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Vavanga'i 'Avanga (VA): Tongan psychotherapy

This article is based on an analysis of tacit knowledge. This concept is understood in Tongan as 'vavanga'. I have defined vavanga and its relevance to my existence and how it stems from an ancient paradigm of my ancestors. Then I relate it, to how it is informed production knowledge in a contemporary paradigm and in my vavanga'i 'avanga practice.

I will begin by briefly setting out the historical and cultural beliefs that underlie the Tongan epistemology regarding tacit knowledge in relation to my practice. I choose to talk about tacit knowledge in its Tongan setting by using the Tongan term 'vavanga'. I feel it is an appropriate way because in my experience, the Tongan language explains articulately my understanding of tacit knowledge or 'vavanga'. The concept of 'vavanga' has its own truthfulness (*moonii me'a*) that is tacitly carried within the knowledge which is expressed explicitly in language and manifested in practice; in this case, in the context of my Vavanga'i 'Avanga (VA) or Tongan psychotherapy.

Before I go further, I will first elaborate on the concept of vavanga. Churchwood (1959) defines vavanga in the Tongan dictionary (1959) as "to have insight of someone or something". For instance, To'a is trying to have insight into his patient's illness. Tongans may comprehend this thinking or way of thinking. Traditionally, it is often used by a composer or *punake* to describe the process of how they seek for ideas, lyrics, and

sound to put together in creating a *faiua* or dance or performance.

In my view, *vavanga* is more than just thinking: it is beyond consciousness at some level. It is a process where we are in a state of being. It requires the psyche to be freely associated or *vete e tapu*, in a certain moment, in a certain psychological space (*va*), in different psychological layers, to be able to have an insight into someone or something. In that sense, for someone to be able to experience *vavanga* it requires skills. Hence, for me, every person can think but not every person can *vavanga*. I see *vavanga*, knowledge is power.

In the context of my work, *vavanga* stems from the Tongan mythological story of 'Aho'eitu. In Tongan history, 'Aho'eitu was born to a woman named Va'epopua (earthly mother) and god Tangaloa ('Aho, 2007) which made 'Aho'eitu a semi divine human being (Filihia, 2008). 'Aho'eitu grew up under the care of his mother and the absence of his father. As an adult, 'Aho'eitu sought for his father Tangaloa and found him alongside his sons – 'Aho'eitu's older half-brothers. 'Aho'eitu stayed with them, but his brothers, envious of him, and murdered him (Graig, 1989; Rutherford, 1977; & Gifford, 1924).

I wish to highlight an important aspect relating to production of integration. 'Aho'eitu was the product of integration of two different beings. In other words, there were two worlds and kinds integrated into one significant world. In relation to my work, 'manahila' and psychotherapy are integrated to form Vavanga'i 'Avanga practice.

Furthermore, the death of 'Aho'eitu angered his father Tangaloa which led him to use his 'manahila' status to revive 'Aho'eitu. The process of 'manahila' involves *tapu* (sacred) so therefore I choose not to converse about it. However, I see the treatment process and the revival of 'Aho'eitu, as the same process but slightly different in nature. Underneath this story, Tangaloa had the *mana* and knowledge of a *manahila* that enabled the revival of 'Aho'eitu. Speaking of *mana*, the implicit 'knowing' that claims *mana* is a hereditary phenomenon in my

bloodline as a manahila which occurred later than the revival of 'Aho'eitu. Tongaloa appointed him as first king of Tonga (Tu'i Tonga) and allocated his other sons to serve 'Aho'eitu as his protectors and guides. They were known the *kau fale fa* or house of four clans. One of the *kau fale fa*, is *Tu'i Loloko* (Craig, 1989; Rutherford, 1977; and Gifford, 1924), from whom my father's lineage is descended.

Reflecting on this narrative, I believe that the story illustrates the concept of vavanga. There is a certain knowing and a certain skill whose 'origins' were rooted from something beyond the conscious mind. That is perhaps why indigenous treatments including manahila seem odd, alien, out of time and of reach. At the same time it is hard to believe that they are derived from actual human experience. Many people who are unfamiliar with manahila fear it as an out of time treatment. On the other hand, the voices of those who have benefited from it and who practise manahila are often unheard.

Significantly, in the eyes of people who practise indigenous manahila and people who have undergone a successful treatment, the world of manahila is a rich and intriguing place. Its values are perpetuated intergenerationally through the knowledge and experience of the Tongan people.

The concept of indigenous practice marks indigeneity and offers ethnography of time-space that is rooted in Tongan oral traditions, thoughtfully illustrating the continuation of traditions (Ka'ili, 2017). Nevertheless, the fundamental element that I want to be understood is the mana of vavanga or tacit knowledge of this story has been passed on from an ancient paradigm to today's paradigm and for me, vavanga is power.

Manahila practice has received similar negative responses as psychoanalysis received when it first emerged. To people who have not experienced psychoanalysis as a lived reality, psychoanalytic concepts seemed abstract and out of reach (Mitchell & Black, 1995). Sigmund Freud who is known as the father of psychoanalysis, developed psychoanalysis based on his knowledge around problems that appeared to have no

discernible organic basis. Freud theorised that the causes originated from childhood experiences. Many theorists built upon his fundamental ideas and often developed their own systems of psychotherapy. These were all later categorised as psychodynamic psychotherapy, which means anything that involved the psyche's conscious and unconscious influence on the self and on external relationships (Mitchell and Black, 1995).

Freud initially developed from an idea that "hysteria", a physical numbness that has no apparent cause, is a result of a psychological internal conflict that rooted from a past event rather than neurological problem (Mitchell and Black, 1995). Freud's idea here is parallel to my VA practice, but from a perspective that there is also an influence from an afterlife (can be a spirit of a family member who had passed away) phenomenon.

Both my perspective and Freud's perspective agree in what Michael Polanyi's (1958) view on tacit knowledge is. He believed that 'we can see more than we can tell'. Polanyi (1958) was a chemist and philosopher who attempted to bridge the gap between fact and value, science and humanity. According to Gourlay (2002), Polanyi first developed the idea of 'tacit knowledge', and then many theorists followed on from him.

Polanyi's idea that we can see more than we can tell is aligned with belief in and knowing the manahila practice, claimed by Neil Gunson (1990) to be a shamanistic religion. Meredith Filihia (2008) carried out an analysis and clarified that Gunson's (1990) claim contradicted the reality of the manahila practice. However, as I am a Tongan indigenous practitioner myself, my understanding is different because I know exactly the reality of manahila. A fundamental essence of the manahila is the concept of 'manatapu'. The manahila practice is organised within the 'mana' and the 'tapu', and these two realities combine to create effective healing for the patient. At one level, there is a 'tapu' for the outsider to interfere in the healing process for the sake of the healing to be worked. Thus, for Gunson (1990) and

the likes, they can only see what they can tell, but there is more than that.

Nevertheless, my work justifies my role as an indigenous 'manahila' and as a vanga'i 'avanga in Vavanga'i 'Avanga (VA) therapy work. VA therapy is a form of psychotherapy that I formulated by putting together the 'manahila' practice with psychodynamic psychotherapy practice into one form of approach. It is an approach that is more culturally effective in working with Tongan people who are suffering. I aim to accommodate their needs by trying to fill the gap that seems unseen in mainstream health and education.

In Aotearoa, many Tongan people suffer from mental health issues, but at the same time only a few have access to mental health services (Oakley-Browne, Wells, & Scott, 2006; Vaka, 2014). According to Vaka (2014), people's perspective on mental illness is not only different but they still believe in traditional treatments. Couple with that, Vaka (2014) identified in his study that the risks of mental illness are different between Tongan people who were born in New Zealand and people who were born in Tonga. The risks of mental illness for Tongan people who were born in New Zealand are higher than those who were born in Tonga. This disparity interested me for one particular reason. Tongan people's implicit knowing on mental illnesses' etiology and its treatment are still believable and strong (Ministry of Health, 2008; Te Pou o Te Whakaaro Nui, 2010; Vaka, 2014).

Despite the challenges in that respect, I see the confirmation of this knowledge in the Tongan people as a message that the "sensitivity" (McWilliams, 2011) of the indigenous in terms of tacit knowledge is still alive in the Tongan people. This reinforces my belief and experience that the 'mana' of indigenous practice needs to be kept alive. To retain the mana of indigenous practice and knowing within western oriented therapeutic approaches is a huge challenge.

According to a successful Tongan artist Visiesio Siasau (2015), a major turning point for Tonga was the era of

Christianity when it positioned itself in Tonga. It dispositioned the Tongan world view on indigenous practices by being *fakakuihi*, misled with western perspectives. Tongan people became isolated in a “depressive position” (McWilliams, 2011) where they see everything about the western world as inherently better. This could be one of the reasons Tongan people who were born in Aotearoa have a higher rate of mental health problems than those who were born in Tonga (Vaka, 2014).

Notwithstanding the Tongan people's perception shift into a western perception in terms of treatment, many people including diverse scholars are still holding to the authenticity of what they have experienced in 'manahila' practice (Helu, 1999; Puloka, 1999; Filihia, 2008 Vaka, 2014). However, I am concerned that while western models are the mainstream and Tongan cultural models are considered as alternatives, sometimes viewed as unsafe practices, the rate of suffering mental illness by Tongan people as mentioned above is high (Vaka, 2014) and perhaps getting worse.

Siosiane Bloomfield (1984), a highly educated Tongan nurse, has strongly proposed in the last three decades inclusion of manahila practice in the nursing curriculum. She referred to that notion as *tuku e vaka kae fai e kakau* or leaving certainty for uncertainty. Bloomfield (1984) asserted the need to hold the value of the knowledge that maintained the values of manahila that continue from ancient paradigm to contemporary paradigm, within western mental health practices.

In my Vavanga'i 'Avanga work, it is designed to deliver its value by combining with western treatment as one form of approach. The aim is for western treatment and manahila to work together. Hopefully, in this way, Tongans do not have to be ambivalent or torn between Tongan manahila and the western approach (Vaka, 2014). Instead of having to choose, they receive them both in one effective treatment.

Through my vavanga'i 'avanga work, I challenge the perception that manahila is a shamanistic practice. Its concepts derive from and are concerned most fundamentally with

vavanga regarding the etiology of mental illness and the treatment for it. The etiology of mental illness is believed have emerged from the *va* (relationship) between life (*mo'ui*) and afterlife spirit (*mate*). Traditionally, the manahila is the most effective resource to treat/*faito'o* an inflicted person who is believed to be possessed by an afterlife spirit (Puloka, 1999; Vaka, 2015) for different reasons including as a punishment for breaking the tapu (Tamasese et al., 2004). If people get a good insight of the manahila, they will be able to re-value it. They will be able to perceive correctly that manahila treatment is rich and intriguing. Therefore, its basic concepts and modes of thought are based on a destined mana. It is not shamanism (Filihia, 2008) but it is a continual practicability. This perception is denying by the western view including medical models and it is not considering in psychotherapy.

As will be seen, my project aims to equate psychologically, ontologically and epistemologically the values of the manahila (Tongan practice) with western psychotherapy. To do that, I must address some misleading aspects that Bloomfield (1984) referred to as "rejection of something certain for uncertainty" (p.14). It is important for Tongans to have insight that they are neglecting a very important part of Tongan culture. They should also beware of misperception and being misled. For instance, *faito'o tevolo* has been long used to define treating a person who has experienced a state of psychosis often called *puke faka'avanga*. These two labels of illnesses have given incorrect perceptions to Tongan people for many decades. The word *tevolo* is a straight translation of devil which is apparently negated by Christianity. *Tevolo* in the religious context is comprehended in a derogatory way as bad spirit. In Tonga, spirits were to be respected, rather than contradicted as *tevolo*, as they were merely guardians of the tapu (Tamasese et al., 2004). These misleading misperceptions were never addressed. I therefore re-conceptualise concepts such as *faito'o tevolointo* 'manahila' aimed to preserve the correct perception on illnesses.

According to Cabrini Makasiale (as cited in Culbertson, Agee, & Makasiale (2007)), this is an important challenge laid at the feet of the Tongan community in which the effectiveness and preservation of the manahila have become subordinated to an ethos of not rocking the boat. Speaking of not rocking the boat, my vavanga'i 'avanga work is geared to rock the boat. It has been for decades. Tongans seem in retrospect to have been arbitrary, inconsistent, and influenced by foreign practice ties to European perceptions.

Amid the paradigm shift towards misperception, the greatest influence was Siasoi Tupou 1 who converted to Christianity (Siasau, 2015). He destroyed the pre-contact beliefs and value, a paradigm that once saved him from the verge of death (Ahio, 2007). In many layers, there was a consequential transformation of the fabric of Tongan society (Ahio, 2007).

Notwithstanding opposition to manahila, traditional healers have continued to maintain the practicality of indigenous tacit knowledge to the present day (Fanua, 2002; Helu, 1999; Puloka, 1999; Parsons, 1983; Filihia, 2008). I must acknowledge them. *Fakafeta'i e ngaue!*

As mentioned earlier in this writing, I have a mana as a manahila that exists in my bloodline. I can provide evidence of its reality and illustrate its continuity from my mother to myself.

For half my life I observed and witnessed the manahila of my mother. She healed many men and women in my community in Tonga and in Aotearoa, people who suffered from *puke faka'avanga*, a form of mental interference.

I have watched people of my village *mumu* sprint like bees gathering on the beehive trying to see from outside to inside my house where my mother practised *the faito'o 'avanga*. I have witnessed my mother *faito'o 'avanga fesi'ia* a high ranking member of the Tongan government. While sharing this experience, the memory of my friend and next-door brother also comes to mind. He was discharged from the hospital covered with dressings on his upper body for burns from an accident. A boiling bulldozer tank had exploded over him. The hospital did

their best, but my friend was vulnerable as he was still in pain and feared that his burns would scar him forever. My mother replaced his fear and pain with a traditional treatment. As a result, there are almost no scars on the patient's affected body, and she achieved this result by the use of *faito'o vela fakatonga* burn herbal medicine.

From a vavanga'i 'avanga perspective, my mother has the *manaloa* (genealogical intrinsic mana) that travel through her *hakoloa* (ancestral bloodline) in a *hokoloa* (generational pattern) knowing and practice. This knowing is implicit or vavanga and highlights a thinking from the feeling or *sia mei he loto*; that is also reflected in the popular statement of *Tonga mo'unga kihe loto*.

My first experience of being a 'manahila' was treating a Tongan female nurse who experienced a painful shoulder and was unable to lift her hand. She visited medical doctors and attended scans and physiotherapy, but these did not work. As she approached me, I was able to *vavanga'i* (diagnose) that she was experiencing *'avangafesi'ia* (psychosomatic illness). I treated her once, and the following day she was well.

Vavanga'i 'Avanga can also work in a metapsychic form. A person who lived in the South Island sought my help via telephone while I was in Auckland. A brief assessment gave me her story. She had gone to visit a friend who had died some time before. After the visit, she began to experience bodily pain and paralysis. She had attempted various medical interventions without success. She was told by the doctors that they did not know what was wrong with her. My diagnosis was that she was experiencing *'avangate'ia* (possession by an afterlife spirit). As much as I wanted to help and as much as this person wished to be pain free, it seemed impossible to do the treatment because we were living in separate islands. She was in the South Island and I was in the North Island. As mentioned earlier, a person who uses vavanga, is in a state of psychological being at a particular moment to vavanga; and where I positioned myself. I arrived in a moment that reminded me of my ancestors.

We had daring navigational skills of following the stars, and to me sky can never be the limit. I proceeded with the treatment for the first time in the way I did and it worked. (There is a tapu on the treatment; thus I cannot describe it).

My narrative may produce disbelief in many, but the reality is that it does happen. Being a “vavanga'i 'avanga” is not just something I do, it is who I am.

Notwithstanding the qualities of European discovery of Tonga and the effectiveness that western modalities in certain levels have on Tongans, I am not aiming to negate those positive facts. My position is not reductionistic. I am also seeking not to denigrate Christianity, but rather to put the displaced value of the Tongan indigenous healing practice on the same level ontologically and epistemologically. At the same, my proposed practice is not blasphemous. Amid all this diversity of concerns, I offer to develop an idiosyncratic challenge that impels my hope of contributing to the battle we Tongans are facing.

Overall, my work is designed to introduce something that is perhaps foreign to the ear and the mind of the Tongan people; mainly when it is going to touch the psychotherapy treatment aspect. Although psychotherapy has been the treatment in place for more than century, it is yet to be effected amongst the *Moanan* people (Mahina, 2010), particularly Tongans. Speaking of that, there is only one female Tongan psychotherapist, Cabrini Makasiale. Although she is available to Moana people, her capacity to deal with problems may be only the tip of the iceberg. The problems are vast which indicates a concern around the shortage of practitioners at this level. However, that is not the only concern. Psychotherapy itself is unknown not only to Tongan people but to Moanan (Mahina, 2010) people at large. A further concern in the New Zealand health industries, is that Moanan health practitioners are in short supply, especially in this service level. Coupled with that, tertiary students are either not interested or ignorant of the talking therapy fields. In fact, while we are struggling with the crisis,

Moanan people are still constrained by the dominance of western modalities, both educationally and practically.

Moreover, while we are facing this challenge, the Western models themselves are challenging each other. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association and the Psychodynamic Diagnostic Manual (PDM) for the psychotherapy realm are challenging each other. Nancy McWilliams (2011) elaborates insightfully that DSM is taking a categorical, non-influential, non-contextual, non-dimensional diagnosis. Its influence on mental health has changed the view from talking about the 'overall issue of psychological health' to focus on symptom-based concerns. On the contrary, DSM lacks an implicit definition of mental health or emotional wellness. In psychoanalytic clinical experience, it assumes that beyond helping patients to change problematic behaviours and mental states, therapists try to help them to accept themselves with their limitations and to improve their overall resiliency, sense of agency (autonomy), tolerance of a wide range of thoughts and effects, self-constancy, realistic self-esteem, capacity for intimacy, moral sensibilities, and awareness of others as having separate subjectivities, and so forth. To alleviate that, the Psychodynamic Diagnostic Manual (PDM) was designed by practitioners who believe in keeping "alive the sensibility that represented decades of clinical experience and conversation, in which human beings have been seen as complex wholes rather than as collections of comorbid symptoms" (Lingiardi and McWilliams, (2017, p. ix). Although these two models both impact on mental health diagnosis, they still have argumentative differences while complementary to each other.

In Tonga, metaphorically speaking, all the eggs are put in one basket where all mental health concerns are handled and assessed at Vaiola Hospital Mental Health Unit. Since there is no psychotherapy and the only one psychiatrist available, the concern that there is access only to the DSM model, and patients miss out on the quality of the PDM diagnostic model.

In my view, this concern has never been voiced and perhaps never been considered as important. This is why my work should be considered both academically and in health system.

The aim of my work is to pave, empower and voice the usefulness of indigenous practice while standardising its values at the same level as western dominant modalities; thus to become mainstream rather than alternative. My aim is to graft the two approaches into one approach which I believe it is more culturally effective. Every time I do therapy with a person, I serve the Tongan and the western approach at the same time at the same level. Moreover, in visualising the idea of standardisation, I formulated this work to reinforce the richness of Tonganness pertaining to what it means to be Tongan and being Tongan.

The Tongan artist Visasio Siasau (2015), who has met with success all over the world, expressed in his art works what he calls actively, devoted to the spiritual, cultural and ecological knowledge of the Moana people. To me, everything in nature is vavanga. It has tacit knowledge that is rooted to something and there is something about it.

I have analysed the tacit knowledge from its Tongan perspective as vavanga. I have related the vavanga to my ancestors and linked it to my existence and my vavanga'i 'avanga practice.

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