

Poltorak, M (Director). (2019). *The healer and the psychiatrist*. Documentary Educational Resources.

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At the heart of medical anthropologist and documentary film maker Mike Poltorak's sensitive portrayal of mental health and spiritual healing in Tonga is the story of local farmer, Nepeioti. Hospitalised after experiencing severe headaches which led to nausea and vomiting, decreased hearing, blurred vision and aggressive behaviour, Nepeioti later reflects himself: "I didn't recognise anybody, my mind went all over the place, like it went blank." "He was a very sick man," agrees Emeline, "he worked a lot in the bush ... the spirits got him in the bush... we tried to treat him and heal him." Meanwhile, watching the story unfold on his laptop and reading Nepeioti's case notes, Mapa has a different assessment of the farmer's health issues: "this is purely something very, very medical, organic" he states, maybe a space-occupying lesion or a brain tumour? Despite subsequent tests, no organic cause was found. Mapa eventually offers a diagnosis of "psychotic disorder, not otherwise specified". The farmer himself asserts that it was Emeline's "*tulu'i* treatment in the eyes after the healing wash" that allowed him to understand the spirits and their jealousy towards him (because of his successful work on his plantation and generally happy family life). "I knew the treatment was successful," states his wife, "because [Nepeioti] could sleep well, I could speak to him, we could connect." In the film we see the farmer back in the village in present day as an active member of the community, with his wife further explaining that this was not "a European sickness, it was a Tongan sickness."

It is a small story but one currently being played out on a global stage; the film reflects a broader struggle between the Movement for Global Mental Health (MGMH)—an international body of health and psychiatric academics, professionals, and researchers—and their critics. As a conduit of the World Health Organization, the MGMH has called for the 'scaling up' of western mental health care provision to low- and medium-income countries, such as

Tonga, so as to meet the current ‘treatment gap’ across the global south (Patel et al., 2007; World Health Organization, 2010). It is argued that there is a moral imperative for the west to act, given that there are efficacious mental health treatments available (such as antidepressants) which have been largely denied to regions where the ‘epidemic’ of ‘mental illness’ is estimated to be the most acute (Patel et al., 2006). Critics of the MGMH, meanwhile, have responded that this powerful lobby represents the latest form of medical imperialism in attempting to expand psychiatric markets and reductionist biomedical ideology at the expense of folk medicine and local understandings of ‘mental distress’ (see, for example, Cohen, 2021; Mills, 2014; Summerfield, 2012; Tribe, 2014).

Living in the far north of Tonga on the Vava’u island group is Emeline Lolohea, the eponymous healer of the film title, while the one and only psychiatrist in country, Dr Mapa Puloka, lives a day’s ferry ride away on the main island of Tongatapu. The healer and the psychiatrist never meet in the film but Poltorak connects them through Mapa’s review of various videos of Emeline’s healing practices. As fellow Tongans, there is a strong respect from both for the local customs, practices and beliefs of the population; this is a society where spirits of all persuasions physically inhabit the world and sickness can be often caused by ‘*avanga* (being possessed by spirits). The belief in spirits is a commonsense and everyday notion. At one point, school children are asked to explain what *tevolo* are: “dark spirits,” they reply, “when people die ... they are buried. The good part of the soul goes to heaven, the body in the cemetery stays around and affects living people—that’s the *tevolo*. Then the mind goes a bit crazy ... The mind splits in two.” “When *tevolo* walk,” adds Emeline, “they float in the air. Their eyeballs disappear, you can’t see the body or the flesh.”

Neither Mapa nor Emeline claim to have all the answers, nor do they malign each other’s practices, and the viewer is largely left to make up their own mind on the different approaches to understanding and treating local ‘mental health’ issues. At one point, Mapa is asked if he himself believes in spirits and he provides this very illuminating answer: “I believe completely in spirit. But sometimes when it happens, not all of them are true cases, many

are fake. It's difficult to prove it scientifically ... Its very subjective. And we know through schizophrenia if they see things, they see things; but it's not true to us, we don't see it. Maybe spirit is always with us?"

At the Va'a Fakalelei 'Atamai (literally translated as the 'house to restore the mind') Psychiatric Unit, Mapa's equivalent of a ward round is the regular kava ceremonies with his patients (common in the South Pacific, kava is a herbal compound which, when added to water, is drunk for its sedative qualities). The kava group sings, drinks and talks together, and this is where the psychiatrist will often makes decisions about increasing or reducing patients' medications. "It might look odd," he says, but "that's because the method I use of frequent gathering and talking around the Kava bowl helps us to share." With echoes of moral treatment (see, for example, Cohen, 2016, p.35-41), we later see the patients working in the hospital's plantation, with the psychiatrist stating that "this plantation is a part of the patient's occupational therapy." The patients produce their own food from the garden, he comments, and it also acts as a form of culturally-appropriate "psychotherapy" for them. Vilsoni, one of Mapa's patients, comments that working on the plantation "somehow brings me peace and comfortableness and it enlightens me ... It teaches my mind, body, and soul to do the right thing." Versed in the language of western medicine, Mapa is prone to utilising western psychiatric terms to describe his patients' experiences and for him there are broad Tongan equivalents; for example, the experience for locals labelled with '*avanga*' is for him similar to those labelled with diagnoses such as 'psychosis' or 'neurosis'.

In contrast, Emeline's explanations for those who seek her help prominently emphasise the upsetting of the spirit world. Her resulting practices are not always easy to watch: at one point, the healer uses her thumbs to apply a herbal compress to the closed eyelids of a young woman; the woman cries out as increasing pressure is exerted. Emeline then proceeds to throw buckets of water over the woman. Later though, the healer is seen massaging the villager's face as she lies on the floor surrounded by her family; "I have to keep on touching to treat her," explains Emeline. Though he will sometimes offer a psychiatric diagnosis, Mapa's observations of the

experiences of the healer's clients and her treatment methods are largely ambivalent; he appears curious but never dismissive. Noting the gathering of the family around the distressed individual as the healer performs her treatment, the psychiatrist is impressed: "it works very well. I think the psychotherapy there is more than 50% effective."

Towards the end of the film, Emeline gives her most direct assessment of western medicine when she asserts that "if swallowing Panadol does not work, then try Tongan medicine ... there's an appropriate treatment for spirit-caused sickness. Those mental-related conditions can be treated, and not just plague them with pills that end in death." In turn, Mapa obviously feels that his clinic is also of substantial benefit to local people with serious mental illness; however, he does add this significant caveat: "I understand there are a lot of patients in the past, they really respond to the Tongan medicine. We all know if they all come here [to the Psychiatric Unit], the stigma sticks. The stigma starts to increase – only because they come to this psychiatric unit. But if they are treated there [by healers], I would say totally no stigma at all."

As one would expect from a film maker with a strong anthropological background (Poltorak is currently an Honorary Research Fellow in the School of Anthropology and Conservation at the University of Kent), this documentary is carried out in a naturalistic, contemplative and quietly reflective manner. It is a film which avoids straight-forward answers or the promotion of a specific polemic and, on this basis, it will appeal to mental health practitioners, researchers, students and academics of all persuasions. If there is any takeaway message from this film, it is the importance of professionals and experts acknowledging the way people understand and give meaning to their experiences in different contexts, circumstances, and cultures around the world. A universalistic, 'one size fits all' approach to understanding and treating 'mental distress', as promoted by the MGMH and their supporters, looks mute and hollow after a viewing of this film.

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