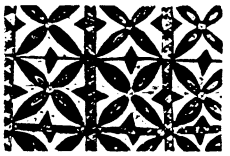
PROBLEMATIZING IMPAIRMENT: CULTURAL COMPETENCE IN THE CAROLINES[1]



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This article examines the Western concept of impairment by reference to the ideas Micronesian (Caroline Island) atoll dwellers hold about personhood,[2] and contributes to the growing anthropological attention to disability and related notions of handicap and impairment (e.g., Bruun and Ingstad 1990; Ingstad and Whyte 1995; Jenkins 1993; Susman 1994). Specifically, I suggest distinguishing between impaired parts and impaired persons.

Influenced by such things as phenomenology, hermeneutics, and critical theory, most contemporary anthropologists define culture as a socially constructed, learned communicative code based on a shared system of meaningful signs. In order to acquire and manipulate this code, human beings everywhere rely principally on hearing and speech; culture learning is at once aural and oral. Thus human beings everywhere find that whatever interferes with normal hearing and the development or maintenance of normal speech is threatening because it inhibits or even prevents cultural transmission. Persons without culture are genuinely disabled.

In identifying common psychiatric themes in Polynesian and Micronesian cultures, Howard (1979:126) notes that "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" constitutes "a focal point" of anxiety. Self-imposed isolation is a common symptom of the onset of mental disturbance in these societies, and "isolating oneself from the community, either socially or physically, carries a particularly powerful message" (1979:136). Polynesian and Micronesian communities are group-centered and their members are other-directed. The centrality of the group over the individual in social life is emphasized by virtually every ethnographer who has worked in these islands, as is the importance of external social controls over internal personal controls in maintaining behavioral conformity (Howard 1979). The person in these island communities exists not so much as an autonomous self (as in the West), but rather as part of a larger community of selves (cf. O'Brien 1993). This group-oriented rather than individual-oriented view of the person presents a challenge to the concept of impairment that is widely used in the West: "any loss or abnormality of psychological, physiological, or anatomical structure or function" (WHO 1980:27).

Taking a lead from Alkire (1992), I will argue that Caroline Islanders do not see most physical impairments (impaired parts) as disabling, where disabilities are defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO 1980:28). This is because in most such cases the individual continues

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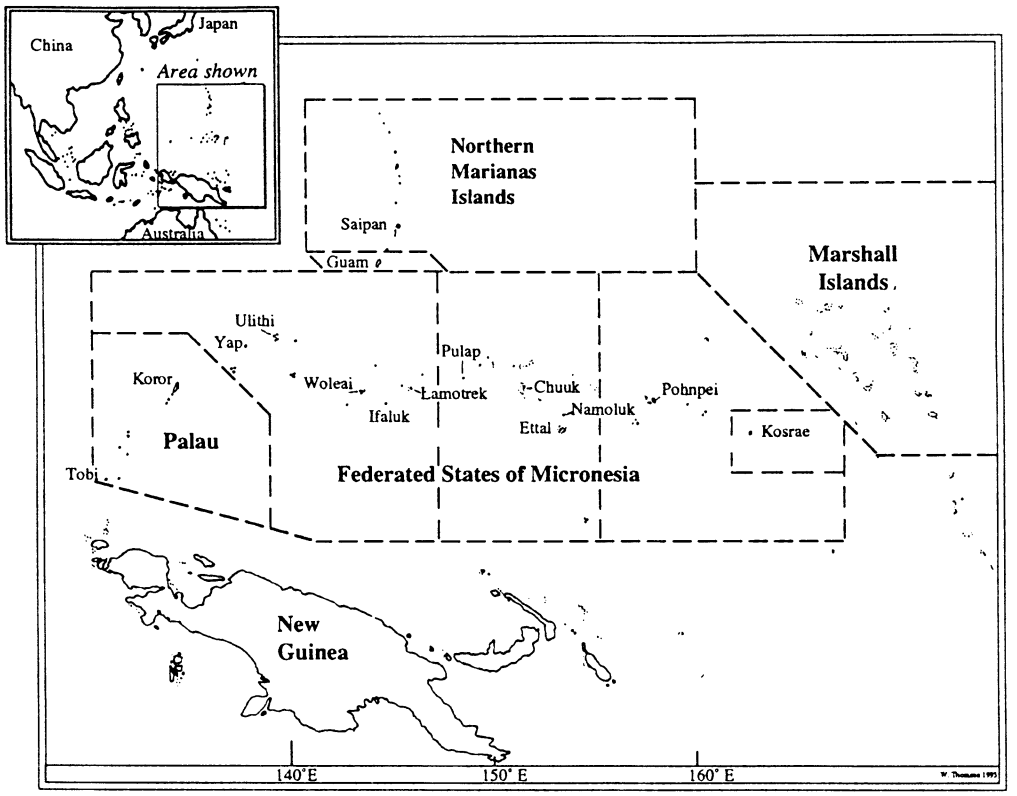

Figure 1: Caroline Islands and Surrounding Area

to participate in the everyday web of social relationships, even if at a limited or reduced level. Taking a further cue from Peter (1992), I maintain that even serious physical impairment (e.g., paraplegia or blindness) is not necessarily a disability in these island communities as long as the impaired person can construct new roles that permit active contributions to household and community life.

Drawing on my research on Namoluk Atoll and on the work of colleagues who have conducted studies in other Caroline atoll communities, I argue that the evidence favors limiting the concept of impairment to those chronic or permanent conditions in which the self is socially isolated—in which the person either no longer wishes to be or no longer can be constructively enmeshed as an involved participant in community life. In these communities it is primarily various sorts of psychological or mental conditions that are disabling, and attention to psychological conditions leads directly to Caroline Islanders' concepts of personhood.

PERSONHOOD AND COMPETENCE

The richest discussion of personhood in Caroline atoll communities comes from Lutz (1985, 1988). On Ifaluk, "perhaps *the* most fundamental need . . . of persons is to be with other people" (Lutz 1985:83). Of that atoll's 430 inhabitants, only one senile 70-year-old man lived alone. Lutz (1988:81) states that "the ethnopsychological beliefs that surround and structure Ifaluk emotional life include the notion that the person is first and foremost a social creature and only secondarily, and in a limited way, an autonomous individual." This is echoed by Black (1985:284), writing of Tobi, where "A very important dimension of personhood . . . is the place of the individual in the network of hierarchical, dyadic, and interconnected social relations" and "in which so much of the self is located in relationships" (Black 1985:282). While Ifaluk individuals are recognized to have *tip-* (Chuuk *tiip;* will/emotion/desire [Goodenough and Sugita 1980]),[3] "the mature self is one that is moved quite directly by others" (Lutz 1988:88) and "the general principle [is] that the mental state of *any* mature individual is seen as having fundamentally social roots" (Lutz 1988:101).

Namoluk people say that tiip is located in the area of the solar plexus, or what Lutz (1988) refers to as "the gut." Ifaluk and other Caroline atoll dwellers traditionally have seen the gut as the seat of thought, feeling, and will. (Perhaps, pun permitted, we should call this "gut-level awareness.") Lutz (1988:99) comments that the gut is viewed as "the link between mind and body, or, more accurately, as the core of the self in both its physical and mental functioning." In Chuuk:

> Inside the body, the area above the navel which includes the body center (*nuuk*) and the breast (*wuupw*) is called the *neetip*. It is in this area that one experiences emotions and such feelings as love, loneliness, sorrow, joy, fear, coolness, warmth, and so on. Within the body center (*nuuk*) and below the navel (*epinuunk* [*sic*]), one finds the *saa,* where a person's true mind exists. Part of the *saa* overlaps with the area of the stomach and intestines where foods are stored. The two kinds of mind in the belly, *neetip* and *saa,* overlap at the middle of the body. (Kawai 1991:29)

Pointing out that "speech is attributed great power and importance" on Ifaluk, Lutz (1988:96) claims that "the overt expression of mental events is a mark of maturity. Children and the mentally ill are said to be marked by problems with such expression; they do not talk about their thoughts/emotions." To children and the mentally ill, Lutz (1988:106) later adds the mentally retarded, the deviant, and the senile. All of these categories of persons on Ifaluk are labeled *bush* (incompetent/crazy) (cf. Lagoon Chuuk *pwuch*). This is significant both as regards personhood and as it concerns the concept of impairment:

> The incompetent have, according to some informants, "different insides." Depending on both the informant and the incompetent individual in question, it is sometimes said that it is possible to be "socially intelligent inside" but unable to express that understanding in language. (Lutz 1988:236, note 10)

This statement suggests a belief that someone who once was culturally competent (in the sense of having "social intelligence inside" and being able to express it verbally) might become incompetent at a later point in life. For example, a person might have a severe stroke that affects intelligible speech, could become psychotic and "speak nonsense," or suffer from senile dementia and rave incoherently. Individuals who become incompetent or crazy in this way are disabled because they are cut off from regular human communication. They are also at least potentially cut off from culturally constructed moral social relations that are "at least partially dependent on the understanding that permits virtue or the virtue that permits understanding" (Lutz 1988:82).

The statement quoted above also helps us understand why children are included as bush. As Lutz (1985:84) notes, "The child may have a 'thought/feeling inside' but be unable to express it; the adult freely speaks about most thoughts/feelings." Perhaps this is why Ifaluk "parents take great pleasure in their children's acquisition of language and are praised by others on the linguistic progress of their children" (Burrows and Spiro 1957:260). Young children often are incompetent to fully or clearly express themselves verbally (even if they have social intelligence inside), since it normally takes children several years to master (become competent speakers of) language. On Pulap, "Island belief . . . contends that understanding is not possible before the age of six" (Flinn 1992:102). In the words of the famous Chuuk leader, Petrus Mailo: "We are not able to make it [an infant in Chuuk] understand because its ears do not respond to talk" (Mailo 1992:263).

On Namoluk this aspect of early childhood is summed up in the phrase *rese mereit* (they are not competent [and therefore not responsible for their actions]). Writing of Romonum Island, in Chuuk Lagoon, Gladwin and Sarason (1953:80) note that

> The ability to talk, or more properly to understand what other people say, produces a major change in the status of the Trukese child, for with this ability is removed the excuse whereby almost any behavior was justified, that he "does not understand."

Mereit (Chuuk *miriit*) seems to be the Namoluk analog of the Ifaluk word bush as it applies to young children. Indeed, Mailo (1992:261) calls infants *semiriit,* "understand-nots," again emphasizing the importance of comprehension to full personhood. As with others to whom the word bush is applied, "Young children, being crazy, are not considered responsible for their actions" (Lutz 1988:106-07). In this sense, those who are impaired in Caroline atoll communities lack social and moral responsibility, or are not held accountable for their actions because they are adjudged incompetent.

Bush is the antonym of social intelligence and is applied to certain kinds of crazy behavior that occur for what are seen as understandable reasons; e.g., senility (the craziness of elders), excessive grief, intoxication, and spirit possession. For the Ifaluk incompetence/craziness ultimately is based in inappropriate behavior, "a lack of mental and social competence" (Lutz 1988:104).

Crazy people behave in ways that indicate they have incorrectly perceived the situation they are in and so do not feel, think, or act appropriately. A person may be crazy in several senses. Some people are born crazy and, although their primary failing is their inability to perform adult work, they also often engage in much otherwise inexplicable behavior, such as violence, shouting, or a lack of table manners. There have been cases in the past in which a person was said to have gone crazy for months or even years and then returned to a socially intelligent state. In some cases, the cause of the episode was said to have been an intense emotional experience. . . .

People who are otherwise socially intelligent may sometimes do things which earn them the label of craziness on a very short-term or even metaphorical basis. . . . [T]he term can be used to describe anyone who is behaving in an irrational and unadult manner. To say that someone is crazy is to say that his behavior has no other reasonable explanation. It is also at least temporarily to write that person off as one whose behavior is beyond the pale. (Lutz 1988:104)

Alkire (1992) mentions a Caroline Islands theory in which wisdom, knowledge, and intelligence are grounded in hearing and speaking (cf. Pomponio 1992:66 on the Por-Mandok of Papua New Guinea). Competent persons are able to speak and to listen (in the sense of comprehension); the incompetent/crazy either cannot hear and/or speak or cannot communicate intelligibly even if their auditory neurons and their vocal cords function properly. This emphasis on hearing also is relevant to the way people of Chuuk describe drunks:

Drunks are referred to as crazy, *meyi wumwes;* they are likened to animals, *meyi wussun chek maan;* and they cannot or will not hear or listen to others, *rese tongeni rongorong*. This notion of drunkenness as crazy, animallike behavior where the basic human capacity for reason is stripped away (one cannot reason with a drunk because he cannot hear) is fundamentally important for comprehending the Trukese attitude toward liquors and the behaviors of those who have consumed them. (Marshall 1979:53-54)

Personal competence in Caroline Island societies is contingent upon a continually demonstrated ability to respond to others, to be a mature adult, and not to be governed by one's emotions or personal whims (cf. Mailo 1992:264). To be incompetent is to be crazy and beyond reach of the social universe that provides order and guides behavioral conformity (e.g., control of aggression) necessary for successful life in these small face-to-face communities. All persons are born incompetent and via the processes of socialization (which on Ifaluk and elsewhere in the Carolines rely heavily on lecturing over forms of physical punishment, "in line with the important roles given speaking and listening" [Lutz 1988:107]), most of them become competent members of society. The exceptions among children are the mentally retarded, at least some of whom may be sufficiently endowed to interact with others satisfactorily (see below).

Persons who have achieved competence may become incompetent/crazy. Sometimes such craziness is only temporary, as in drunkenness (Marshall 1979) or in spirit possession (Hezel 1992), and at other times it seems permanent, as in psychosis or other chronic mental disturbance. Senility is usually irreversible once it sets in (cf. Barker 1990:311), but the incompetence/craziness associated with mental illness, while usually chronic, also is sometimes reversible (e.g., Lessa and Spiegelman 1954:275; Lutz 1988:104; O'Brien 1993:8). Therefore handicapped

people from Caroline atoll societies include the chronically mentally ill, those elders suffering from senile dementia, and possibly some persons born deaf or mute. But individuals who are physically impaired from birth defects, accidents, or diseases are not necessarily considered disabled unless the impairment is coupled with an inability to speak and/or hear; i.e., with an inability to manipulate culture and to participate in the social life of the community. Two good examples of this are severely crippled men on Faliuw (pseudonym) and Ulithi who are not handicapped in the sense of incompetent/crazy. The Faliuw man "has been able to develop his own areas of expertise and contribution to the island" (O'Brien 1993:9-10), while his Ulithi counterpart "put zoris on his hands so that he could crawl about . . . [and] made a ladder so that he could climb up and get his tuba [coconut palm sap]. People admired him very much for the way he went on with his life" (Stephenson and Harui-Walsh 1993:11).

THE CAUSES OF INCOMPETENCE/CRAZINESS

Despite inroads of missionization and other aspects of Westernization throughout the islands under consideration, an ethnomedical belief remains widespread that most diseases, tribulations, and misfortunes (ranging from injuries to suicide attempts) come from supernatural sources. These include sorcery, supernatural punishment, and unprovoked acts by spirits (Alkire 1982:29; Fischer and Fischer 1957:219; Hezel 1992; Lessa 1966:54-55). Far and away the most common source of such human afflictions are ghosts/spirits/demons.[4] Spirits cause human morbidity and mortality and they are held responsible for chronic incompetence/craziness; i.e., for what is here called disability from a Caroline Islander's perspective. Concerning Lamotrek and Woleai, Alkire (1992:3) writes:

> Congenital afflictions, crippling diseases, and accidents have all resulted in physical impairments that affect mobility, agility or appearance. There is little evidence, however, that such afflictions *per se* seriously affect an individual's status within the society.

The examples he provides in support of this all involve persons who, despite their physical problems (congenitally atrophied leg, elephantiasis, leprosy, one arm lost in an accident, polio, severe curvature of the spine), were able to actively participate in social relationships.

Generally, Lamotrek and Woleai persons with mental impairments (particularly mental illnesses) were "treated with greater caution, circumspection, or fear than are physically disabled individuals" (Alkire 1992:7) because people attribute mental illnesses to punishment by spirits. "Mental impairment . . . is often accepted *prima facie* as evidence that the afflicted individual has violated an important taboo" and "disabilities that affect intelligence and social interaction are viewed as more serious than ordinary physical disabilities" (Alkire 1992:9-10).[5]

Spiro (1950:190) refers to nine traditional classifications of diseases on Central and Western Caroline atolls. One of these that Alkire (1982:34) lists for Woleai and

Lamotrek as *sigalabusholag* (note the infix -bush-) involves the possession or "theft" of an individual by "an evil or thieving spirit" which results in crazy behavior. This seems to be the same disease category as *malebush:* "a generic term for all behavior that seems queer or deviant from the native point of view" (Spiro 1950:190). This is the disease category that encompasses what might be called true impairment in Caroline atoll communities, as the following case material from Namoluk Atoll will show.[6]

IMPAIRMENT ON NAMOLUK

Following the WHO-promulgated definitions cited above (i.e., using imported, etic categories) I initially identified 24 separate cases of impairment from Namoluk, representing sixteen different individuals, living and deceased (some had multiple impairments by a Western classification). Discussing these cases with some Namoluk people revealed that the Western classification was inappropriate because it failed to take into account the local Caroline Islander understandings of personal and cultural competence. A reassessment based on local criteria reduced the number of people the Namoluk recognized as truly disabled from sixteen to five.

Five of the six cases originally coded as impairments under the Restricted Mobility category were not judged incompetent/crazy by the Namoluk. They were actively involved in community life, albeit at a reduced level. With cases of restricted mobility there seemed to be little difference between congenital and acquired impairments. One woman was "ashamed/embarrassed" over the damaged legs she was born with, and some adults commented that no one would marry her because she was "weak." In all other respects she was fully involved in community life, and she had borne and raised several children.

Most cases for whom mobility became restricted due to an accident or illness later in life remained socially integrated to the extent their condition would allow. Using Namoluk criteria, the only such case that still qualified as incompetent (but not crazy) was that of a 57-year-old married male with a chronic degenerative condition that appeared to be Parkinsonism (he died in mid-1972 at age 58). His illness resulted in severe trembling and loss of muscle control. Unable to walk, he was restricted to his homestead, which was located some distance from the main concentration of houses on the atoll, and he effectively disappeared from the island's social life. Until the time of his death he remained able to hear and understand what was said to him, but only his wife and adult daughter (who were his caretakers) could understand his speech. This man had been a highly respected community leader, having served as a lineage chief, as island magistrate, and as an official in the local Catholic Church. He is still remembered as a gifted songwriter. Because he became incompetent but was not crazy, he might be thought of as quasi-disabled (see below).

Of the four cases first classified as Other Medical Disabilities using the WHO definitions, only one still qualified for inclusion as disabled using Namoluk criteria. This was a baby boy born with multiple severe internal birth defects who lived for

two years. This child never acquired language or cultural understanding, but was born and died incompetent/crazy. Of course, the same might be said of any young Caroline Islands child who dies in the first two or three years of life because children, especially those who are preverbal, are quintessentially incompetent/crazy. Of this particular child it was said, "*Emen chunuket a angai*" (a reef or sea spirit had taken him) (in this regard see Mahony's [1969:14] discussion of spirit powers and the symptoms associated with them, including *chunukken* [reef spirits]). Any child born with a serious birth defect attributed to chunuket is called *meyi serakau.*

One case originally classified as Visually, Hearing, and Speech Impaired using the WHO definitions also was considered incompetent/crazy on Namoluk. This infant girl, born totally blind and who died around one year of age, also was called meyi serakau. However, the other nine Visually, Hearing, and Speech Impaired cases from the initial classification no longer qualify as disabled.

Six involve adults who were born sighted but who became partially or totally blind in midlife or later. In no case did their blindness prevent their involvement in island affairs, and all remained fully competent in speech and hearing. The visually impaired were assisted where necessary to get around the community, but in all other respects they were treated normally. No one taunted them or made disparaging remarks about their blindness to me. A seventh case was a young man with a mild speech impediment that did not prevent communication; neither did it prevent his graduating from the Community College of Micronesia and obtaining wage employment on Chuuk. The other two cases were children born deaf. Both could make sounds but had not learned to speak. One child, eleven years old at the time of fieldwork, had developed a reasonably effective means of communication with her family and peers via gestures and facial expressions. Despite their lack of hearing and speech, both children were well socialized into Namoluk culture and both participated in productive tasks. However, both were culturally incompetent (though definitely not crazy) at the level requiring the ability to express one's "insides." Like the man with Parkinsonism discussed above, they were quasi-disabled.

The sole case initially classified as Mental Retardation also cannot be considered disabled by the argument developed here. Despite his learning disability, this eleven-year-old boy had a reasonable command of the local language, although his talk often rambled and did not always make complete sense. No one described his condition to be a result of spirit powers; instead, he was considered *meyi tiiparoch* (ignorant, stupid, unable to learn easily) (Goodenough and Sugita 1990:383; the word literally means a dark tiip). He was treated somewhat like the speech- and hearing-impaired children; they were teased and occasionally taunted, yet they all were thoroughly and lovingly woven into the community. Ritter (1980:766), however, writes of Kosrae that "In the recent past, only the mentally incompetent or physically deformed did not marry and have children," and as of 1995 neither the mentally retarded individual nor any of the three speech- and hearing-impaired had married, even though all were by then adults. Although treated like a much younger child and given a nickname that reflected his slow-wittedness, the learning-disabled boy was well integrated into his

family and peer group and he has become a productive member of Namoluk society, albeit quasi-disabled.

All three remaining cases originally classified as Mental Illness using the WHO definitions are also truly disabled by the criteria of personhood in the Carolines discussed above as incompetent/crazy. The most dramatic of these is a 26-year-old never-married male who had been mentally disturbed since the age of seventeen or eighteen. He suffered seizures and had outbursts of unintelligible shouting (often including *akapwas*)[7] several times a day. These episodes took the following form: his eyes would glaze over and he began to tremble, rock, or sway, at which point he would shout and fall down. Once down he rolled over repeatedly, thrashing uncontrollably. Often he threw things or banged his head on the wall, floor, or ground. Sometimes his seizures were limited to bouts of severe shaking. He was suggestible; e.g., if someone asked him if he had been drinking alcoholic beverages, this might precipitate a seizure. Occasionally during a seizure he would wrestle or fight with either his father or his nineteen-year-old brother; this behavior was never directed at anyone else, and he never used weapons when he fought.

Children's reaction to one of his episodes was to laugh, although they would scatter if he came near. Most adults watched his bouts from a distance and did not seem to find humor in them. Many said they pitied him; he had been considered a model son, of whom anyone would be proud, before he was afflicted. He had done men's work with skill and had been the fastest runner on the island, but after the onset of his illness he did women's work. He did not fish or go in the water, nor did he climb trees to pick breadfruit and coconuts, for fear that he would have a seizure and drown or fall. Adults were adamant in saying no one would marry him unless he were cured of his problem.

Most Namoluk referred to his illness as *likópinipin* (the mind is spinning)[8] and said that it was the result of *samauan malek* (chicken sickness). He was reputed to have gotten ill from eating chicken that had been ensorcerized while he was visiting on Weene Island, Chuuk. Seeking a cure, his parents took him to a traditional medical specialist on Weene, but all the medicines he tried were to no avail. The curer was then said to have told them that the illness was caused by family trouble.

Mahony (1969) says that most maladies in Chuuk were believed to be caused by spirit powers, one of which, samauan malek (called *chuko* in Chuuk), is well known throughout Chuuk Atoll and beyond and thought to contain a very powerful sorcery. Mahony (1969:188) describes the symptoms characteristic of this spirit power as "stiff neck, twisted head, crowing like a chicken," and he speculates that it might describe "epileptic seizures or forms of meningitis." The primary avoidance associated with the traditional medicine for samauan malek is chicken and chicken products; Namoluk people also say that one must avoid octopus if afflicted by this spirit power.

A second truly disabled person alive on Namoluk in 1971 was a 65-year-old married man with no surviving children or siblings. But for his wife and two or three other people, he was quite isolated socially and participated little in island affairs.

Still active in food production and fishing tasks, and rather widely traveled during the Japanese colonial era, his apparent senility/dementia (possibly Alzheimer's) began to be noticed by others when he was in his early 60s.

This gentleman said that his deceased brother and Jesus Christ both visited him when he went alone once or twice a day to pray in the Catholic Church. At the Christmas service in 1970, he claimed that they told him he would die the following Sunday. On that day he dressed in his best clothes and shoes and announced that he would die at 3:30 p.m. (He eventually died in 1986 at age 80.) He entered people's houses unannounced (considered bad form on Namoluk), heard children crying when none was around, would walk a few paces, sit down, chat with himself, get up, walk a few more paces, and repeat the sequence. He often appeared wild-eyed and haggard. Once when he was caught violating a clearly marked taboo section of reef by fishing there, he acted as if he did not understand what was being said to him.

His isolation appeared to be self-imposed, as adults made no obvious effort to avoid him, but was also a result of his and his wife's very limited network of surviving kin. Namoluk people viewed him with detached amusement and treated him as perfectly harmless. Some took advantage of his apparent senility/dementia by buying most of his land, which he was all too willing to sell. Namoluk people did not attach any specific name to his condition, describing it simply as *waasal* (crazy, insane; *wumwes* on Chuuk; see Goodenough and Sugita 1990:87) and as what happens to some people when they get old.

The final truly disabled person from Namoluk was a nineteen-year-old never-married male who was enrolled in his third year of high school in the United States in 1971. After graduating and then attending the Community College of Micronesia for two years, he enrolled in a college in the United States during 1976-1977, but did not complete a bachelor's degree. It was only after he returned to Weene, Chuuk, that his symptoms appeared.

He began to complain of severe headaches and said that he heard voices talking to him, including while he was in church. How long he suffered from this condition is not clear, but it seems that it was no more than a year or two before his death. Although on a medication (pills) that he received from the doctors at Chuuk Hospital to cope with his headaches, he became more and more agitated over the voices he heard. Finally, while on a motorboat trip from Weene to Wuteet in Chuuk Lagoon, he committed suicide by jumping overboard and drowning. He was 30 years old.

While I did not observe his interactions during the time of his illness, people said that there was no major alteration in his social involvements (thus it could be argued that he remained competent). He worked, went to church, and socialized with relatives and friends, but everyone knew something was gravely wrong (thus it could be argued that he was crazy). Some with whom I have discussed this case attributed his illness to very heavy alcohol consumption on a daily basis and frequent binging. He was reportedly extremely thin at the time of his death because he drank so much and did not eat properly. Possibly his illness was alcoholic psychosis (Wernecke's syndrome).

CONCLUSIONS

Impaired organs (limbs, eyes, ears, and vocal cords) do not necessarily make someone disabled on Namoluk and in other Caroline atoll communities. At most, such physical impairment may render someone quasi-disabled, as in some of the cases discussed above. True disability on Namoluk and in these other communities only is recognized when the person is chronically or permanently impaired. This involves psychological or mental incompetence that places the person outside the community of shared moral discourse and/or isolates the person from active and productive participation in household and community activities. Disability on Namoluk and other Caroline atolls is personal isolation (psychological and/or literal) consequent on a failure of hearing (comprehension) and meaningful speech (verbal interaction). Of the chronically disabled, as of temporarily impaired drunks, it can be said: *rese tongeni rongorong* (they can't hear; they don't [or won't] respond to spoken demands to comply with the community's moral precepts). They are "understand-nots."

The measure of a person's disability on Namoluk, then, is the extent to which that individual is incompetent/crazy, which may be visualized as a continuum. At one extreme are those with short-term or temporary disabilities, such as presocialized children, persons who are intoxicated, those possessed by spirits, and those subject to epileptic seizures. These persons are not regarded as truly disabled. Further along the continuum are individuals with impaired parts (e.g., a crippled limb or blindness). Only in very rare circumstances would these persons be labeled truly disabled. Next are individuals with what Westerners would call major physical disabilities; e.g., paraplegia. So long as such persons continue to be actively involved psychologically and morally in relationships with other community members, they are not truly disabled, although perhaps in some cases they might be quasi-disabled (see below). Next along the continuum are impairments that significantly cut people off from community life or that seriously compromise their ability to function psychologically as mature, morally responsible persons. The cases of the man with Parkinsonism and that of the young man with a congenital learning disability are illustrative of people who are quasi-disabled. Finally, at the far end of the continuum lies what Namoluk and other Caroline atoll dwellers recognize as true disability. These persons have chronic or permanent mental or psychological disturbances that isolate them and render them incompetent/crazy. In the two cases of mental illness that I observed the men were not shunned, but neither were they taken seriously by other adults. People said they pitied them, but they also laughed at them quite often, both to their faces and behind their backs (see Marshall 1983:4-5; Peter 1992). Adults showed no fear around either man but children under age eight or nine were frightened and scattered in a panic when the younger man's seizures carried him in their direction. No one would marry this poor fellow. The older man had been married for many years when his affliction began and the third case never married, although whether because of his illness is unclear. In this regard, Burrows and Spiro (1957:303) write that two of the three then-current cases of divorce initiated by Ifaluk

women "were motivated by the husband's becoming psychotic." Sometimes such persons overcome their disability; usually, they do not.

Employing this view of disability, Namoluk, with three (all male) cases out of slightly over 400 persons in 1971, aligns rather nicely with the two other Caroline atoll communities, Ifaluk and Ulithi, for which specific numerical information exists for the disabled. Spiro (1959:153) reports eight persons (out of a total of 250) whom the Ifaluk considered incompetent/crazy at the time of his fieldwork in 1947-1948, to which he adds two more based on his own assessment. He describes these as six "mental defectives," three who were mentally ill, and one epileptic. Of the six "mental defectives," five apparently were born that way and one suffered from senile dementia. Translating Spiro's cases into the analytic framework described above for Namoluk, the epileptic would not be considered disabled, and the five persons with congenital learning deficits probably would be viewed as quasi-disabled. Only the three mentally ill and the one senile person would be truly disabled-incompetent/crazy. Three of these four were men (the case of senility was an old woman). Although the data for Ulithi are not as detailed as those for Ifaluk and Namoluk, Lessa and Spiegelman (1954:275) mention that "there were only three psychotics out of the total population" in 1949 (N=421), only one of whom had been detected when the Americans arrived in 1944. As with Ifaluk and Namoluk, these mentally ill persons were all men.

If these three atoll populations provide an accurate guide, then the truly disabled in the Carolines generally appear to be few in number and to constitute less than 2 per cent of the population. What is provocative, however, is that these mentally disturbed individuals are much more likely to be male than female. This finding accords with several other sets of data that suggest there might be a gender difference in the relative psychological vulnerability to stress in these islands (cf. Gladwin and Sarason 1953).

First, in Chuuk and the rest of these related island communities, it is overwhelmingly males rather than females who use alcohol and marijuana (see, e.g., Larson 1987; Marshall 1990). Second, in a series of articles, Hezel (1984, 1987, 1989) and Rubinstein (1983, 1984, 1992) show that a recent epidemic of suicide overwhelmingly involved adolescent and young adult males. Third and finally, Hezel and Wylie (1992:346) record that in Micronesia generally "psychosis is heavily weighted toward males, who constitute 77 percent of the total sample [N=445] and outnumber females by a ratio of 3.4/1" (cf. Kauders et al. 1982, who report a similar ratio of 4:1 for Palau). These various findings cast new light on one of Spiegelman's insights from an analysis of the Ulithi Thematic Apperception Test data; that "the much higher frequency of the Depression category in males than in females may reflect the greater vulnerability of the former to the impact of daily living" (Lessa and Spiegelman 1954:293).

Taken together, all of these threads suggest that males in these culturally related Caroline Island communities are at considerably greater risk for what has here been identified as true disability than are females. Why this should be so is not yet fully

understood, but it suggests an important area for future interdisciplinary research in transcultural psychiatry, medical anthropology, and gender studies. The findings from such research could assist in the development of culturally appropriate prevention and treatment programs for the truly disabled in these island societies.

NOTES

1. Earlier versions of this essay were presented at the 21st and 22nd annual meetings of the Association for Social Anthropology in Oceania (ASAO) in New Orleans (1992) and Kailua-Kona, Hawai'i (1993). The field data on which part of this article is based were gathered on Namoluk Atoll between 1969 and 1971, and (to a much lesser extent) with Namoluk consultants on Weene (Moen), Chuuk (Truk) in 1976 and 1985. Leslie B. Marshall assisted with data collection during all of these periods of field research, and Deuter Malone provided new data and valuable insights. Useful comments and other assistance came from Jocelyn Armstrong, Judith Barker, Rainer Buschmann, Maureen Fitzgerald, Ward Goodenough, Catherine Lutz, Linda Mitteness, Joakim Peter, and Margery Wolf on earlier versions of this article.

2. For purposes of this analysis, Caroline atoll societies are those atoll communities in the so-called Trukic dialect chain (Quackenbush 1968) located in Chuuk and Yap States, Federated States of Micronesia, and in the Republic of Belau (see Figure 1). I draw heavily on the research others have completed on the linguistically and culturally related atolls of the area. These include Chuuk proper (Gladwin and Sarason 1953; Hezel 1992; Kaeser 1977; Kawai 1991), Ettal (Peter 1992), Pulap (Flinn 1992), Lamotrek (Alkire 1982, 1992), Ifaluk (Burrows and Spiro 1957; Lutz 1985, 1988; Spiro 1950, 1959), Woleai (Alkire 1982, 1992), Faliuw (O'Brien 1993), Ulithi (Lessa 1966; Lessa and Spiegelman 1954; Stephenson and Harui-Walsh 1993), and Tobi (Black 1985). The people of these communities share a similar set of understandings of personhood and the causes of human misfortune that varies only slightly among islands, and these understandings bear directly on how impairment and disability are constructed throughout the area.

3. The Chuuk rendering of tiip is the spelling used here. Kaeser (1977) says that Chuuk people use tiip to characterize the psychological dispositions concerned with a person's soul, intellect, and character, and glosses tiip as "psyche."

4. Ghosts and spirits are known by cognate terms on the Caroline atolls, including *anu* (Namoluk), *enu* (Chuuk), *alus* (Ifaluk), *yalus/yalius* (Lamotrek and Woleai), *ialus* (Ulithi), and *yarus* (Tobi).

5. Stephenson and Harui-Walsh (1993:14) state that "physical and mental conditions are [also] seen as separate and distinct" on Ulithi.

6. I did not study people with disabilities or explore local conceptual categories about disabilities. The data analyzed here represent the congenital and acquired disabilities that I recorded during the community census in 1969-1971 using Western categories. This record has been supplemented by genealogical and other data on disabilities acquired by Namoluk people since then. The ethnographic present of the text is 1969-1971 unless stated otherwise.

7. *Akapwas* (*akurang* in Chuuk) is a distinctive yell used to announce the sighting of a canoe, ship, or airplane. It has also become a way to announce that one is angry and bent on mayhem, and in this sense it "has become the war cry of the weekend warrior" (Marshall 1979:63).

8. The word likópinipin also commonly appears in love songs, in which young men sing that the woman of their dreams causes their minds to spin. Loose English translations would be dizzy with love or you drive me crazy.

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