to keep clients connected with society. The staff also described doing as much as they could to engage the kainga of clients, but found the stigmatisation of the western mental health service created a considerable barrier to this. Staff described themselves as becoming like the family to some clients who had been largely ostracised from their own kainga.

In summary, the treatment methods reported by the Traditional Healers and the Ward staff were markedly different; consistent both with their causal models and the resources they had available. Some of the Ward Staff saw a role for Traditional Healers in treatment of mental illness, but did not report using similar methods themselves.

Other Aspects of Treatment

The Traditional Healers generally reported no specific criteria for who they would and would not treat, and treated people with mental or physical health difficulties. Two of the Traditional Healer group reported that they would treat any illness themselves and did not refer on. Traditional healers tended to make themselves available to treat people as needed at any hour of the day or night, which they described as making access to them easier than to the western mental health service. All but one of the Traditional Healers tended to make contact with people at their own homes and if necessary treat then there.

Confidentiality was regarded very differently by the two groups. The Traditional Healers reported frequently naming previous clients by name and discussing their condition and treatment as part of the healing process.

Some difference was seen in the way that client dissatisfaction was dealt with by the two groups. In the case of Traditional Healers, dissatisfaction tended to be dealt with by disengagement from the therapeutic relationship, although one Traditional Healer described attempting reconciliation. In contrast, Ward Staff mostly described attempting to maintain the relationship and remedy the source of dissatisfaction.

Confidentiality was regarded very differently by the two groups. The Traditional Healers reported frequently naming previous clients by name and discussing their condition and treatment as part of the healing process. This approach was seen as motivating for change and instilling confidence in the healing process. As part of treatment process, the kainga of the client may visit or have contact with previous clients and their kainga. Ward Staff reported practice about confidentiality more consistent with western-style practice.

How Training was Acquired

Most Traditional Healers reported having been active as healers since young adulthood. Approximately equal numbers reported their healing abilities as having been a gift from God, passed on down through their family, or having come to them in a dream. In the case of the Traditional Healers who learned their healing from others, they had typically been informally "apprenticed" into that role and mostly learned through observation of an older healer, and through sharing activities such as gathering medicinal plants with the older healer. These healers reported following closely the healing practices they had been taught.

The Ward Staff had been trained in Tonga. The registered nurses had received their training at the local nursing school based at Vaiola Hospital. The psychiatric assistants mostly received on-the-job training but some had also undertaken brief training courses in the unit. Three of the Ward Staff had also worked in the mental health sector in New Zealand.

Relationship Between Approaches and Potential for Working Together

The willingness of the groups to work together was assessed. Three of the Traditional Healers reported that they did not believe in the western health system and were not willing to work with it. This was often because they regarded the causes of illness as being of a "Tongan" spiritual nature for which western approaches had little value and were inclined to make the problem worse rather than better. Both groups stated that Tongan people in general prefer Tongan healing methods and regarded Tongan healing more positively. Engagement with a western medical approach, particularly hospital, was seen as a last resort. Healers also were reported as adding to the stigmatization of people who use the western mental health system, by using them as examples of why a kainga should not trust that system.

Overall, the Ward Staff reported being relatively open to working with Traditional Healers. Three quarters expressed a willingness to work with Traditional Healers, although only two spontaneously mentioned working with Traditional Healers when asked about their treatment modalities. Two stated that they did not believe in traditional healing and one expressed reservations due to the potential dangers of traditional healing.

Discussion

This study has emphasized the strength of the place of traditional healing for mental health issues, and the beliefs underpinning these practices, in Tongan culture. Consistent with the report of Puloka[4] and Taylor[5] for Tonga, and the findings from other Pacific countries such as Samoa,[2] these beliefs continue to strongly drive the health-related practices of many Tongan people. Traditional healing and beliefs are also recognized as being influential with Pacific People living in countries such as New Zealand.[1,3] It underlines the importance for the western mental health system taking Tongan belief and practice into account when working with Tongan clients.

This study indicated that the Tongan Traditional Healers were drawing on Christian and on other traditional Tongan spiritual beliefs, and incorporated elements of a psychosocial and family-systems approaches consistent with western thinking in their treatment modalities, but there was in general little recognition or acceptance of the biological component of the western model. Previous research on Samoan healers[2] found that traditional healers base their practice on a wide range of beliefs about illness often derived from Christian and traditional Samoan spiritual and supernatural beliefs, and involving both Western and traditional understanding. Traditional Healers in this study seemed to take less inclusive perspective on the involvement of biological and western perspectives than was indicated by previous research with Samoan Traditional Healers. While some of the Traditional Healers were prepared to work alongside the Mental Health system, many regarded western treatment approaches as more of an impediment to recovery than as an aid because, in their view, it does not address the core culturally-based issues.

The Ward Staff reported beliefs based on the western understanding of mental health difficulties, but often also incorporating beliefs about the ability of Christian and traditional Tongan beliefs to contribute positively or negatively to mental health. Some Ward Staff reported involving Traditional Healers in their treatment while others reported a negative view of doing so. The Ward staff did not report using traditional healing methods themselves as part of their own practice. However, the use of other Tongan cultural practices, including efforts to provide a sense of community and "family" to clients, and to keep clients engaged with their communities were reported by the Ward Staff. While these objectives are also regarded as important by western-style mental health services, the extent and nature appeared somewhat different in this service. The Ward Staff did not describe particular struggles in reconciling their Western health training with their Tongan cultural identity.

Cluny and La'avasa MacPherson[2] suggested that with the social structure of Samoan society, which often requires people to subjugate their own needs to those of the group and which often makes expression of dissatisfaction or distress to higher status people undesirable, illness can (even more commonly than in Western society) be a socially acceptable way of drawing attention to distressing and difficult

social situations. Similar dynamics can be identified in Tongan society, leading to a valuable role for Traditional Healers in using their status to identify and attempt to resolve such situations. The mandate given in Tonga to Ward Staff to resolve similar issues is less clear, and may depend in part on the individual and disciplinary abilities of the staff member, the constraints placed on them by the system, and the latitude given to them by society to address these issues.

While many other factors may be important, the strength of these beliefs and practices may in part explain the reluctance of Tongan people to engage with western mental health systems, and to be adherent to western treatment approaches. The process of devaluing and stigmatization of western mental health practice that was evident with several of the Traditional Healers, and that has been reported more generally in Tongan Society[5] may also contribute to the reluctance of Tongan people to engage with western treatments.

Lui[3] has argued that there is a need for resolution of the conflict between traditional and western approaches to mental health intervention in the Pacific context. Similarly, Puloka[4] has argued that consideration and inclusion of folk-healing practice in Tongan mental health service provision will provide the least restrictive, most humane, and most cost-effective service provision for Tonga. These results do indicate some overlap, but also considerable divergence of models and beliefs about mental illness between the two groups. Some animosity between the groups was also evident, particularly articulated by the Traditional Healers towards the Ward Staff. This animosity may limit the extent to which the goal of maximising the value of both approaches, as articulated by authors such as Lui[3] can be achieved. This could contribute adversely to the care of Tongan clients by: 1) delaying access to useful health care from a Western perspective leading to deterioration in their mental status, with subsequent adverse outcomes such as injury, social disadvantage, or stigma, or 2) precluding or delaying their access to Traditional Healers who may be able to contribute to their recovery.

On the basis of the current findings, it appears that creating opportunities for dialogue between the Traditional Healers and Ward Staff in Tonga may be very useful to assist with building a basis for collaboration and understanding of the other perspective. Goals for such a dialogue may include: Building the understanding of practitioners from both approaches about the potential contribution that the other approach can make; building a consensus about situations when involving practitioners from the other approach may be of particular value; working towards a consensus about when “diagnosis” from a Tongan and from a western perspective may be most appropriate, and strengthening the personal relationships between practitioners of the different approaches so that there is a stronger basis for collaboration. Entering such discussions from a basis of mutual respect would be important. Part of this dialogue may involve learning more about the system of belief of the other approach, and understanding how these beliefs lead to particular interventions. This dialogue could also usefully focus on exploring ways in which the practices of both approaches, and the interaction between the approaches, does not reinforce the stigmatization of people with mental health conditions. The object of this dialogue would be to enhance understanding and appreciation of the other perspective, and explore ways of working synergistically, rather than aiming for assimilation of either approach by the other. The dialogue would be about walking two paths, but ensuring that the goal is the client’s wellbeing, and that the walkers of both paths are helping the client to walk their own (third) path to that goal as easily and safely as possible.

The Tonga National Disability Identification Survey[5] made several recommendations relevant to mental health, including: full implementation of the Mental Health Act, establishment of a transitional care facility to support people with mental health difficulties in a community setting, a greater range of allied health staff input at the Psychiatric Unit at Vaiola Hospital, and community awareness campaigns to reduce the stigma attached to mental health difficulties. The current study suggests that, if the more co-ordinated approach to care envisaged by Puloka[4] and Lui[3] is to be achieved, active efforts to develop a more positive and collaborative relationship between the Traditional Healers and the Western mental health system in Tonga will be needed. This is also likely to be true in other countries with significant Tongan populations.

There were two major limitations to this study. Firstly, all the participants lived and worked on Tongatapu. The outer islands, which tend to be more traditional and have less access to western-style services, were excluded so these results may not be representative of the outer islands. Secondly, funding of this study required that all of the data collection be undertaken within a two week period. This may have limited the opportunity to build up a level of rapport with the participants which may have increased the depth of the picture that emerged.

In summary, it is clear from this study that traditional beliefs about mental illness are still very persuasive within Tongan society, and traditional healers frequently treat people with mental health difficulties. The study, unsurprisingly, shows markedly different causal models between traditional healers and western-trained staff. This study indicates that there was significant distrust and animosity between the traditional and western approaches, particularly the negative attitudes of traditional healers towards

western approaches. This may create a major barrier to achieving the appropriate integration of the two approaches called for by writers such as Lui[3] and Finau and Tukuitonga.[1] This study, however, also suggests some pathways forward that may assist with maximising the potential for collaboration and synergy between the two approaches.

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Appendix 1

Seed Questions for Structured Interviews

Questions for all participants

1. What is mental illness?
2. What causes mental illness?
3. What are the signs and symptoms of mental illness?
4. Explain the nature of the illness that you are treating?
5. How do you treat these illnesses?
6. Do you refer patients if they do not fit your criteria?
7. What are the materials and methods you use?
8. Explain how you acquired this treatment?
10. How many patients do you get a day/week?
11. Do you accept payments, gift, or tokens of appreciation for your service?
    If answer is YES, please explain.
12. Where is your preferred place of treatment? Please explain.
13 How do you approach your patients? (Prompt: individually or family,
    holistic or one dimension – e.g. only spiritual)
14. How long do you spend with your patients in one visit?
15. What are your discharge procedures?
16. Do you treat females differently from males?
    If answer is YES, please explain.
17. How do you deal with a dissatisfied patient?

Specific questions for Traditional Healers

9. Are there specific criteria for becoming a traditional heale?
   If answer is YES, please explain.
18. What do you think of the mental health services in the hospital?

Specific questions for Ward Staff

9. Are there specific criteria for becoming a (mental health) staff (member)?
   If answer is YES, please explain.
18. What do you think of Tongan traditional beliefs about mental illness?
19. What do you think of Tongan traditional healers?

References

1. Finau S, Tukuitonga C. Pacific Peoples in New Zealand. In: Davis P, Dew K, editors. *Health and Society in Aotearoa New Zealand (1st ed.)*. Melbourne Australia: Oxford University Press; 1999. p. 99-112.
2. Macpherson C, Macpherson L. *Samoan Medical Belief and Practice.* Auckland NZ: Auckland University Press; 1990.
3. Lui D. Spiritual Injury: A Samoan perspective on spirituality's impact on mental health. In: Culbertson P, Agee M, Makasiale CO, editors. *Penina Uliuli: Contemporary Challenges in Mental Health for Pacific Peoples.* Honolulu: University of Hawaii Press; 2007. p. 66-76.
4. Puloka M. A commonsense perspective on Tongan folk healing. *Int J Ment Health Nurs,* 1997;2:69-93.
5. Taylor D. *Tonga National Disability Identification Survey.* Nukualofa: Tonga Disability Action Committee; 2006.
6. Murphy H, Taumoepeau B. Traditionalism and mental health in the South Pacific: A re-examination of an old hypothesis. *Psychol Med,* 1980;10:471-482.
7. Foliaki S. Migration and mental health; The Tongan experience. *Int J Ment Health Nurs,* 1997;26:36-54.
8. Roberts G, Cruz M, Puamau E. A proposed future for the care, treatment, and rehabilitation, of mentally ill people in Fiji. *Health Promotion in the Pacific,* 2007;14:107-110.
9. Greene J, Whitmore E, Sappington H. *The Craft of Evaluation: Strategies for Qualitative Data Analysis.* 1987;8:5-11.