

'Avanga: Tongan concepts of mental illness

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Abstract

'Avanga is a Tongan concept which is couched in culture-specific idioms. It has mystical phenomena with a pathological manifestation that is characterised by dissociation. 'Avanga in its popular Tongan conceptualisation means an acute short duration sickness caused (or believed to be caused) by a spook. This article will focus on the linguistic context of 'Avanga and at the same time relate to its western correspondence and its usefulness for mental health in Tonga.

Introduction

According to Churchwood¹, the word 'Avanga has two meanings: first, a noun which means a sickness caused (or believed to be caused) by a "fa'ahihehe" (a spook); second, an intransitive verb that means to be "fascinated or infatuated by or strongly attracted to a girl (or a boy) as if enchanted or bewitched by her (or him)."

A way to gain deeper insight to the meaning of the word 'avanga is to approach it from a linguistic morphological paradigm in which morphology of the word 'avanga is examined for the presence of smaller units

(called morphemes) that carry meanings. Thus, it seems that the word 'avanga² combines the suffix "anga" (denoting place or occasion and indicating capability or fitness) and the verb "avea"³ which means "to be spirited away." Therefore the word 'avanga in linguistic morphological terms can be perceived to have been derived from a combination of the morphemes "av" (in a complete form it

can be either "ave" (to carry) or "avea" ("to be spirited away") and "anga".

There are words that are derivatives of the word 'avanga and they are worth mentioning, and they include "'avanga"³ and "'avanga'ia".⁴ Also, there is one Tongan word that the spelling is not related to 'avanga but the meaning is important for the further defining of the concept of 'avanga, and that is 'uluisino⁵ (to be possessed by an evil spirit).

Thus a person suffering from 'avanga has been "uluisino" (possessed by an evil spirit) by a spook (an external force) in which his mind is "'avea" (spirited away) and then he is "'ave" (carried away) from an original place (site of the precipitating factor) to another place (a place of comfort and peace). This explains the psychosocial mechanism in a state of 'avanga. In fact, this is how the word "'avanga-tahi" and "'avanga-'uta"⁶ came into being.

The 'avanga' sufferer

From my experience, sufferers from 'avanga usually have psychosocial-stressors prior to the onset of the 'avanga, while other sufferers deny the presence of a pre-existing psychosocial stressors. As a reaction to the psychosocial stressors, the sufferer may manifest socially inappropriate, erratic and agitated behaviour associated with a change in his/her facial expression often refers to as a *constricted* or *absent facial expression*.

The sufferer may talk to oneself or to an imaginary companion in which case the sufferer responds to perception of a "fa'ahihehe" (evil spirit) giving verbal or

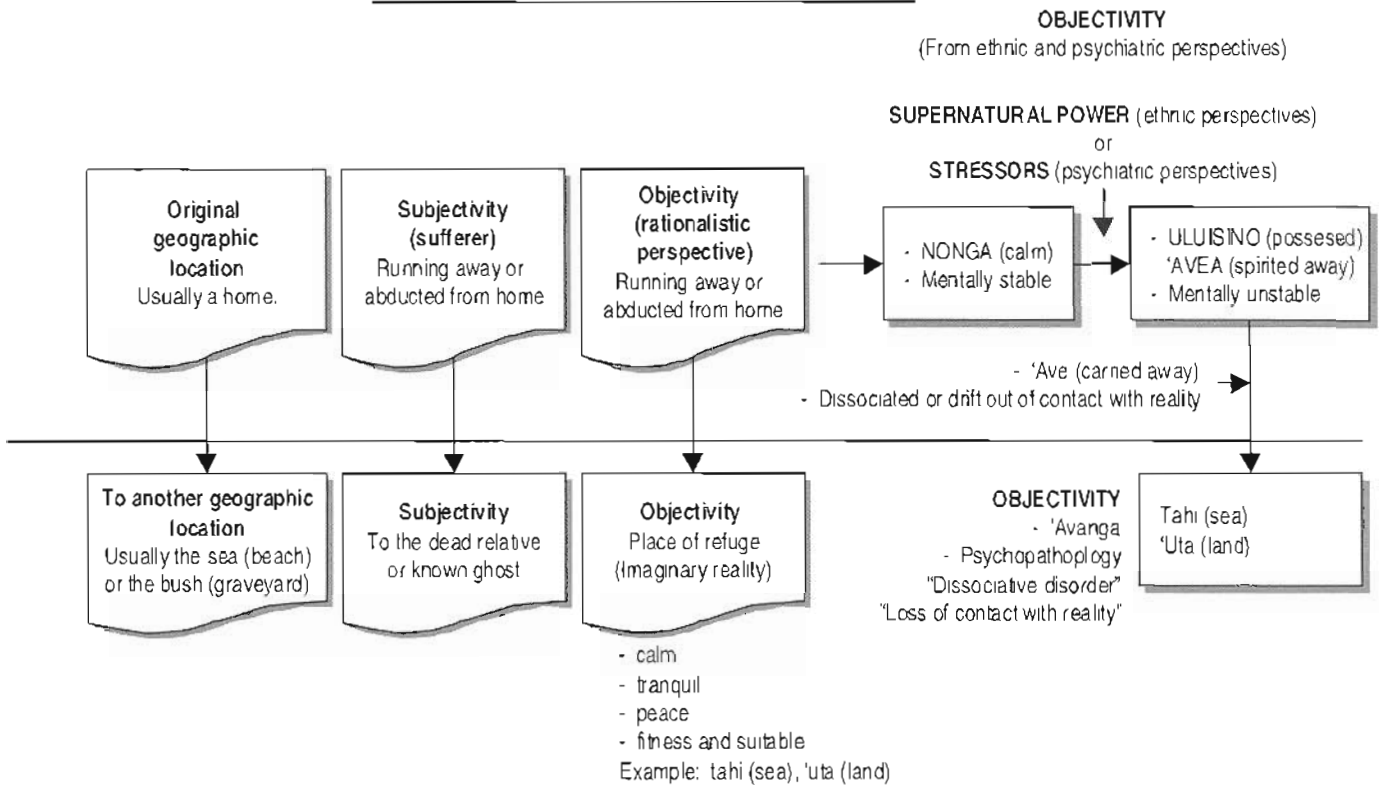
non-verbal orders to follow it, whereupon the sufferer feels compelled by an irresistible power to go to a burial place, into the bush ("avanga-'uta") or to the beach ("avanga-tahi").

Professor Helu⁷ perceives the occurrence of "'avanga-tahi" and "'avanga-'uta" as being associated with places to wander or run to the sea ("tahi") and the bush ("uta") because these are calm and tranquil places that are not constantly frequented by people in a rural setting.

'Avanga in its popular Tongan conceptualisation means an acute short duration sickness caused (or believed to be caused) by a spook.

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Fig. 1. Model of 'Avanga
'Avanga 1. i according to Cowling³
or 'Avanga Musiku according to Puloka⁴



Psychosocial and ecological factors

A model has been designed to express the psychosocial and ecological factors that are involved in the occurrence of an 'avanga (see Figure 1).

This model of 'avanga shows four perspectives experienced by 4 different paradigms.

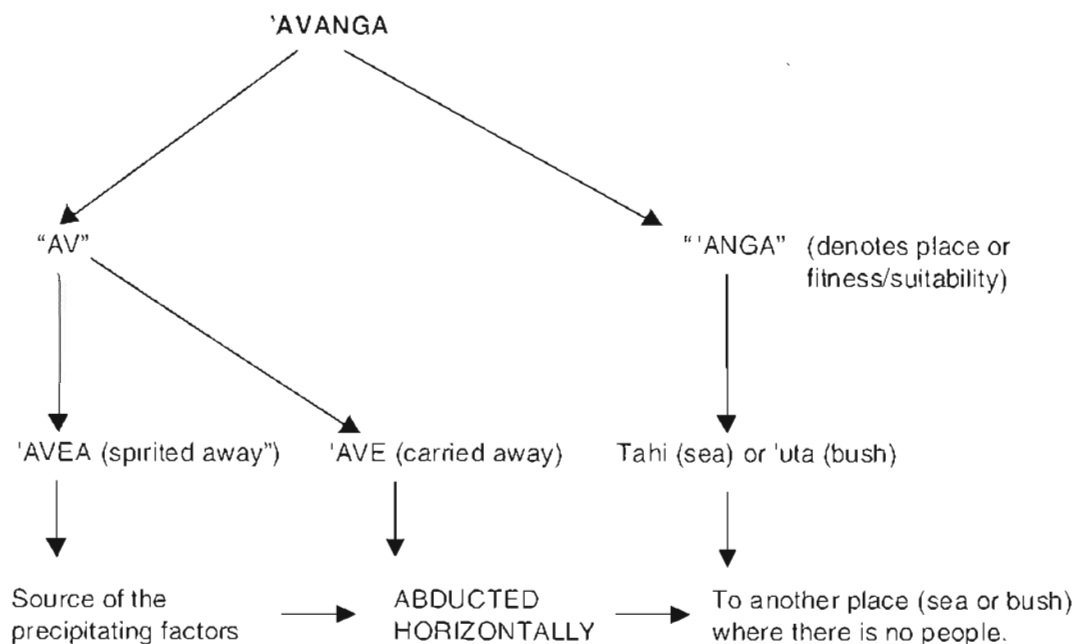
- I. This is the experience of the sufferer from 'avanga during the episode in which she is attracted to, and she is compelled to follow orders from the ghost (example: spirit of a dead relative or a known ghost in the community), or she may detest the ghost but is being forced to follow orders. Thus in both circumstances, she feels compelled by an irresistible impulse to follow the ghost to the beach, a burial place or into the bush.
- II. From a rationalistic perspective, it is very likely that the reason a sufferer from 'avanga runs away from her original place (usually her parents' home) because the family is the source of the psychosocial stressors. Thus the sufferer from 'avanga runs into the bush, graveyard or the sea because these places are calm, tranquil and peaceful. In addition the sufferer runs from the source of the problem to a peaceful place which is fit and suitable for the sufferer's mental status. By doing this,

she would be able to experience psychologically what she needs since there is no distraction³.

Thus, linguistically the suffix "'anga" in this context, denotes a new place (refuge) for the sufferer to be in like the sea (beach) and the bush (burial ground). At the same time it indicates fitness and suitability of such places as for the sufferer's mental well being. Thus the sufferer has rejected the "old reality" and enter into a "new reality" (imaginary reality).

- III. This is the ethnic construct regarding the occurrence of an 'avanga in which a sufferer is being bewitched by a spook in which she is "'uluisino" (possessed) and "'avea" ("spirited away") thus she is "'ave" (carried away) by the spook from home into the bush, burial ground or into the sea (beach). The sea (or the beach), bush and burial ground, are lonely, secluded and desolated area in the rural areas in Tonga which is generally believed to be frequented by spirits of dead people. Linguistically, the word 'avanga as it is, consisted of the two morphemes "'av" and "anga". "'Av" gives rise to the words "'avea" (spirited away) and "'ave" (to be carried away), thus a sufferer from 'avanga is being "'avea" (spirited away) and her body is "'ave" (carried away) from an original place (place where live people dwelled, like a home) to another place, bush or sea where the spirits of dead

Figure 2. 'Avanga as a form of horizontal abduction



people frequently visited, thus the suffix "anga" appears as it denotes a place.

IV. This is the psychiatric perspective which hypothesises that the precipitating factor for the occurrence of an episode of 'avanga is a pre-existing psychosocial stressor that precedes the onset of the 'avanga. Thus the sufferer becomes mentally unstable and undergoes pathological dissociation, but this cannot really fit in any of the DSM-IV specific categorical diagnosis of Dissociative Disorders. It may barely fit in the ICD-10 Possession disorder.

Also there is "loss of contact with reality" not within the practical definition of psychosis (example: auditory hallucination and delusion). But in a sense, there is an apparent vivid 'imaginary' companionship experienced by the sufferer in which the companion is the spirit who commands the sufferer to do certain things.

It is unfortunate that the definition of Possession Syndrome in the Lexicon of cross-cultural terms in Mental Health ⁵ does not agree with the manifestations of 'avanga. In 'avanga there is no loss of identity to the possessing agent. The sufferer of 'avanga is still able to know her identity.

In addition, relating 'avanga to other western mystical phenomena, Figure 2 illustrates the *horizontal abduction* of a sufferer from the site of the precipitating life-event into another place of calm and tranquil which in a way is suitable with the sufferer's psychological well being. This *horizontal*

abduction in 'avanga in a sense can be related to the newly emerged abduction phenomena due to human alleged encounter with aliens in the western world which is perceived in this context as a newly emerged culture-bound syndrome in the western world. Their difference is that the *western abduction* is *vertical* rather than *horizontal*.

The *horizontal abduction* and *vertical abduction* have some anthropological concept of frame work which means that the *horizontal abduction* is *earth bound* which symbolises communal sense among ethnic groups, while *vertical abduction* is *sky-bound* which symbolises individualism among the western world. The horizontal abduction symbolises the sufferer's attempt to maintain the harmony of a disorganised-relationship which exhibits a cry for help to the people around her. Thus 'avanga is a form of an unconscious defense mechanisms that dissociate the sufferer's mind in order to minimise severe subjective anxiety. The sufferer's experience, from a psychodynamic perspective, is an attempt to reconnect ties between herself and the community. It is an attempt to restore stable mental health.

Taking into account the abovementioned information, 'avanga is a Culture Bound Syndrome which is specific to the cultural system in Tonga and does not conform to western nosologic entities.

The 'avanga that has just been referred to above is the typical known 'avanga among Tongans. In fact, there are many types of 'avanga according to individual Tongan folk healers.^{3,4} This 'avanga is characterised by an acute onset of a cognitive, emotional, perceptual and behavioural dis-

turbances but not physical symptoms per se. It can be of a short duration, several days or even a week depending on its response to traditional medicine.^{2,3,4} From the author's experience, this type of 'avanga episodes and how they were treated had been observed throughout the years but treatment of 'avanga is not a part of this paper. However, numerous writings have supported the ideology of the unique nature of the culture bound syndrome in this type of 'avanga.^{2,3,4,6,7}

The author has been trying hard to popularise this specific type of 'avanga by labelling it with a new name, "avanga-musiku". The word "musiku" literally means to cut too short, and that refers to the sudden nature of the onset of the ailment that is usually followed by complete recovery within days even a week provided the patient is managed appropriately. The two traditional subtypes of "avanga-musiku" are "avanga-tahi" (spirited or carried to sea) and "avanga-'uta" (spirited or carried to bush).

From interviews, observations, management, and follow-up of subjects suffering from "avanga musiku", it was found that irrespective of the type of 'avanga, the sufferers share the following experiences:

- 1) Their memory is affected. Some may have total amnesia of the whole period of their experiences, whereas others may have deficits in memory yet be able to recall the spirit-experience. In fact, partial amnesia of the experience is a common characteristic of "avanga-musiku".
- 2) There is an apparent, vivid, imaginary companionship experienced by the sufferer in which the companion is the spirit who commands the sufferer to do certain things. They may sleep together, eat together, bathe together, and walk together. The sufferer may exhibit passion and love or hate and disgust for the companion (spirit or external figure).
- 3) Usually the companion or the external figure is single (not multiple). Although at times there can be more external figures (spirits).
- 4) The external figure is usually perceived by the sufferer as someone who has died but who was unknown to the sufferer in real life. In fact, old people in the area or the traditional healer may be able to identify the evil spirit responsible for the subject's illness. At times the spirit is someone known to the sufferer in real life or was just a known ghost in that particular place where the sufferer resides.

As a result of the socio-ecological changes in the urban area, the "avanga-musiku" sufferer now prefers to stay indoors, even to lock herself in a room which seems to be the only calm and tranquil place in which to wander and experience her psychological 'trial'.

- 5) The disorder usually occurs among female adolescents.
- 6) The disorder entails no confusion about personal identity or assumption of a new identity. This is a very important characteristics of "avanga-musiku" since it cannot fit in the technical definition of pathological possession.

As understood, the word "possession" in this context consists of two core components plus the disability of areas of functioning caused by the syndrome. That is:

- i) The sufferer is under the influence of a powerful external spiritual force plus other manifestation such as altered state of consciousness and memory problems.
- ii) There is a loss of identity to the possessing agent.

In "avanga-musiku" there is no loss of identity to the possessing agent. The sufferer is aware of the presence of the external force, which may be the spirit of a dead person as a companion, but the sufferer is still aware of her real name and identity.

- 1) There may be a desire of an irresistible urge to run. Sufferers of "avanga-tahi" and "avanga-'uta" always have an irresistible impulse to run.

2) Generally, a person with "avanga-musiku" does not have the typical auditory-hallucination, passivity experience, and loss of ego boundaries that can be experienced by a person who suffers from schizophrenia.

- 3) "Avanga-musiku" sometimes occurs in an epidemic pattern, usually in a village setting.
- 4) In most cases the condition does not relapse, but there may be a few relapses.
- 5) The disorder is usually an acute condition and resolves in response to a traditional-healing approach within several days or a week. Some patients may respond quickly to a short course of high-potency, antipsychotic drugs, such as haloperidol, in conjunction with a traditional approach.

Anyone can blame the author for pathologising the "avanga-musiku" syndrome, but in reality the belief and knowledge of Tongans generally accord a sufferer from "avanga-musiku" as someone who is sick caused by a spirit and therefore need treatment. Thus the general acceptance of that "avanga-musiku" involves something that it is not healthy in the sufferer, warrants a psychiatric intervention

embodied in a culturally appropriate method of delivery. For example: coining of new Tongan words to explain the sickness phenomena in addition to the already established concept like, "avanga-musiku" ('avanga as the old concept, musiku as the new concept).

Emerging of a new type of 'Avanga-musiku known as 'Avanga-leke

There has been an alarming rate of internal migration in Tonga as people from outer islands have moved to Nuku'alofa, the capital, and that has given rise to various psychosocio-economic changes and problems. These changes involve ecology that has led to the emergence of a new form of "avanga-musiku", to which the author has given the label "avanga-leke" (See Table 1).

It is relatively rare to see the occurrence of "avanga-tahi" or "avanga-uta" in the urban area of Nuku'alofa. In fact "avanga-tahi" and "avanga-uta" are more prevalent in the rural areas and the smaller islands of Tonga.

Because of socio-ecological changes undergone by the urban areas, there are less available private areas for 'the bush' and/or 'the beach'. Most areas are almost always frequented by people, and most are being settled. There are other obstacles such as compounds and roads with traffic that can prevent a sufferer of "avanga-musiku" from running to a nearby beach or bush. Thus there are very few tranquil places for a sufferer of "avanga-musiku" to run to.

As a result of the socio-ecological changes in the urban area, the "avanga-musiku" sufferer now prefers to stay indoors, even to lock herself in a room which seems to be the only calm and tranquil place in which to wander and experience her psychological 'trial'.

The "avanga-leke" seems to resemble the old Tongan concept known among the folk-healers as "avanga-fale"¹⁰ in which the sufferer has gradually become socially withdrawn and housebound. Many patients have been assessed to find that they are suffering from a sickness labelled by the folk-healers as "avanga-fale" (spirited or carried to the house), but also found out that they are suffering from various anxiety disorder such as Social Phobia and Agoraphobia, Major Depressive Disorder, Personality Disorders such as Avoidant and Schizoid Personality Disorders, and Schizophrenia. "avanga-fale" is a chronic illness while "avanga-leke" (spirited or carried to the room) is an acute onset and short duration illness.

The importance of the label 'Avanga-musiku

The phenomena of "avanga-musiku" has been already a well-known and established culture specific syndrome among

Table 1. 'Anga and new types of 'avanga

- 1) 'Anga: Is perceived in this context as a suffix forming noun. It has two meanings:
 - i) 'Anga: that denotes a place.
Example of such words, nofo'anga - a place for sitting. Kai'anga - a place for eating.
 - ii) 'Anga: indicates capability or fitness.
Example of such words: alafai'anga - fit or suitable for doing.
Alafalala'anga - trustworthy, reliable or dependable.
- 2) 'Avea is a verb, which means "to be spirited away", example, by a fa'ahikehe (spook) or of the mind to be carried away or distracted.
- 3) 'Avanga: an intransitive verb, means "to develop a terrible craze for, as if bewitched; to be infatuated."
'Avanga'ia: an intransitive verb, means to be sick with an 'Avanga.
- 4) Uluisino: an intransitive verb, means to be in control of a person as an obsession: said of a demon, or if hatred, etc.
- 5) Traditionally, there used to be two forms of 'avanga, categorised according to the place to which the subject wandered or ran when compelled to do so by an irresistible power. one was "avanga -uta" (to wander or run to a burial place or into the bush, ie to a place on land unconnected with the sea); the second was "avanga -tahi" (tahi, literally "sea", meaning to wander on or to run to the beach).
- 6) Health Education Section (1993) Vaiola Hospital psychiatric staff and traditional religious healers' seminars Vaiola Hospital, Kingdom of Tonga. Unpublished manuscript.
- 7) Possession syndrome: Is an ongoing disability ascribed to possession, typically with alterations in consciousness and loss of identity to the possessing agent.
- 8) 'Avanga-leke: Literally the meaning of the word "leke" is an old terminology for a room. Leke is a small room or a curtained-off recess. 'Avanga-leke is the new form of 'avanga-musiku that emerged due to the socio-ecological changes in an urban area. A sufferer from 'avanga-leke may not display the irresistible urge to run, instead she stays indoors and locks herself in a room. She also shares other characteristic of "avanga-musiku".
- 9) "avanga -fale". Is a form of 'avanga in which the diagnosis is established based on the fact that the sufferer has gradually become socially withdrawn and eventually house-bound. The word "Fale" means house. 'Avanga-fale is a chronic illness and has been conceptualised within the framework of Western psychiatry as, Social phobia, Agoraphobia, Major-depressive disorder, Avoidant personality disorder, Schizoid personality disorder and Schizophrenia.

the folk-healers and generally among adults. The new label of "avanga-musiku". would further popularise its status as a unique phenomena by itself. Its importance lies on the fact that the best treatment for "avanga-musiku" is the traditional method which is based on Phytopsychophysio-therapy.

The folk-healers are the "port of entry" for psychiatric consultations for almost all mental illness among the Tongan people. Almost all patients suffering from major psychiatric disorders that have later contacted the psychiatric services of the Ministry of Health would have undergone therapeutic trials with the traditional folk-healers.

The folk-healers play a major role in mental health service as they still take care of a significant number of the major psychiatric disorders throughout Tonga. But on the other hand, folk-healer's position as a "port of entry" for psychiatric consultations especially of the major psychiatric disorders, in a way has caused an unnecessary delay of any pharmacological intervention. From the author's experience, there have been many patients suffering from Schizophrenia that had undergone therapeutic trials with the folk-healers for many months or several years before they are brought to the psychiatric service of the department. It is understood that contemporary psychiatry has greatly emphasised the importance of early detection in Schizophrenia.^{8,9,10,11} and intervening early in the neuro-degenerative process before the onset of full-blown psychosis.

This would dramatically improve prognosis and reduce the prospects of expensive care of the chronic sufferers. Research evidence clearly demonstrates that patients who have experienced longer periods of untreated psychotic symptoms do less well than those in whom treatment was initiated more rapidly after the onset of symptoms. Also first episode patients show a good response to lower levels of neuroleptic-medications which are associated with the reduced incidence of the distressing side effects that can accompany the use of these medicines. This was reported in the 9th Bi-annual Winter Workshop on schizophrenia held in Davos, Switzerland, February 1998.

The folk-healers in Tonga may have been largely responsible for the unnecessary delay in identification, and the pharmacological intervention in schizophrenia and other psychotic disorder. There are many people in Tonga, including highly educated ones and people in the upper level of our hiererchy system who still believe that psychotic disorders are Tongan illness or "fakamahaki" (another term for 'avanga) and have to be treated in traditional method only, and not western psychiatric method. This strong held belief is associated with ignorance, denial, fear or shame of

being stigmatised by being associated with a mentally ill patient. In fact, such belief shared by patients and relatives has been enhanced by the stories formulated by the folk-healers to explain the reason for the illness. Many of these well-told and well-formulated stories were based on mystical phenomenon that is generally in line with the peoples' belief.

Therefore, the importance of the new label "avanga - musiku". would enable the folk-healers to identify the 'avanga that they are supposed to treat and which 'avanga (example: schizophrenia and other psychotic disorders) that they are supposed to refer to the psychiatric service.

In recent years, there were WHO sponsored national workshops with the folk-healers in which "avanga-musiku". was addressed. It is anticipated that such activity will be continued in the future. The continuing recognition and collaboration of the psychiatric service and the folk-healers is very much needed for the early detection and intervention of Schizophrenia and other chronic psychotic disorders. The concept of "avanga-musiku". have been publicised in our local newspaper for some time now, and it is hoped that through this the knowledge is shared with our folk-healers as well as the public.

As mentioned earlier, the best treatment of "avanga-musiku". may be the folk-healers' method which is basically a phytopsychophysiotherapy. Treating "avanga-musiku" by folk-healers adopts a community-based approach. Collaboration and networking with folk-healers in identification and care of patients with other 'avangas (schizophrenia and other psychotic disorders) will help to minimise stigmatisation and improve the course of the illness. Hence, involvement of folk-healing practice in mental health services is seen as a resource that enables us to cope with the increasing need for mental health care resulting from urbanisation and industrialisation.

Including folk-healing practice in our national mental health service will help us develop the least restrictive, most humane, and most cost effective services relevant to the socio-cultural conditions of Tonga. It will also help reduce symptoms of institutionalism and enhance the patients' coping skills in the community.

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Translation of known psychiatric disorders

Below is the list of the translation of known psychiatric disorders from English into Tongan based on conceptual and direct literal translation. The Tonganised translation of psychiatric terms has facilitated communication and understanding between those in the psychiatric service, the folk-healers, and the public that indirectly facilitated the delivery of psychiatric services in Tonga.

Further definitions of these disorders are found in the Table 1. The psychiatric disorders include

1. 'Avanga Fua (Psychosis)
 - a) 'Avanga motu'a (Schizophrenia)
 - b) 'Avanga kofukofu (Delusional disorder)
 - c) 'Avanga tuifio (Schizo-affective disorder)
 - d) 'Avanga femaleleaki (Bipolar disorder)
 - e) 'Avanga loto ta'ota'omia (Major depression with psychotic feature)
2. Mahaki Puputu'u mo Loto tailiili (Anxiety Disorder)
 - a) Mahaki loto puna tamaki (Panic disorder)
 - b) Mahaki ilifia pe ilifia tamaki mahino (Phobic disorder)
 - c) Mahaki pupunga mo fakakouna'l (Obsessive Compulsive disorder)
 - d) Mahaki puputu'u mo loto tailiili fakalukufua (Generalised anxiety disorder)
 - e) Mahaki kulukia pe kulukia tamaki (Post-traumatic stress disorder)
 - f) Mahaki 'oku kulupa pe kulukulupa-tamaki (Acute stress disorder)
3. 'Avanga-feke (Dissociative disorder)
 - a) 'Avea 'o fakangalo pe 'avea 'o fakamangalongalo (Dissociative amnesia)
 - b) 'Avea ke 'alu pe 'Avea fakahakonoa (Dissociative figure)
 - c) 'Avanmga fakalanulanu (Dissociative identity disorder or Multiple personality disorder)
 - d) 'Avanga 'oku mahu'l (Depersonalization disorder)
 - e) 'Avanga-feke 'oku tu'u vaha'a (Dissociative disorder not otherwise specified)
 - i) 'Avanga-musiku:

a) 'Avanga-tahi	FAKAMAHAKI TU'UFONUA
b) 'Avanga-uta	(A culture bound syndrome)
c) 'Avanga-leke	
4. Mahaki 'oku ha sino ka 'oku 'ikai 'l ai ha faka'ilonga pau (Somatoform disorder)
 - i) Mahaki Lolomai: Somatization disorder
Undifferentiated Somatoform disorder
Somatoform disorder not otherwise specified
 - ii) Mahaki 'oku liliu pe mafuli tamaki e sino 'o fakamahaki (Conversion disorder)
5. Fakatonutonu tamaki (Adjustment disorder)
6. Hoholo fua pe hoholo kovi pe hoholo tamaki (dementia)
7. Hoholo musiku (delirium)
8. 'Ulungaanga tamaki pe Anga'l-tangata tamaki (Personality disorder)
 - a) 'Ulungaanga hu'uhu'u tamaki pe 'ulungaanga fakahu'uhu'ufaki tamaki (Paranoid personality disorder)
 - b) 'Ulungaanga fakaha'apulou (Schizoid personality disorder)
 - c) 'Ulungaanga 'avea-tamaki (schizotypal personality disorder)
 - d) 'Ulungaanga mousa'a mo fakalielia (Anti-social personality disorder)
 - e) 'Ulungaanga femaleleaki tamaki (Borderline personality disorder)
 - f) 'Ulungaanga fie-ha tamaki (Histrionic personality disorder)
 - g) 'Ulungaanga fie-ngeia tamaki (Narcissistic personality disorder)
 - h) 'Ulungaanga faka'ehi'ehi tamaki pe takaru'a tamaki pe kalo-tamaki (Avoidant personality disorder)
 - i) 'Ulungaanga kainikavea tamaki pe Piki-'a-feke tamaki (Dependent personality disorder)
 - j) 'Ulungaanga pupunga mo fakakouna'l tamaki (Obsessive-compulsive personality disorder)
6. Puputu'u mo loto tailiili (Anxiety)
7. Loto ta'ota'omia pe loto mafasia (depression)
8. Mahaki Lolomai or Lolomai in a strict medical term (physical diagnosis) is Chronic Fatigue Syndrome

It is important to mention some of the mystical phenomena that usually present in an "avanga-musiku" episode. From empirical findings, there is ability of persons with "avanga-musiku" to tell about people or relate stories from the past about which they can not have had knowledge or experience of in real life. Also a sufferer (during the episode of "avanga-musiku") is usually able to 'know' about things without having been told about them. There was a recent case in which the sufferer was able to tell the people around her that her parents were arriving soon, but no one among the people who were present knew before hand about the parents coming over. After some minutes the parents arrived. Clairvoyance is a common experience among sufferers from "avanga-musiku".

How would the paradigm of modern science be able to explain the abovementioned mystical phenomena? Well, that could be an issue of a future article. Above all, "avangamusiku" is a culture-bound syndrome that seems to be specific to the Tongan people. It is the author's dream that one day "avangamusiku" will be included in the list of the culture-bound syndrome of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association and the International Classification of Disease of the World Health Organization.

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All are lunatics, but he who can analyze
his delusion is called a philosopher.
Ambrose Bierce (1842 - 1914) Epigrams