

OLE TAEAO AFUA

The New Morning

A Qualitative Investigation into Samoan Perspectives on Mental Health and Culturally Appropriate Services

**A Research Project
carried out by
The Family Centre**

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UPU TOMUA - THE FIRST WORD

The last testament of Tapuitea to her brother was :

“ I shall make good the harm I’ve done by rising to the heavens and appearing in the West as the morning star. I shall guide you to fishing, to sailing and to a new morning.”

In Samoan Culture there are three perspectives. The perspective of the person at the top of the mountain, the perspective of the person at the top of the tree, and the perspective of the person in the canoe who is close to the school of fish. In any big problem the three perspectives are equally necessary. The person fishing in the canoe may not have the long view of the person on the mountain or the person at the top of the tree, but they are closer to the school of fish. This research represents the culmination of all three perspectives, as it sought a range of views both long and short, from women and men and from the Elders and those who work in the health field.

In launching on a sea journey, timing is of the essence. So we say,

“ Ua faapopo ni aso ua ae le tu’ua aso folau ”

In assessing timing, The Morning Star - Tapuitea - is indicative of the currents and the winds.

May the perspectives of the fishermen and the insights into the winds and currents lead the Fa’afaletui to a new morning.

Tuiatua Tupua Tamasese Efi
28 May 1997

FA'ATOMUAGA

Tumua ma Pule
 Itu'au ma Alataua
 Aiga i le Tai
 Ma le Va'a o Fonoti
 Tama ma o Latou Aiga
 Aiga ma a Latou Tama
 Liliu i lea itu o Samoa
 Le Paia ia Sua ma le Vaifanua
 Fofu ma Itulagi
 Fa'atui ma To'oto'o o le Fale'ula
 Fa'apea ai ma le Tama a le Manu'atele
 Le Aufaigaluega Paia a le Atua
 Faletua ma Tausi
 Augafa'apae ma Aualuma
 Tama a Tausala ma Aumaga
 Le Paia le Popo lea o Samoa mai Saua seia paia Agalega
 Taalolo Paia o Taea
 Taalolo Paia o Tupua ma Laoai
 Taalolo Paia o Tupu ma E'e ma Faleupolu Tofia
 Magalo le Leo, ae gafua le tautalaga ona o lea fagatonu le Malama

E le o faiva o taua po'o fa'afeagaiga o aualuma ae o faiva o mafaufau. Saili le Tofa mamao ma le faautaga loloto ona ua ta le pola mo sau galuega lavea'i.

Ua ila le i'a a lalo, ua logoitino matagi lelei ona o lea ua soso mai le finagalo o le malo i lou gasegase ma lo'u ma'i.

Ua fa'apea mai le malo, moni a oe, e iai le faafitauli.

Ioe, e mafai ona 'ou lima mau, a e lima tusitusi.

E mafai ona e lima tusitusi i lea lape ma lea leaga.

E mafai ona ou lima mau i le faasoaina o le tupe.

Ae sili, tu'u lou lima tusitusi, tuu lo'u lima mau a ia mafola lou 'aao ma lo'u lima ta limalima faatasi e sue se fofu o le faafitauli.

Ua tali Samoa, e le tali tualimaina lau vala'au aua nao Afono ma Neiafu e Mele ai Manu.

Na ala ai ona a'e le manatu, tali sapai le vala'au a le malo, tatou faafaletui. Fa'afaletui le tama ma le fanau.

Faafaletui le matai ma le aiga. Faafaletui alii ma faipule, faafaletui faletua ma tausii, augafa'apae ma aualuma, tama a tausala ma aumaga.

Sua le aulapa uta ma le aulapa tai. O lea le manatu lelei, o lea le mafaufau vaai mamao, so'o fa'a 'ielalaga, fai ma a tatou taulaga i le faiva o mafaufau.

Ua ma'ea le galuega a le faafaletui, ma o lea ua molimoli oo mai i luma mea aua lau silafaga.

Afai ua le soo le titi poo ua sii le matalalaga, Samoa e fa'amalulu atu. Va'atele mai lau Tofa ma lau fa'autaga ona ua pau o le mea ua oo iai la matou taetae fatumanava. Ae i leni taimi, e fia molia se faafetai faapitoa i le Health Research Council of New Zealand i lo latou aao mafola, i lo latou tau lagalaga ma lo latou pulu naunau ina ia lave'a'i.

E leai se taualuga. E leai foi se galuega faai'u, o le galuega tauafua. Pe le atoa, ae talosia o le a faatupu manatu i lou finagalo ma sou taofi.

Le Atua ia fa'amalumalu mai i la matou fe'au, sa e mafuta mai i la matou galuega tau afua, o le tatalo ia e alofa le Atua, mafuta mai i la matou galuega fa'auau.

Ma le agaga faaaloalo matou te tu'uina atu ai i o outou luma, fua o la matou galuega.

SOIFUA

This is from the Fa'afaletui (the participants in the focus groups). It is not translated here, because the images evoked lose their nuance in translation. Essentially the piece indicates that the call has come to address the mental health needs among Samoan people in New Zealand. In the past we have found fault. Now the Health Research Council of New Zealand has made it possible to address this problem constructively. We do so by drawing on the traditional process of soul searching with our parents, our families, our matai, our villages and our ministers. We seek the balance of consensus.

The research presented here offers the best we could do. It is a beginning to open the avenues of understanding. Much work lies ahead. We ask God to bless the beginning and the continuation.

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DEVELOPING AN APPROPRIATE METHODOLOGY

INTRODUCTION

As a mechanism which seeks out problems and appropriate solutions, methodology is a tool of definition, held by a particular group or groups, who in turn hold specific sets of values which underpin socio-cultural biases.

Western models of methodology, when seeking knowledge about other cultural contexts, are reputedly, by design and habit, significant interpreters of the reality of people's lives. These models also bring with them the promise of scientific conscience. It follows then, that methodological frames should be more rigorous and sympathetic to their participant cultures without compromising the inherent beliefs and values that sustain those communities. Failure to achieve this, almost certainly means that many studies will continue to intrude upon and exploit the vulnerabilities of these communities. "Research method therefore must not pre-empt the unknown witness with conceptual frameworks that anticipate and address non-western cultures from biased perspectives"(Peteru:46) .¹

Methods Which Exclude

Research methods, which hold values intrinsic to western cultures when applied to non-western communities, contribute directly to exclusions. Exclusions, as put succinctly by Trinh, underline one way discourses, "...a conversation of 'us' about 'them', of the white man with the white man about the primitive-native man....a conversation in which 'them' is silenced. 'Them' always stands on the other side of the hill, naked and speechless, barely present in its absence"(65-67)²

Haggis claims that the issues of who produces knowledge, and the role of the researcher (team) in the production of knowledge, need to be recognized in the context of being inclusive (Stanley:67).³

Research Method and Communities in Crisis

Constructs of method should emerge from, and faithfully reflect, the intrinsic source of its participants' needs and knowledge bases. The information provided in this study, by the Samoan participants, reveals that urgent responses are needed to create structures of

¹ .Peteru,C.L., "In Our Language Lau Means Mine, It Also Means Yours". *Liberation Theology - A Samoan Dialogue* (M.A. Thesis), Victoria University of Wellington,1995

² Trinh,T.M., *Woman, Native, Other: Writing Postcoloniality and Feminism*, 1989, Indiana, University Press

³ Stanley,L.,(ed) in *Feminist Praxis, Research, Theory and Epistemology in Feminist Sociology*, 1990, London, New York

change within the Public Mental Health Service. The call for legislative and social relief, reflects a community which recognises that it is in crisis. It also raises serious questions for the research community regarding their ability to address their own roles, and appropriate processes of research within communities in crisis.

SIGNIFICANCE

It is anticipated that this study will:

- identify further the knowledge about Samoan assessment of, and recommendations for, mental health services, and assist in the development of a mental health system which is culturally appropriate to the needs of Samoan people;
- provide mental health service providers with information on what cultural needs and considerations should be taken into account in the treatment and care of Samoan people;
- provide and promote information, in a scientific form, to Samoan people as to the perspectives on mental health services outlined by the participants in this study;
- provide a methodology for culturally appropriate research in the area of mental health;
- encourage Pacific Island researchers to undertake research studies into mental health perspectives of their own people in a manner that is both culturally appropriate and which facilitates Pacific Island research in New Zealand.

THEORETICAL FRAMEWORK

In providing a research framework which ‘faithfully interprets’ the realities of Samoan people, one begins with the premise that, value must be given to the individuals and their communities of people, their respective protocols and etiquette. From this emanates their tradition and culture, their language, the historical and genealogical dimensions from whence they originate, and in which they exist.

Theories are Cultural Constructs

The tensions which arise out of working between two socio-cultural constructs manifest themselves expressly in the interpretation of material. Attempts to understand the realities of non-Western communities, with the view to providing appropriate frameworks, are often self defeating exercises. This is because prevailing scientific thought often undervalues the

culture of minority or non-Western cultures as a premise for theoretical development. As theories are the constructions of unique world views, the theoretical framework, if it is to be faithful to the context of its participants' contributions, must have as its premise, a method which facilitates and delivers a construct, which accurately reflects the cultural values and meanings of its research community.

Values Underlie all World Views

The world view of any one society is determined by the values which underpin its religious forms of worship, scientific and technological development, political and social arrangements. Capra states that avoiding the role which values play within any given socio-cultural construct, is to avoid stating explicitly the assumptions underlying their theories. Research thus becomes less scientific (:197)⁴.

All humans exercise value judgments in social interaction. Researchers are not exempt. Maori researcher Linda Tuhiwai Smith states that to ensure the validity of Maori research methodology, questions which need to be asked include, who has defined the research problem?, who will benefit from the study?, and who are the researchers accountable to?⁵ The problem with values, as stated by Scriven, is “conceptual rather than empirical or inferential” (:29)⁶.

SAMPLE SELECTION

1. The ethnic criteria was that all participants were of Samoan descent. This criteria was met.
2. The research proposal outlined the recruitment of 6 different focus group types, each with a membership of between 8 to 12 people. The focus group types to be interviewed were:
Elders, one Men's group and one Women's group; Service Providers of Mental Health Care, one Men's group and one Women's group; Ex-Clients of the Public Mental Health System, one Men's group and one Women's group.

A variation of contract was agreed to by the Health Research Council, when it became clear that the ex-clients felt uncomfortable meeting in groups and the transcription material from the other 4 groups was far more extensive than we had predicted. As a result, the HRC agreed to limit this study to the 2 groups of Elders and the 2 groups of

⁴ Capra, F., *The Turning Point. Science, Society and the Rising Culture*, 1982, Flamingo: Fontana Paperbacks

⁵ Smith Linda Tuhiwai, *Te Rapunga I Te Ao Marama*, A Discussion Paper, 1986, in *Te Murunga Tamariki ki Kainga Tauhou (Who Cares for the Kids?)* 1992; A Report of the Human Rights Commission

⁶ .Scriven, M., *The Exact Role of Value Judgments in Science*, in *Ethical Issues in Scientific Research, An Anthology*, 1994, Erwin, Gendin, Kleiman (eds), Garland Publishing Inc., New York, London

Service Providers, and will receive a separate funding application for a parallel study involving individual interviews with female and male ex-clients, as Part Two of this project, upon the successful completion of Part One.

The final interview participants numbered:

12 Elder Men; 12 Elder Women; 10 Service Provider Men; and 8 Service Provider Women.

3. The regions from where the participants were selected were Wellington, Porirua and the Hutt Valley.

The regional criteria were fulfilled for both the Elder Men and Elder Women's' groups. Four participants from each area (for each group) were selected. The criteria was not so strict for the Service Provider groups for the following reasons:

- Many approached were eager to participate. However, in most cases they were refused time away by their managers. The main reason given was staff shortages;
- In three cases, family emergencies arose and the participants put in their apologies;
- There emerged a situation where the researchers could not find a Service Provider for the Women's group from the Wellington region who was available to attend. Those who participated were evenly representative of the Porirua and Hutt Valley areas.

Suffice to say, the criteria became primarily focused on the participant being a Service Provider employed within the Public Mental Health Service.

The regional criteria for the Service Provider Men's group was fulfilled with a representative/s from each area.

4. The proposed age group was a range of young to elder participants. Within the Elder Men and Women's groups the minimum age set was at 50 years.

The rationale was that those born prior to and in the year 1946 would have experienced and had primary accounts of the traditional 'health models' within Samoa, prior to the serious attempts to assimilate Samoan people into the Western public health system. The eldest participant would have been born between 1918-1920.

The Service Providers groups had an open age criteria, although in both groups there was an even spread of ages ranging from approximately 30 years to mid 50's.

5. The gender criteria proposed that half of the interview population would be male, the

other half female. This criteria was met.

The gendering (separate interview groups for females and males) of focus group interviews is an appropriate method of discussion for those who have knowledge of the relational protocols within Samoa's social arrangements. Within each of these groups, it is also appropriate (where it is of significant value to both participants and the research) to again separate the groups based on roles and responsibilities within traditional social arrangements, eg. tulafale (orators), ali'i ('executive' titular heads of for example, families and villages), aumaga (body of untitled men), faifeau (ministers of religion), within the men's group.

The gendering of focus groups allowed two important processes to take place. The first, was to enable relationships and their protocols to be appropriately facilitated. The second, was to allow issues, which are considered tapu and therefore cannot be spoken of across gender groups, to be openly articulated.

A point of note is, that even with the gendering of groups, relational tapu still exist within single gender groups. As noted earlier, within each group there exists relationships which must recognize the roles and responsibilities of the other, within both traditional and contemporary settings. For example, an orator's wife and the wife of a religious minister, titled men and untitled men, etc.

6. The selection of participants for this process was undertaken by members of Tumua ma Pule, the traditional oratorical body representative of all villages in Samoa.

The selection of participants was based on recruiting people from a spread of as many diverse villages of origin as possible. The rationale behind this, was the fact that Samoan people have knowledge specific to their village and/or districts with regard to histories and genealogical lineage. In order to gain a broad opinion of perceptions and experiences of mental health, efforts were made to avoid selecting participants from the same village and/or district. A second factor was, where possible, to select an even number of participants from the larger islands of Savai'i and Upolu.

Not surprisingly, most Samoan people have strong connections to Savai'i and Upolu, if not all of the island groups. Most of the participants were knowledgeable of related histories to the villages of both their parents. This was of great benefit to the study in terms of gaining an appreciable amount of information from two or three villages from any one of the participants.

LANGUAGE: THE VEHICLE OF CULTURE

Finnegan states that oral tradition, as opposed to that of the written, is sometimes assumed to be indicative of that culture's historical development. Further, this assumption (in

contrast to contemporary Western societies), has connotations of “non-educated, non-elite and/or fundamental and valued, (characterized by)..transmitted over generations...by the community of folk rather than conscious individual action” (:7)⁷. In short, with particular emphasis on the preservation and the way in which knowledge is transmitted, oral tradition is viewed to be of secondary value to written traditions.

An important consideration regarding oral tradition in the Samoan context, which is rarely, if at all addressed within Western writings, is that the Samoan traditions of knowledge and history are ‘written’ into geographical sites and locations, familial names, honorifics and titles, genealogy, ritual and chant. Oral tradition, as such, is not a haphazard or indiscriminate espousing of information, but the transmission of information and knowledge (symbolically, mentally or spiritually ingrained within the people and their origins of belonging and identity), which has through time undergone its own process of ‘validation, synthesis and analysis’.

In communicating and/or transmitting information of importance, the Samoan language becomes less direct and tends towards an allusive style of language. Tui Atua Tupua Tamasese refers to linguistic techniques such as riddles and camouflage (:66)⁸.

The depth of Tui Atua Tupua Tamasese’s point that Samoan linguistic devices play an important part in Samoan culture, can be viewed as one characterisation of ‘oral traditions’ which restated by Finnegan notes, “...though in one sense they centre on words, in another sense they involve more than words” (:6)⁹.

Language: A Product of Social Constructs

For all people, the language which best interprets and explains the realities of their world view can be said to be their first language, their language of identity and belonging. Their world view can be said to be their first paradigm, the social construct which houses and maintains their identity and which gives meaning to their belonging. A primary function of language can therefore be said to be a vehicle, which communicates the way in which individuals and collectives of people perceive, interact, and respond to the world in which they exist. More significantly, within language the underlying values, norms, mores - the belief systems of that culture are transmitted.

The Samoan language, depending on the situation, is spoken either on an ‘informal’ level or in a mode which is highly formal. The latter is the language of ritual, that is, its mode of transmission is highly allusive. It is within this language that knowledge is appropriately and most often imparted. When speaking in the formal language, the presence of protocol and etiquette is most keenly felt. Unless one is familiar with for example, Samoa’s rituals,

⁷ Finnegan,R.,*Oral Traditions and the Verbal Arts, A Guide to Research Practices*,(1992),London, New York, Routledge

⁸ Tui Atua Tupua Tamasese,*The Riddle in Samoan History, The Relevance of Language, Names, Honorifics, Genealogy, Ritual and Chant to Historical Analysis*, an article in *The Journal of Pacific History*, 29:1,(1994),66-9

⁹ Finnegan,R., (ibid)

protocols and etiquette, history, genealogical lineage, the information will, as pointed out by Tui Atua, be fraught with riddles.

An important part of Samoan 'speak' is body language. More often than not, it is body language which gives context and meaning to the message. As is the case with spoken language, body speak is a construct of its particular culture. A person offering an apology for example, while maintaining direct eye contact with the offended party, will not be taken seriously.

The focus group interviews were conducted in the Samoan language. This however, did not inhibit many of whom were bilingual speakers from breaking into English at the odd moment. Of the total number of participants, two participants were not fluent speakers, but were fluent listeners and made their contributions in English.

Critical to the undertaking of any research interview with Samoan speaking participants are four factors. The first is fluency in language. The other is an ability to understand what is being conveyed in the context of that world view. The third is the ability to respond to that world view. The fourth consideration is the ability to bridge the two world views without compromising the first paradigm.

ETHICAL CONSIDERATIONS

Research about human lives, and the subsequent decisions made about people and their communities, requires attention to be given to the ethical practices by the researchers towards the participants. Finnegan states that, research can never be a mechanical activity, as it has repercussions for other human beings (:215)¹⁰. Research interviews, despite all the good intentions, place participants in positions of vulnerability, leaving them open to the attitudes and values held by researchers of for example, their gender, race, age, physical appearance, language, values and traditions (:56)¹¹.

Kidder illustrates some of the questionable practices encountered within research which place participants under conditions of vulnerability:

- involving people in research without their consent or knowledge;
- coercing people to participate;
- withholding the true nature of the research;
- deceiving research participants;
- leading participants to commit acts which diminish their self respect;

¹⁰ Finnegan, R., (ibid)

¹¹ Dale, A., Arber, S., Procter, M., *Doing Secondary Analysis*, (1988), London, Boston, Unwin Hyman Ltd

- violating the right to self determination: research on behaviour and control;
- exposing participants to physical/mental stress;
- invading the privacy of research participants;
- withholding benefits from participants in control groups;
- failing to treat participants fairly and to show them consideration and respect (373-374)¹².

Sylvester exemplifies this by stating that, “where the pre-emption or removal of participant rights exists, people are erased”(13)¹³.

Informed Consent

As an ethical principle, the essence of informed consent is to provide participants with the reasons why, for whom and, how the results of the research will be used,

“Ethical practice requires the investigator to inform the participant of all features of _ the research that reasonably might be expected to influence willingness to participate and to explain all other aspects of the research about which the participant inquires.” (Dale, Arber, Procter:58)¹⁴.

Approach to Participants

The Elder Men and Women participants were approached personally and explained the reasons for the research, who it was felt it would be of benefit to, its perceived significance and, how the results would be used. From this information, they made further inquiries if they wished to do so. Participant rights were also explained to all potential participants and, were restated on the first day of all interviews to all of the participant groups.

The Service Provider groups were initially contacted by telephone and in some cases these were followed up by personal visits. Work commitments and shift work schedules meant that telephone contact was the most convenient means of informing and gaining an indication of interest. As with the Elder groups, explanations of the research, and rights of the participants were provided.

¹² Kidder,L.H.,Seltiz,Wrightson,and Cooks **Research Methods in Social Relations**,(1981),Holt, Reinhart, & Wilson,(4th edition)

¹³ Sylvester,C.,**Feminist Theory and International Relations in a Postmodern Era**, (1994), Cambridge, England, New York, Cambridge University Press

¹⁴ Dale,A.,Arber,S.,Procter,M., (ibid)

The participants were assured of

- confidentiality of their identities;
- safe keeping of all data;
- that the results would be used for the purposes stated;
- the data gathered would be seen only by the researchers;

The participants have a right to

- withdraw from the interview at any time;
- be consulted in any area of the writing of the findings where sensitive information may jeopardise or misrepresent the view of the participant/group;
- decide on the manner in which notes and tapes are to be utilised or, disposed of.

Presence Indicates Consent

Notwithstanding unforeseen circumstances and commitments, the participant who attends has given consent to be a participant.

Participant Burden

Inherent within research is the ethical dilemma, does research have the right to influence changes in behaviour or decisions otherwise made by participants? This is a question of particular significance to Samoan communities in New Zealand whose familial and community accountability is highly valued and also demanded. It was found that one of the benefits of undertaking focus group interviews was that, the risk of research influence was minimised. As indicated by the findings, the strength of influence remains consistently within the primary constructs of participant meaning.

Recording of Interviews

Prior to actual interviews commencing, approval was sought for the use of a recording device. All groups unreservedly gave permission.

Meaalofa

The customary provision of nourishment and meals were provided throughout the day for focus group participants. In addition, a modest financial contribution was made to each participant. This was undertaken in the spirit of recognising and acknowledging the gifting of the individual and collective knowledge necessary to further understanding of Samoan mental health needs.

SECONDARY SOURCE DATA

While there is a growing body of literature on Pacific Island health, there is a scarcity of data available in the area of Samoan perceptions of mental health. Of significance to this research project have been studies undertaken which point to,

- (1) the inadequacies of the Western medical model and of mental health professionals and researchers who have not taken into account cultural concepts and practices other than their own, eg. Marsella (1982)¹⁵, Kleinman (1978)¹⁶, Waldegrave and Tamasese (1993)¹⁷.
- (2) the ethnocentric nature and conceptions of Western medical health and the need for culturally relevant data on mental health, eg. Kleinman (1978)¹⁸, Ogan and Kiste (1987)¹⁹, Tanaka-Matsui and Higginbotham (1985)²⁰.

Research undertaken in the study of Samoan mental health both in New Zealand and overseas have noted the strength of spiritual and traditional beliefs surrounding healing among migrant Samoan communities. Lazar (1985)²¹, Gluckman (1977)²², and Kinloch and Short (1979)²³, give examples of more effective treatment provided by traditional healers to Samoans than New Zealand's public mental health care system.

Bridgman (1993),²⁴ in an analysis of mental health data from 1980-1989, suggests that the status of Pacific Island mental health in New Zealand is at a balancing point, such that the development of primary and secondary prevention programmes may prevent the enormous growth in psychotic illness, that has occurred for Maori over the last decade. Further,

¹⁵ Marsella, A.J., *Culture and Mental Health: an overview* in **Cultural Conceptions of Mental Health and Therapy** A.J. Marsella and G. M. White (eds), 1982, Reidel Publishing Company

¹⁶ Kleinman, A., *Concepts and a Model for the Comparison of Medical Systems as Cultural Systems*, in *Social Science and Medicine*, 1978, 12, 85-93

¹⁷ Waldegrave, C., & Tamasese, K., *Some Central Ideas in the "Just Therapy" Approach*, in *Australian and New Zealand Journal of Family Therapy* 1993, 14(1) p1-8

¹⁸ Ogan, E., & Kiste, R. C., *The Role of Metropolitan Cultures in Shaping Conduct and Competence in the Pacific Islands*. *Contemporary Issues in Mental Health Research in the Pacific Islands*,

¹⁹ A.B. Robilliard and A.J. Marshall, 1987, Social Science Research Institute, Hawaii

²⁰ Tanaka-Matsui, J., & Higginbotham, H.N., *Behavioural Approaches to Counselling Across Cultures* in **Counselling across Cultures** (4th ed.) Pedersen, P.B. Draguns, J.G. Lonner, W.J., and Trimble, J.E. (eds), 1995 Sage, California

²¹ Lazar, I.M., *Indigenous caring patterns in a Samoan Migrant Community in Oceania*, 1985a, 55(3), 288-302; *Mai Aitu: Culture - bound illness in a Samoan Migrant Community in Oceania*, 1985b, 55(3), 161-183

²² Gluckman, L.K., *Clinical Experience with Samoans in New Zealand* in *New Zealand Australian Journal of Psychiatry*, 1977, 11, 101-107

²³ Kinloch, P. and Short, M., *Samoan spirit possession, case report* in *New Zealand Medical Journal*, 1979, 650, 498-499

²⁴ Bridgman, G.D., *"The Pakeha Ambulance at the bottom of the cliff"*, in *Mental Health News*, 1993, Spring: 7-11

Bridgman (1995)²⁵ has also raised major questions with regard to the effectiveness of mainstream mental health services for Pacific Island people. Maori researchers have raised similar issues, and support the need for careful analysis of the research process, and its inherent issues of power (Teariki, Spoonley and Tomoana 1992; Te Awekotuku 1991; Green 1993)²⁶.

From these and other studies, it is suggested that, at the least, there is a question as to whether uncritical application of the Western mental health model is appropriate, and/or effective, for Samoan people, in particular. This study puts this question to the Samoan participants.

CHOICE AND JUSTIFICATION OF METHOD

The choice to use a focus group method for this study arose out of three primary reasons. The first, was that collective discussion is the natural forum for discourse concerning issues of import within the Samoan context. This is particularly significant in light of the Samoan practice of consensus formation and ideals of solidarity (Goldsmith,1993)²⁷. Secondly, focus groups allowed for discussion at a more in-depth level than what most research techniques allow (Stewart and Shamdasani, 1990)²⁸. The data and insights gained would have been less accessible without the interaction found in this method of interviewing (Morgan,1989)²⁹.

Thirdly, the focus group method facilitated systematic comparisons of an individual's experience with those in their group (Krueger,1988³⁰; Morgan, 1989). The group context provided opportunities for clarification of responses, probing of opinions, and follow up-questions (McLennan, 1992)³¹, all of which enabled a full discussion of the topic and an airing of the various points of view.

The focus groups were facilitated by Samoan researchers using questions developed by the researchers. This made it possible for the research study to offer, both a method which was culturally appropriate, as well as adhering to a scientifically accepted construct.

²⁵ Bridgman,G.D., "NZQA gets it's teeth into Mental Health", in *Mental Health News*, 1995, Autumn:9-12

²⁶ Teariki,C. and Spoonley, P. with Tomoana, N., *Te Whakapakari Te Mana Tangata. The politics and process of research for Maori*, Department of Sociology, Massey University, 1992

Te Awekotuku, N., *He Tikanaga Whakaaro Research ethics in the Maori Community*. A discussion paper. 1991, Manatu Maori, Wellington

Green,A., "*Meeting the Mental Health Needs of Maori Children and Adolescents*". A report for Te Runanganui Taura Here i te Whanganui a Tara,1993

²⁷ Goldsmith,M., "*Qualitative Research and Political Communication*". Paper presented at the Conference on the Politics of Persuasion", Victoria University, Wellington

²⁸ Stewart,D.W., and Shamdasani, P.N., **Focus Groups: Theory and Practice**, Sage Newbury Park, 1990

²⁹ Morgan,D.I., **Focus Groups as Qualitative Research**, Sage Newbury Park, 1989

³⁰ Krueger,R.,**Focus Groups: A Practical Guide for applied research** Sage, 1988

³¹ McLennan,R.,*The OD Focus Group: A versatile tool for planned change*, **Working paper series 5 92**, Victoria University of Wellington, 1992

Role of Facilitator

It was proposed that the facilitator's role was to loosely guide discussion, attempting to gather clear and useful responses, while allowing the participants to use their own concepts and meanings. The tasks undertaken were to:

- make clear that she is not committed to a particular position on the questions introduced;
- encourage the divergence of opinion and make clear that there is no pressure to agree or reach consensus;
- ask open-ended questions;
- actively ensure an equal opportunity of participation;
- make use of probes and pauses to encourage participants to elaborate on initial comments;
- summarise significant points for clarification and agreement on the points made.

Preparation of Information for Focus Groups

Special information was prepared for focus group discussion, Session 2. Its purpose was to access responses of participants to key data on Pacific Island mental health statistics.

Following a comprehensive search for up to date material on Pacific Island mental health statistics and data, this information was converted into a presentable and understandable format for lay people from the Samoan community. Transparencies of charts, graphs and tables were prepared for use on an over-head projector. Each was labelled in easily understood language.

The task of gathering and converting the information was undertaken by Dr G. Bridgman, from the New Zealand Mental Health Foundation. Samoan researchers then prepared the format for presentation to the focus groups.

Structure of Focus Group Interviews

It was initially proposed that there would be 20 focus group sessions. The groups were to be made up of:

- 2 gendered groups of Elders who would attend 4 sessions each
- 2 gendered groups of Service Providers who would attend 3 sessions each
- 2 gendered groups of ex-clients of the public mental health system who would attend 3 sessions each

In the process of recruitment, it was found that:

- (1) the initial indications from ex-clients approached, was that they were willing to be interviewed within focus groups;
- (2) at the time that the groups were to be formed, there developed a general reluctance to enter into a focus group situation. It was established that the prime reason for this was a fear of being identified by other group members. There was a further indication that most of the potential participants were happy to be interviewed on a one to one basis;
- (3) with the completion of the interviews with the Elder and Service Provider groups, it was found that the transcription data gleaned was more than twice that which was expected. As a result of this and the needs of the ex-clients, a variation in the contract for this study was sought with the Health Research Council;
- (4) given that the circumstances affected the proposed labour, time and budgetary considerations, the HRC generously agreed to the study being apportioned into into two separate parts. As stated earlier, individual interviews with ex-clients will comprise Part Two of this study.

As a result, 14 focus group sessions were undertaken.

Structure of Questions

The questions were structured around Samoan concepts. The purpose was to elicit within a language of familiar world view, responses conducive to the knowledge held by the participants.

Standardised open ended questions were utilised to provide a systematised flow of data (Patton:280)³². The interview questions (within the permitted parameters of protocol and etiquette) were posed in a conversational mode, in order to achieve a situation where spontaneity and flexibility were encouraged.

Arrangement of Focus Group Questions

Session 1 (all groups)

These questions focused on establishing an understanding of mental health, the cultural concepts and practices. The focusing questions enquired into were,

³² Patton, M.Q., **Qualitative Evaluation and Research Methods**, 1990, Sage Publications, Newbury Park London New Delhi

Session 2 (all groups)

Upon the presentation of the Pacific Island mental health statistics, the focusing questions enquired into were,

- * what were their responses to the mental health findings
- * given their own experiences and the data presented, how effective did they consider the Public Mental Health services for Samoan people to be
- * what did they consider to be the strengths and/or weaknesses of the present system for Samoan people

Session 3 (Elder groups only)

In this session, the 2 Elders groups were asked to recall their memories of the history and incidences, during their lifetime, of mental illness in Samoa, in their villages and/or districts. The focusing questions enquired into were,

- * whether they could recall the same symptoms of mental illness existing before the widespread introduction of the existing western mental health practices
- * how mental illness was diagnosed and treated before this time
- * what they can remember of the first diagnosis of family and/or friends as ‘mentally ill’

Session 4 (all groups)

In this session, all groups were invited to consider the sorts of mental health services that they would regard as being the most helpful and healing for Samoan mental health problems. The focusing questions enquired into were,

- * what Samoan practices might be useful if they were widely deployed in the mental health services with Samoan people
- * what were the most significant changes in the mental health system, that if introduced, they would consider to be of particular benefit and heal Samoan clients
- * the cultural gaps or problems they could identify in the current services
- * the aspects and extent of Western approaches that they consider benefit Samoan clients most
- * the shape, style, resources, they consider mental health services for Samoan people require, to be consistently effective.

Each session lasted between 2-3 hours.

Implications for Research in Research Design

Applied research attempts to produce findings which are relevant, practical and useful to both the research community and the participants. There is much that hinges on the

appropriate questions being asked before committing the research design to the field. Development of questionnaires for non-Western groups are, in the first instance, appropriate if the research questions are structured within in the context of the participants' world view. They are not appropriate if they are the products of conceptual frameworks that address these groups from biased and negative perspectives (Casas:591-592)³³.

ANALYSIS OF DATA

Transcribing of Data

The tapes of the interviews were transcribed and proof-read to ensure accuracy. In particular, specialised terms and vernacular usage were checked.

Translation of Material

The idea that translating the material would further assist in the ability to convey concepts and information to an English speaking readership turned out to be detrimental to both the spirit of the original text, as well as later efforts at analysis.

The attempts by the researchers to interpret the concepts within the context of its socio-cultural constructs from one world view into a construct of another, with the English language being the vehicle, resulted in an English interpretation of the Samoan interviews. English speaking people were now able to read information, but to the Samoan researchers, the essence of the information was lost to other values and other contexts. Basically, the translation was of no use to either group.

This translation of material from a 'first language' and 'first paradigms' proved to be an inappropriate process. The issue was, that the researchers became placed in a position where they arbitrarily prioritised salient ideas. The problem illustrates the way in which research can become led by a presumed value free methodology. What can eventuate are decisions based on researcher value judgements, rather than the original knowledge base and meaning system of the participants.

The cost of this process meant that extra resources were required to be put into the time and resources 'lost.' It was reasonable to expect that methodological learnings would emerge as the process unfolded.

³³ Casas, M.J., A Reflection on the Status of Ethnic Minority Research, (Oct.1985), in the *Counselling Psychologist*, Vol 13, No 4, 581-598

A Samoan Report and a Palagi (English) Report

Following a full appraisal of the situation, it was decided that in order to overcome the problems raised with translation of material, the transcriptions, in the Samoan language, would be the base from which all ongoing work would begin.

The research team agreed that a primary report in Samoan would be undertaken, so that the essence of the participant material remained intact. That is, the information remained within the context in which it was transmitted.

Copies of the draft Samoan report were given to authoritative participant members from each of the groups to check for coherency, appropriate languaging of terms and concepts, and an appropriate observance of written protocols and etiquette. The Samoan report is held to be important, both because it represents the initial gathering of the primary source data and because it will be accessible to Samoan readers.

The English report is based on the Samoan report, and is written and prepared in a format accessible to English speaking health professionals. Both the Samoan and the English reports have been presented to the focus group participants for their comments, amendments, and endorsement.

Fa'afaletui: a Methodology of Weaving Together Knowledge from within the Houses of Relational Arrangements

While individuals held preferences of truth within a single world view, all views were taken as evidence of experiences which belong within the knowledge frames of Samoan mental health. The reliability of independent views set against the experiences of peer group participants, including historical and socio-cultural precedence, provided the basis upon which participants were able to indicate ideas and concepts which belonged to traditional and current thinking.

The term *fa'afaletui* was the concept brought to the notice of the researchers by the Elder Men and Women's focus group participants, to explain the process in which they viewed themselves to be a part of. Essentially, *fa'afaletui* languages a method which facilitates the gathering and critical validation of Samoan knowledge.

As mentioned in the section on Sample Selection, there are two appropriate approaches to the way in which Samoan people may best be grouped for research interviews. These are by gender, and by relative status within the cultural community.

Each group represents a 'house' (fale). Within the 'houses' of the Elder Men, Elder Women, Women Service Providers, and Men Service Providers, information and knowledge was shared and discussed to allow for consensus agreement on the perceived truth of the individual knowledge that was contributed. It would then be customary for

delegations from each of the 'houses' to meet with each other, to undergo the same process of making known the knowledge frames from each of their parent 'houses'. The information is threaded and re-threaded amongst these relational 'houses' until all are agreed that the specified knowledge pieces are valid, and give truth to the collective experiences.

Fa'afaletui, is the critical process of weaving (tui) together all the different levels of knowledge frames from within the 'houses' of collective representation, in order that the Samoan world view is substantially enhanced, and added to.

Control of Findings and Researcher Responsibility

Research as a tool of interpretation and definition of knowledge is deemed to be responsible to its various sponsors and stakeholders. It also seeks to maintain its ethical obligations to its participants and their communities. The burden of responsibility for the information and findings upon this research team was not an easy one. The material provided is sacred to families and villages of belonging for each of the participants. Their purpose in sharing their knowledge was to provide safe and appropriate states of treatment for Samoan people who are mentally unwell.

McTaggart writes,

“(I will) engage an ideology critique to ensure its work is not misdirected and that its understandings are not distorted by deference to an illegitimate authority” (:5)³⁴.

The Samoan perception of their world view is one which is integrative of all aspects of the social, cultural, religious, political, environmental, historical, genealogical, physical, mental, and spiritual dimensions. The human person is a holistic being who is affected by, and who in turn influences, all those dimensions which give meaning and purpose to their lives.

The inter-connectedness of the Samoan world view is conveyed through language. Analysis of language that is holistically constructed, does not comfortably lend itself to the same process in which Western analysis addresses its own social constructs. Such a process is likely to fragment Samoan concepts and values.

Attempts to find words which convey ideas and constructs which lie outside of Western emotional and cognitive definitions was difficult. This limitation of the English language, led to the realisation that English was an inadequate translator of Samoan constructs. The onus on the researchers was to bridge the gap of understanding.

A significant factor surrounding the way in which profound cultural knowledge is handled among Samoan people, is that such information is sacred. What is tapu cannot be tampered with. It became the responsibility of the researchers to find alternative and

³⁴ McTaggart, R., *Principles of Participatory Action Research*. A paper presented to the Third World Encounter on Participatory Research, Managua, Nicaragua, (Sept. 3-9, 1989)

acceptable ways of bridging the gap of constructs between the two cultures, without breaching the essence and context of the lore and protocols surrounding such information.

The researchers approached the Samoan material by clustering together information which addressed specific issues. The 'analysis' of these clusters recognised that no one issue on its own could be viewed to be a dominant theme in addressing Samoan mental health. It was noted for example, that repetition of ideas and concepts (though not always understood to have the same meaning in different contexts and situations) flow throughout the report. This is reflective of the interweaving of underlying values and concepts upon which the continuum of the Samoan world view is premised.

THE FINDINGS FROM THE FOCUS GROUP INTERVIEWS :

SAMOAN PERCEPTIONS OF MENTAL HEALTH AND THE DELIVERY OF MENTAL HEALTH SERVICES

INTRODUCTION: PARADIGMS OF PREFERRED TRUTHS

By posing the question, what is the Samoan perception of mental health, the prevailing scientific framework of theories and concepts from where the query originates, inevitably must offer itself for scrutiny and make room for other contexts, other models of valuation and other world views.

The philosophical and ideological beliefs and practices which give context to the Samoan world view, emanate from historical and genealogical knowledge frames which are unique to the experiences of Samoan people. That is, the constructs of Samoa's epistemological and religious culture emerge out of a mutually understood socio-economic, spiritual, and political space which is historically and genealogically specific to people, land, the environment and to their Gods. Within these constructs of knowledge are located paradigms of well being.

One authority to which the Samoan world view can be attributed to, is encapsulated within the ancient axiom, "*E le sala upu mai anamua* " : the words and knowledge of our forebears will not be impugned. (Elder Women's Group). Thus, throughout time, Samoan people have created and defined paradigms of health from within those frames of knowledge, which not only give truth to their experiences, but which also give rise to well being.

AIMS

The aims of this study will be to identify and establish the perceptions of Samoan people of mental health by:

- inquiring as to their conceptions, descriptions, and explanations of mental health;
- seeking their responses to current statistical data on Pacific Island mental health;

- seeking information on Samoan people's experiences of mental health services in New Zealand;
- identifying Samoan perceptions, cultural practices, sacred values and beliefs concerning mental health and well being
- seeking information on the changes in conceptions and understanding of mental health with the introduction of Western models of mental health care;
- seeking Samoan opinion on effective and culturally appropriate mental health services for Samoan people.

ORGANISATION OF THE FINDINGS REPORT

The presentation of the report does not necessarily follow the order of questioning undertaken with the participant focus group interviews. It was decided by the researchers, that in the interests of understanding the current ideas, as held by the participants, that the conceptual responses, (Sections One to Three), were best addressed as a foundation to the participant comments stated in Sections Four to Six.

There are six sections to this report :

Section One introduces the interdependent nature of the physical and spiritual world view of Samoan health as perceived by the participants.

Section Two examines the causes of mental unwellness of Samoan people, as perceived by the participants.

Section Three examines particular causes of mental unwellness of Samoan people in New Zealand, as perceived by the participants.

Section Four contains the responses of the participants to Pacific Island mental health statistical data.

Section Five identifies the participant experiences and perceptions of the effectiveness of hospitals and their treatment of Samoan people.

Section Six establishes the participant conceptions of a successful mental health service for Samoan people.

NB. Sections One and Two introduce the interdependent physical and spiritual world view of Samoan people. It is different and complex for most Palagi (European) to understand and appreciate. The reader, who is concerned to understand Samoan conceptions of mental health is commended to persevere with these Sections, because the latter four Sections critically depend upon the cultural perspectives outlined by participants, and summarised in Sections One and Two.

SECTION ONE: THE INTERDEPENDENT NATURE OF THE PHYSICAL AND SPIRITUAL WORLD VIEW IN SAMOAN HEALTH

The focusing question enquired into was

- * How they, as Samoans, conceive, describe and explain mental health.

The placing of this question into a conceptual Samoan frame resulted in the following focusing questions in the Samoan language:

- * What is your understanding of the Samoan self;
- * What is your understanding of a well self;
- * What is your understanding of a mentally well self.

NB. The following text summarise the clusters of focus group dialogue around various themes. These findings distil around 40 hours of audio taped focus group discussions. Quotations that typify the essence of the discussions are employed in the text. When they are used, the participant speaker is identified by the group to which he/she belonged, for example, Elder Men, Elder Women, Service Provider Men, Service Provider Women.

THE SAMOAN SELF IS A RELATIONAL PERSON

Samoa's traditions and protocols explain the nature of the Samoan being as that of a relational being; that is, the Samoan person does not exist as an individual. There is myself and yourself. Through you, my being is contextually meaningful and whole. Through myself, you are given primacy in light of our collective identity and places of belonging [fa'asinomaga], our genealogical lineage [tupuaga], and our roles, responsibilities and heritage [tofiga],

It is difficult because there is no such thing as a Samoan person who is independent (of others), [tuto'atasi]..we can try and explain the Palagi concept of

self but this is futile. We will eventually return to the connections between people [va fealoaloa'i]. You cannot take a Samoan out of the collective context.
(Service Provider Men)

I cannot say that I am a person, just me; (because) then I will be nothing without my other connections. (Service Provider Men)

The idea that a person can be an individual unto him/herself is a new concept which was introduced with Christianity. Christianity introduced the notion that one looked to ones self first. The Samoan belief is that in need [matitiva], we look to each other. You cannot prosper on your own, by yourself.
(Service Provider Men)

..it is a'u (myself) and oe (yourself). (Elder Men; Elder Women)

The self is identity [fa'asinomaga] and tofi (responsibilities, heritage and duties)
(Service Provider Women)

The comments provided the sense of what each of the participant groups stated. This was, that the essence of the relational person exists in identity with others from specific locations of belonging as in their villages, districts and country [fa'asinomaga]; that they are born into genealogical continuums [tupuaga] and that during their lifetimes, they undertake positions and roles of responsibility [tofiga]. The underlying ideology is the maintenance of *va fealoaloa'i* (the relationships of mutual respect in socio-political and spiritual arrangements) and *va tapuia* (the sacred relationships in the socio-political and spiritual arrangements).

The participants established that, the relational [va fealoaloa'i and va tapuia] Samoan self is legitimised by identity and belonging [fa'asinomaga], genealogy [tupuaga], and roles, responsibility and heritage [tofiga].

SA (SACRED) AND TAPU WITHIN RELATIONAL ARRANGEMENTS

Tapu in its fundamental sense means, that which is forbidden to the ordinary. *Sa* has its nearest English equivalent in the word, sacred. It can also mean forbidden to something that is sacred.

Tapu within relationships between people ensures that the human condition remains in a state of well being,

Within the physical and spiritual domains, there are tapu whose purpose is to ensure that human well being is protected and (given prominence), through its sacred nature [ia paia ma mamalu]. (For example), a basic premise of cultural

protocol is, it is forbidden [sa] to stand in the presence of people (while they are seated)..There are many protections, few liberties. There exist protections around Samoan well being because of the relational arrangements [va fealoaloa'i] with others. (Elder Men)

(Tapu and sa) protects so all people are kept safe. (Service Provider Men)

Within va fealoaloa'i (the relationships of mutual respect in socio-political and spiritual arrangements), there exists tapu and sa which define by way of linguistic, ritualised protocols and etiquette, how one ought to relate to the other. There exists such relationships (for example) between matai (titular heads of families and villages), between brothers and sisters. These relationships are va tapuia (relational arrangements which are especially sacred). (Service Provider Men)

These quotations were typical of the comments of all groups. The notion was, that the Samoan person is sacred. *Va tapuia* names the relational arrangements between people as being sacred. This universal definition inevitably recognises that for as long as these structures and social arrangements continue, personal and collective well being is assured.

The participants identified tapu and sa, as contained within protocols and etiquette, as having the function of protecting and enhancing the sacred nature of people. Language and ritual facilitated the day to day conduct appropriate and proper within relationships between people [*va fealoaloa'i*, *va tapuia*]. Through these primary and other cultural expressions, *va fealoaloa'i* was protected and enhanced within the relationships between Samoan people.

TAPUA'IGA: THE FORMS OF SPIRITUAL WORSHIP

Tapua'iga as was practised by Samoan people is *sa* (sacred). It is also *tapu* (forbidden to the ordinary, and reserved for that which is sacred),

...sa and tapu provide protection and makes sacred aga (conduct and behaviour) which (within tapua'iga) communicates the sacred and holy nature of God. (Elder Men)

The *fa'a Samoa* (customs and traditions), has always given prominence to the spiritual forms in which Samoan people worshipped their God/Gods. *Tapua'iga* therefore, at the time of missionary arrival (from early to mid C19 on), was already a long standing custom within the principle social and political 'institutions' of Samoan life,

Prior to the arrival of the 'good news', Samoa had her Gods; each island had their Gods; there were Gods of districts, Gods of villages; families also had their own Gods. (Elder Men)

Tapua'iga was the way in which Samoan people perceived, engaged with, and gave religious form to their Gods. The form of worship was determined by the way in which Samoan people comprehended their Gods. These were Gods who could be seen,

Tapua'iga was undertaken in different forms. One form of tapua'iga was that performed in silence; one sat and reflected [mafaufau]. A single pola (plaited screen of coconut fronds), was raised. One sat in their fale (traditional Samoan dwelling), and thought [mafaufau] about their God. It could be that the God was the uga (soldier crab); one would give thought to the strength and qualities of the uga which one wanted in ones own life.. (Elder Men)

If a fishing canoe became lost at sea and did not return, tapua'iga would be undertaken. Siapo (tapa) and mats would be taken and spread out on the shore. (They) would sit and think/supplication of hope [talotalo mafaufau] those who have not returned. If an avi'i (a species of crab), or pa'a (generic term for crab), or any other crawls (onto the mats or siapo), it would be said that the tapua'iga has been answered. The creatures would be wrapped in siapo and mats given formal internment. This was one form of tapua'iga in (pre-Christian) Samoa, [tapua'iga anamua a Samoa]. (Elder Men)

Tapua'iga Gives Primacy to Samoan Peoples Belonging and Identity

In the narratives above, focus group members located the land and the sea as places in which the Gods reside. The practice of *Tapua'iga* is not confined to any one specific location. *Tapua'iga* is people, nature and God/s specific.

The participants noted that three important issues arise out of the significance of *tapua'iga* for Samoan people. The first is that the embodiments of the Gods resided within, and were believed to be found in the environment in which the people lived. This suggests an important connection between the Gods and the physical environment of land and sea. Secondly, there was the connection between people and their Gods. This connection is highlighted by the fact that the Gods could be seen. It is further strengthened by genealogical ties, in that all Samoan people can trace their ancestry back to a God. Genealogy therefore can be said to exist within a theological context.

Thirdly, it is the environment, including the land, which gives Samoan people their places of belonging and their collective identities. The term *fa'asinomaga* relates to those places which locate the Samoan person within the spiritual, physical, and historical continuums of Samoan identity and belonging. The customary indicators of *fa'asinomaga* are land (village and district), and familial connections.

Central to this discussion, is that *tapua'iga* is one permeating strand which underpins *fa'asinomaga* (identity and belonging), *tupuaga* (genealogy), and *tofiga* (roles, responsibilities and heritage) of the Samoan person.

Agai'fanua, Aganu'u (Samoa), Fa'a Samoa as Anchoring Concepts of Samoan Beliefs

To provide some understanding as to the concepts addressed by the participants, some explanation of terms is necessary. The term *agai'fanua* was described by participants as being protocols and etiquette that related to titles, lands particular to families, villages and districts, for example. It also relates to the structures and governing principles which regulate the way in which relational arrangements are conducted. Protocols and etiquette surrounding *agai'fanua* differs from one village/district to the next. *Aganu'u Samoa* was stated to be the total of *agai'fanua*. *Fa'a Samoa* is commonly understood to be the Samoan way of seeing and doing things.

The participants stated that the beliefs underlying these three concepts continue to exist today, and (while they are not openly discussed), are central to the way in which Samoan people perceive and interact with their world. The structures which hold these beliefs continue to be maintained within the constructs of *aganu'u Samoa*, and *fa'a Samoa*. They are sacred, and the information is held to be *sa* and *tapu*,

These two things, aganu'u and fa'a Samoa, cannot be separated. The fa'a Samoa is sacred because of the spiritual life and way of worship. The way of worship is sacred because of aganu'u. (Elder Men)

These are the customs, [aganu'u], which continue to give protection [fa'amamaluina], and which makes sacred [fa'apaiaina], the processes of spiritual [fa'aleagaga] worship for Samoan people. (Elder Men)

As anchoring concepts, the participants viewed *agai'fanua*, *aganu'u Samoa*, *fa'a Samoa* as being connected to *tapua'iga*. *Tapua'iga* is sacred because of *aganu'u Samoa*. A critical function of *aganu'u Samoa* is that through its different conditions of protocols and etiquette, *aganu'u Samoa* facilitates a process in which *tapua'iga* can be undertaken in a manner which protects and makes sacred the communication between people and their God/s.

The Impact of Missionary Influences

The term *fa'aleagaga* refers to a spiritual way of worship or living. Its root, *agaga* is commonly understood to mean spirit.

Fa'aleagaga pre-dates the arrival of missionary churches. It is sacred because it is believed to be the life giving essence to *tapua'iga*,

Fa'aleagaga is sacred [sa], because it gives life to tapua'iga. (Elder Men)

The underlying values behind missionary social and religious beliefs attempted to change the nature and essence of Samoan spiritual beliefs. Through these influences, forms of *tapua'iga* became adapted to the religious form of Christian worship. The indigenous understanding of *fa'aleagaga* was ideologically captured and redefined to describe the spiritual life and experiences of the Christian adherent,

..the understanding we now have of fa'aleagaga emerged from Christian tradition in Samoa. (Elder Men)

Further, a serious overhaul of the indigenous construct of *tapua'iga* arose with the transition from the worship of Gods who could be seen, to the worship of the unseen God,

..our Gods were Gods whom we could see but from 1830, we have been worshipping a God that cannot be seen. (Elder Men)

The effects of this transition is most poignantly voiced by this participant who states,

What we have now is, we worship and give praise, yet no one who has gone up (to heaven), has returned and said, there is something up there. (Elder Men)

Tapua'iga and Aganu'u Samoa in Modernity

The Western modern world and its concomitant values have enhanced and given prominence to the missionary message of free-will and choices. In spite of this, the participants believed that the strength of *aganu'u Samoa* continues to sustain the sacred nature of *fa'aleagaga* and *tapua'iga*,

In today's modern age, there are in Samoa freedoms and liberties [sa'olotoga], brought about by (Christian) God. It is however, the customs and traditions of Samoa [aganu'u Samoa], which protect and make sacred Samoan spirituality [fa'aleagaga], because fa'aleagaga gives life to tapua'iga. (Elder Men)

The participant statements point to the fact that, in spite of the (apparent) colonising of *tapua'iga*, *aganu'u Samoa*, Samoan people have throughout the past 166 years, managed to preserve within their knowledge constructs, the critical cornerstones of Samoan world view. While for example, they recognise the existence of Christian overlays within *tapua'iga* and *fa'aleagaga*, as has been demonstrated by the participants, *aganu'u Samoa*

continues to articulate with authority, the constructs in which for example, *tapua'iga* and *fa'aleagaga* belong.

The participant comments suggest that for Samoan people living in New Zealand, many continue to hold values and beliefs which underpin the conceptual notions of *agaifanua*, *aganu'u*, and *fa'a Samoa*. In tandem, the participant statements strongly point to the fact that such knowledge is sacred to them.

ITU LUA: THE PHYSICAL AND SPIRITUAL NATURES OF THE SAMOAN PERSON

Samoan people believe that the person is *itu lua*, that is, the person is both physically and spiritually natured. The term *fa'aletino* refers to the physical body. As earlier noted, the term for spiritual is *fa'aleagaga*. The participants, unless specifically stated to be otherwise, used the term *fa'aleagaga* to also include the mental faculty. In this report, references to the term spiritual and/or *fa'aleagaga* will mean both the spiritual and mental dimensions.

Itu lua is the whole person. By treating the mentally unwell person, in isolation of the spiritual (*fa'aleagaga*) dimension, the participants stated that well being is compromised.

Fa'aleagaga (Spiritual and Mental) and Fa'aletino (Physical) Cannot Be Separated

Fa'aleagaga is one of the fundamental constituents of *itu lua*. The other dimension of *itu lua* is *fa'aletino*. Throughout the focus group discussions, it was consistently stated by the participant groups that neither *fa'aleagaga* nor *fa'aletino* can be separated, or addressed independent of the other when dealing with the whole person.

For the purposes of clarifying concepts and ideas however, and in attempting to faithfully bridge the gap between the Samoan and English language constructs, the report has addressed *fa'aleagaga* and *fa'aletino* separately. The purpose is clearly to elucidate the material data. It should be borne in mind, by the reader, that the essence of *itu lua* is the being the whole person.

In this discussion, the Elder Men and Elder Women's groups approached the issues in different ways. The Elder Men responded by providing the conceptual underpinnings and beliefs surrounding *fa'aleagaga*. The Elder Women on the other hand, entered into narrative story telling. It was found that the two sets of data complemented each other, often resulting in clarification of each others experiences.

Fa'aleagaga (Spirituality) and the Nature of Aitu and Sauali'i (Spirits)

A function of *fa'aleagaga* explained by the Elder Men's group was that *fa'aleagaga* enabled a person to assume the nature of *aitu* or *sauali'i*³⁵. In a state of *aitu* or *sauali'i*, people were able to undertake and perform feats not normally associated with the human condition,

People who possessed the nature of aitu and sauali'i had the insight of strength or powers which enabled them to accomplish phenomenal [ofo'ofogia] feats...in other words, they had the attributes of both humans and aitu..(Elder Men)

It was stated that prior to Western contact, all people were *itu lua*. There was one participant who felt that *itu lua* was unique to certain people,

..but not all people, it may have been particular people..(I don't think) that all Samoan people were itu lua at that time. (Elder Men)

The general agreement was, that all people were *itu lua*,

..those were the days when sauali'i prevailed throughout Samoa journeying from one place to another performing awe inspiring feats. (Elder Men)
..there is the story of the twins who were itu lua. They swam from Fiji (to Samoa). (Elder Men)³⁶

There was no clear explanation provided for the meanings or origins of the terms *aitu* and *sauali'i*, although it is clear that the term *Atua* refers to, or is designated to a God/s. In contemporary times, *aitu* and *sauali'i* have been given the common explanation and/or definition of spirit. Missionary influence has ingrained the value judgements of evil and satanic to these entities. Within their discussions, both participants from the Elder Men and the Elder Women's groups used the terms *aitu* and *sauali'i* interchangeably.

Narratives From The Elder Women's Group

The following narrative typifies the tenor of the group discussions on *itu lua*,

This narrative was told to the participant by a person who knew of the woman whose story this is about. At the time the woman was thought to be between 60-70 years old. The events which occurred are placed in the early 1950's,

³⁵ Discussions on the distinctions between these two entities did not result in any clear and definitive descriptions. For the purposes of simplicity, this study will use the generic understanding of *aitu* and *sauali'i* as being that of spirits

³⁶ . Reference to the story of Taema and Tilafaiga

*This elderly woman had not died, she was alive..(she lived on the island of Upolu). There were often times when her family in Savai'i would awaken and find her with them. They would ask her, how did you come? She would reply, I swam³⁷. There was a time when she did an extraordinary thing. She was in Savai'i at the time and had heard that (..) was to be bestowed with a title in Upolu. The village people in (..Upolu) were surprised to see her early in the morning with a fine mat which she had brought with her for (..)s bestowal. It was as if she was *itu lua*. By the next morning, the elderly woman would have disappeared (nimo).. She lived in Upolu but unexpectedly, she would be seen in Savai'i, then she would disappear again..*

Some say she was mentally unwell. She lived inland in a shelter made of leaves and branches..

The narrative opens with, *this elderly woman had not died, she was alive*. She was human, and displayed characteristics of someone who is *itu lua*; that is, she was able to travel distances with no perceivable means of transport. She is said to have swum inter-island, and negotiated her way to the village overnight.

The second paragraph stated that it was thought that she was mentally unwell. It is suggested that the basis of this was owing to the fact that she lived outside of the residential village compound in a make shift shelter fashioned out of leaves.

There are two issues which are of interest in this narrative. The first is the participants were not uncomfortable with the notion of *itu lua*. During the narration of many such experiences, participants did not hesitate in relating their own stories, which it appeared were prompted by the mention of a name, a particular village or location, an incident or event, in previous narration.

The second issue is the statement, that it was thought that the elderly woman may have been mentally unwell. It was not clear whether the reason for this was because she was *itu lua*, or because she lived apart from her family in a shelter made from foliage. It is suggested that it may have been the latter, the reason being that *itu lua* was believed to have been a common state, as agreed upon by the Elder Men's group. It is more plausible to attribute this observation to the fact that the woman lived outside of a family/collective situation, and in conditions which would be considered to be a outside of the accepted norms for anyone, particularly of her age.

Itu Lua : The Whole Person

The sense out of which *itu lua* emerges is one which was articulated by the participant groups as being composite and integral to the whole person. The issues which are pertinent

³⁷ The distance between Savai'i and Upolu is approximately 21 kilometres at the closest points.

to this study, are that “spiritual” occurrences are explained as an inevitable continuum of human experience, and that human experience which exists outside of the prescribed norms of *aganu’u Samoa* (protocols and etiquette which govern relational arrangements), may indicate mental unwellness.

Separation of Itu Lua by Western Religion and Medical Science

The institutionalising of the practices and beliefs surrounding *tapua’iga* and *fa’aleagaga* by Christianity led to the spiritual well-being of Samoan people being placed under the authority of Western theological thought. It followed, that physical well-being became the responsibility of Western medicine and science. The resultant separation of the physical [fa’aletino] from the spiritual/religious dimension [fa’aleagaga] achieved through the imposition of Western institutional practices and ideologies was the deliberate attempt by Christianity to redefine the holistic world view upon which the models of Samoan well-being were premised. To the Samoan, the separation of the physical and spiritual natures is an anathema to well-being,

It is the person in their totality...I cannot separate the person; if I become mentally unwell, everything else is not well. If I become physically unwell, everything else is not well. I cannot say, I will leave my spirituality while I go and get on with my physical function, or I will put aside my mental function while I undertake my spiritual duty. The whole person is all parts. The person cannot be divided [vaevaeina] by anyone. (Service Provider Men).

..if both (physical and spiritual) natures are not in balance, wellbeing cannot be in balance..(Service Provider Men)

We can view ourselves as whole beings. In other words, the spirit, the body, the will [loto]. When I say, you and me, I am talking about the whole person. There is a physical side, mental, and spiritual (sides). I include the spiritual because there is no Samoan person who does not exist outside of a spiritual existence. (Service Provider Men)

The interweaving of the physical and spiritual dimensions as stated by the participants, is a necessary condition where the Samoan is dealing with the whole person.

The participants stated that separation of the physical and spiritual by Western institutions not only contributed to states of unwellness, it also adds to the difficulty of healing the unwell person.

Nearly two hundred years following missionary contact, the participant’s comments point to the fact that, the tension of world views which began in 1830 continues. What can be

established is, that through *aganu'u Samoa* (protocols and etiquette which govern relational arrangements), Samoan people continue to perceive and respond to their immediate world environment through the lens of a Samoan world view.

Central to the world view, is *fa'aletino* (physical) and *fa'aleagaga* (spiritual and mental) which comprise the whole person. In a balanced state, they contribute to the well being of a whole person. Where the person becomes mentally unwell, both *fa'aletino* and *fa'aleagaga* must be addressed in the search of a cause and therefore appropriate treatment towards healing.

The participants stated that the Samoan person is a whole being comprising the physical [itu fa'aletino], and the spiritual and mental [itu fa'aleagaga]. Neither itu fa'aletino nor itu fa'aleagaga can be addressed independently of the other in the treatment of mentally unwell Samoan people. They also stated that mental unwellness was perceived to relate to behaviour that fell outside the prescribed social and cultural norms. The phenomena of itu lua was not stated by the participants to be behaviour which fell outside of Samoa's cultural norms. It was generally accepted by the majority of participants, that prior to the advent of Christianity, all Samoans were *itu lua*.

Harmony

Participants noted that the principle quest of Samoan people is to seek harmony. In a sense this summarises much that has been already stated. People seek harmony with God/s. They seek harmony with each other, and they seek harmony with their environment. The lack of harmony leads to disruption of the mind. They seek harmony with God because s/he is progenitor. They seek harmony with each other because they are all descendants of God/s, and are therefore part of the divinity. They seek harmony with nature because it also is divine, as the creation stories state.

Samoan people have to seek harmony in these three areas. Failure to achieve this leads to disruption of the mind and fear of punishment, through flood or hurricane, for example. If the mind is in disharmony, it strays from the norm.

SECTION TWO: CAUSES OF MENTAL UNWELLNESS AMONG SAMOAN PEOPLE

This session involved asking the question of only the Elder Men and Elder Women's groups. These groups were asked to recall their memories of the history and incidences within their lifetimes, of mental illness in Samoan society. The focusing question enquired into was

- * Whether they could recall the symptoms of mental illness existing before the widespread introduction of Western mental health practices, and if so how were they addressed.

The focusing questions in Samoan which were enquired into were

- * Before Western mental health practices, when a self was not mentally well, how did the elders and the people know;
- * What sorts of things did people do that showed others that their self was not mentally well;
- * How were these people helped to become well.

CAUSES OF MENTAL UNWELLNESS PRIOR TO EUROPEAN CONTACT

The Elders stated that during the time in which they were growing up in Samoa, mental unwellness was rare, and if it existed, was a largely insignificant occurrence. This was attributed to a lifestyle which was conducive to sustaining the wellbeing of Samoan people,

..it is true, up until 1920 and before, there was no one (that I knew of) who was aware of (any person) who was mentally unwell.. (Elder Men)

Highlighted was the fact that Samoa was blessed with a standard of living and lifestyle which brought happiness and good health,

Samoa was fortunate. There were no people who were ill like they are today...The days when Samoa's lifestyle was blissful and happy have gone. The food and physical activity - the youth in those days were strong and happy....no one was ever heard to say that some person was (mentally unwell) - (Elder Men)

The participants stated that while it was difficult to establish the incidences of mental unwellness prior to 1920, it can be established that the primary cause of mental unwellness occurred out of breaches of *tapu* and *sa*. (Elder Men; Elder Women)

Breaches of Tapu and Sa

Breaches of *tapu* and *sa* were viewed to be grave infractions of familial, village or district protocols which were sanctioned by senior and elder members, who were normally titled and ranked members within each community group. The implications of breaching *tapu* and *sa* often resulted in maledictory invocations [malaaumatua and malaaunu'ua], upon the offender/s. These maledictions were stated to cause the offender/s to enter into various states and manifestations of mental unwellness.

As earlier mentioned, the function of *tapu* and *sa* is to protect and enhance people's lives. Acts which transgress the boundaries set by *tapu* are breaches and desecration of those people and things which have been made sacred, or have been set aside for a specific purpose. The consequence is a malediction. Death of an offender/s can result from the curses placed upon that person/s,

..if a person has been cursed, it is because something has been dealt with irreverently or, desecrated. In other words, he or she has been assigned the consequences of desecrating sacred protocols. (Elder Men)

The social distinctions between groups are highly defined. (For example, between men and women, titled and non titled people, elders and young, orators and non oratorical matai³⁸). These relational arrangements are regulated by protocols and etiquette which define appropriate and correct behaviour. Tacit within *tapu* and *sa* are their potential to incur punishment where boundaries of relationships have been encroached upon. It was suggested that the placing of a curse is not a decision undertaken lightly. Inevitably, such decisions are made in light of a deliberate act of violation against protocols which protect and enhance the lives of people,

..it was known that the tapu had been put in place after much deliberation and with vision. (It was known) that desecration of the tapu was forbidden, yet he/she went ahead and desecrated it. (Elder Men)

It was stated that breaches of *tapu* brings death,

..if a tapu is desecrated, death is the result; whether by injury to the body or something similar...if a person goes fishing, that person may suddenly be attacked

³⁸ Matai are titled people. The titles indicate whether they are orators or non orator matai or, both.

by a shark. The village will bewail the fact, knowing that it was a breach of tapu which caused this..(Elder Men)

Relational Arrangements are Sacred

There are no relationships within the Samoan social construct which are not sacred. They are all *tapu*. These include relationships between parents and their children; *ali'i* (titular heads of families and villages), and *tulafale* (titular orators); *matai* (generic term for ali'i and tulafale) and families; *matai* and village; brothers and sisters; *taulasea* (traditional healers) and those under their care; people and their God/s.

Within each particular relational group, there are prescribed protocols which define how one appropriately relates to the other. The integrity of relational arrangements lies in the nature of their being sacred.

Fa'avalevaea : the State of Locating Ones Self Incorrectly

Breaches of *tapu* place the offender/s outside of the sphere of relational arrangements. To be outside of relational arrangements is to be incorrectly placed in terms of identity and belonging. It was stated that acts of breaching *tapu* were stupid and/or of no sense. The term *fa'avalevaea* was used by the participants to describe acts which violated *tapu*.

The root, *vale* is commonly used to describe someone who is stupid, mad, crazy, idiotic, mentally unwell, or someone who is straying from the norm. It was stated that this usage was popularised through biblical translation,

..it was through biblical translation that vale came (to be used in the sense of stupid, mad, mental)..(Elder Men)

Valea was said to be applied to someone who knowingly committed a wrongful act,

..there are some people who are called valea because they knew what should be done but chose to do something stupid..(Elder Men)

It was further stated that breaches of *tapu* were such acts,

..Then it will be said, if anything your curse will be (the result) of your (stupidity/senseless act). He or she is fa'avalevaea because the sacredness of parents, protocols and etiquette, traditional nobility have been desecrated. (Elder Men)

There was a strong sense from the participants that breaches of *tapu* and *sa* are not tolerated within the prescribed world view of the Samoan. A person who causes such offence can therefore be said to be *fa'avalevalea*, to act in a manner which causes relationships between people to be placed in jeopardy, to be made unsafe. As *va fealoaloa'i* (relational arrangements) is a critical linchpin of *aganu'u Samoa* (protocols and etiquette which define appropriate and correct behaviour), so the act which undermines these concepts and beliefs, is viewed to be one which places an offending person in a state of incorrect relational location.

Malaaumatua : the Curse of the Parents, the Curse of the Matai

Relational arrangements (*va fealoaloa'i*) are interwoven relationships between families and their social communities. Familial groups are also relationally arranged. The definition of family refers to the extended families.

The term *malaaumatua* refers to the placing of a curse upon a person/s who has breached *tapu* and *sa* within the family. A child or offspring for example, who does not heed the parent, or encroaches upon aspects of *tapu* specific to the relational arrangements between parents and children may be cursed. (Elder Men)

Similarly, failure to responsibly provide for the family, or to conduct oneself in a manner which brings embarrassment and shame to the family, can be cause for bringing a curse upon the offender/s,

..If M (the matai of the family), is not happy with my children, because they have done something to bring shame upon him...or brought disgrace upon the family, or behaved in some disreputable way, my children will be cursed by M. He will say, S, you and your children will be ostracised and live without meaning or purpose in your lives. This is the way of malaaumatua. (Elder Men)

A matai may say, you and your children have not been responsible providers, your lives will be as God wills; you will never again know responsibilities within the village. Time will elapse and the malediction will eventuate. (Elder Men)

Malaaumatua Causes Mental Unwellness

It was stated that significant to *malaaumatua* causing mental unwellness was that the weight of the curse is carried into subsequent generations. It may be that a generation or two will be exempt from its manifestation, but inevitably the malediction will emerge in some later bloodline,

That is the reason why there is a tendency to mental illness. It is (on) that person who is living and future family members. That is what is called malaumatua. (Elder Men)

There are families in this situation. There might be a child who was mentally unwell in my family, then (the symptoms) might not manifest itself in one (or) two generations until the third generation and it will reappear..it misses two or three (generations), but the children of my children will be afflicted..(Elder Men)

O le Feagaiga I le va o le Tuagane ma le tuafafine, is the sacred relationship between brothers and sisters. It is the role and responsibility of the brother to ensure the safe welfare of his sister/s,

..the sister is the pupil of her brother's eye, the life of the brother, his sister is treasured. His role in life is the safeguarding of his sister - even at the cost of his own life. (Elder Men)

The defining protocols surrounding appropriate behaviour between brothers and their sisters contains the power of the sister to curse a brother whose conduct is extremely untoward and negligent of her,

..if the brother fails to provide for the welfare of his sister, he will be cursed and his children will also be cursed. (Elder Men)

Mavaega : the Final Wishes of a Dying Person

Another cause for the existence of a curse is because a dying person's wish or request [Mavaega] has not been fulfilled,

..it is rare that families do not fulfil (these requests). (Elder Women)

A situation which may arise is where the *Mavaega* was that a particular title be bestowed upon a named person,

..the Mavaega was that Y will be the successor to a title, but others have decided that someone else (T), will be titled. Then, if (T) goes ahead with the bestowal, (T) will be troubled...he will not be able to speak...it will be said that because he did not serve the family [tautua], he has desecrated the mavaega...he will know that he has been cursed from that time..(Elder Women)

Malaaunu'ua, the Curse of the Village

The term *malaaunu'ua* refers to the placing of a curse upon a person/s because they have breached *tapu* and *sa* placed by the village elders and persons of authority,

If a tapu has been broken, death will come to the offender. If he is boar hunting, he will be harmed or killed; if he goes fishing, it will be the same, or he may be harmed in a car accident. The village will say, he knows that it was forbidden [sa], by the village after careful deliberation and vision, yet he went ahead and committed a breach. (Elder Men)

Malaaumatua and Malaaunu'ua

Both types of maledictions condemn the offender/s to an existence of wandering [fa'asevasevaloaina], and to a life without purpose [olaolanoa]. Such an aimless, despairing existence causes an unhealthy mental condition, which is visible through the poor appearance of the body. One is in this condition because one is bereft of blessing.

(They) wander (with no home of belonging), and are no longer acknowledged or recognised by the village..(they) wander about without purpose/meaning in their lives. (Elder Men)

The burden on the offender/s is twofold : curses are commonly known to be inter-generational; secondly, the offender/s and their subsequent bloodline will have no place of belonging, nor be of any purpose to their families or villages.

For the Samoan whose identity and belonging is deeply ingrained within the collective, such an existence is an anathema to their beliefs and traditions. The participant comments pointed out that it is these implications which cause mental unwellness.

Aitu, Sauali'i, and Atua : Spirits and Gods

As noted earlier in the sections on Tapua'iga and Itu Lua, the whole of the person is the balance of *fa'aletino* and *fa'aleagaga*. In terms of their spiritual practices and beliefs, Samoan people carried out forms of worship to their Gods who could be seen. The relationship between people and their Gods were, and continue to be, one which is sacred, *va tapuia*.

The Elder Women's narratives point to the different ways in which Aitu, Sauali'i and Atua manifested their presence in the everyday lives of Samoan people,

It is the story of two women and a child who were by the sea when they see a shark swimming towards the shore. The shark eventually turns back, however. On returning inland to her home, the narrator sees footprints around her house. She follows the footprints. 'Fo'i atu I le sima, ae ua ou va'ai i le mutia, ua pe. (Returning to the concrete (path), I looked at the grass. It was dead.) On alerting the village pastor, the narrator states that his response was, '..au e iloa la, o le agelu na sau i lou fale..' (..do you know then, that an angel has come to your house..) (Elder Women)

The narrator stated that in her husband's village, there is a pool called, O le Vai o le Tama'ita'i. The honorific tama'ita'i refers to the well known female 'spirit', Sauma'iafe. The pool is also called, O le Vai o le Fu'afu'a. The fu'afu'a is the tree which stands over the pool. She states, 'E le Mafai ona pa'u se lau o le fu'afu'a lenei i totonu o le vai.' (The leaves from the fu'afu'a never fall into the pool). No matter how densely the leaves fall, not one leaf will fall into the water. (Elder Women)

There was a young man who arrived home saying he was ill. He took medication but his condition did not improve. He was taken to the district hospital where he died. During the funeral, the presentation of fine mats was beginning when two young women arrived with velvet material at least ten metres long. The young women were beautiful. Neither the family of the young man nor the village people knew who these women were. The two women approached the young man's coffin and encircled the coffin with the material they had brought with them. They then sat alongside the coffin. When the pastor stood to begin the service, they could not see the young women, they had gone. They search for the two but could not find them. The narrator states, "...o lea o feoa'i iinei.." (..they are still present today..) (Elder Women)

The narratives essentially comment on the way in which Samoan people perceive the presence of the spirits and Gods within their lives. The first narrative is noteworthy for the interaction of beliefs between the narrator's experience and the explanation as offered by the christian pastor. The narrator did not mention whether the shark was of significance to her family, village, or district, although in the context of her narrative, she is suggesting that the shark was a spirit or a God.

In the second narrative, the presence of the spirit is perceived, because no leaf falls into the pool. The narrator has already suggested that the female spirit, Sauma'iafe is the guardian of this pool.

In the third narrative, the description of the appearance of the two 'unknown' women, alludes to the two women being spirits or Gods. Of interest within this narrative, is the formula often used to describe the presence of these two particular women. They appear and are not known (or appear not to be known) to the people. They are beautiful. They have come for a particular purpose. They vanish.

These three narratives provide a sense of the beneficial aspects of the spiritual presence discussed within this group. It is noted that these specific discussions were undertaken with an approach, in some cases of awe, and in all ways of respectfulness.

While it was recognised that Aitu, Sauali'i, Atua exist, it was pointed out by one participant that ultimately it is (Christian) God who will be believed in ,

Sauali'i exist because the words and knowledge of our forebears will not be impugned. This knowledge has also been documented by Samoan people. I believe in Sauali'i but they do not control us. They do not have the power over the lives of our people. We have faith and believe in God. (Elder Women)

This point was not taken up as a discussion point by the group. It is worth noting however, because the participant's statement highlights the tensions between the two belief systems. It also raises the issues of how, and under what conditions, the two are reconciled, or compromised.

Breaches of Tapu Associated with Aitu and Atua

There are tapu which exist surrounding *Aitu* and *Atua*. They refer, for example, to how one speaks of and addresses Aitu and Atua, behaviour within and around the places which they frequent and are known to reside in, and the use of natural representations such as plants and animals known to be singularly associated with a particular *Aitu* and/or *Atua*.

The term *fasia* refers to a person who has been struck or hit by a spirit. *Fasia* is normally known to happen to someone who has offended a spirit. In order to heal the person who has been afflicted by a spirit [ma'i aitu], the identity of the entity needs to be known. The spirit can normally be identified by a *taulasea* (traditional healer) through the means of identifying the type of mark or imprint left on the person's body. It is this act of striking a person and leaving an imprint, which gives expression to the term *fasia*, which literally means to have been hit,

..if the person was afflicted and the cause cannot be found, it will usually be known by the mark or imprint left on the body. The mark may show itself if the person has died as a consequence. If it is revealed earlier, it will be known what form of Samoan healing can be applied. For example, if the person has been strangled, the hand prints will (show on the neck). Or if it was a slap. Whichever part of the body was hit, the imprints will show. (Elder Women)

The two Elders groups have in the light of their experiences strongly emphasised, that the primary causes of mental unwellness in Samoa arise out of breaches of *tapu* and *sa* within the context of relational arrangements (*va fealoaloa'i*), within their families, their villages of belonging and identity (*fa'asinomaga*), and their spirits and Gods.

Manifestations of Mental Unwellness

The participants stated that, there were no definitive categories which say that a person was mentally unwell. They stated that this can only be established, and becomes an issue of concern, if the person who is known well by their peer groups, or groups of belonging, notice that the person is exhibiting behaviour not normally known to be characteristic of that person,

We can know a person who is mentally well by their actions, behaviour and speech. We cannot say that because a person acts, behaves, or speaks in a particular way, that that person is mentally unwell unless we have known and associated with that person for a lengthy time. (Elder Women)

There are no pre-determined symptoms that state that a person is mentally well or unwell. We can only know that a person is different because they act or behave or speak in a way which is not characteristic of a group or collective to which that person belongs. It would be difficult to establish whether that person is mentally unwell unless we have known and associated with that person over a long period of time. (Elder Women)

The Elder Women stated that it is difficult to establish whether someone is mentally unwell. One indicator is when behaviour not normally associated with that person is exhibited. A second indicator is when behaviour falls outside of the accepted standards of acting and speaking within their peer groups and/or collectives.

Excerpts from the narratives of the Elder Women's group provide examples of behaviour which they considered to be indicators of mental unwellness,

(The woman discussed in the following narrative was in her 50s; the year is 1945)

..Then it would be triggered, (there would be) much conversational clamour [pisapisao], and she would move around in a manner which articulated her speech [alu solo fo'i lele]. They would try to restrain her from going but she would want to go. (Elder Women)

..when she arrives, because she has been 'compelled to go walking' [fa'asavalia], she would submerge herself in the river in our village and go over to the other side. (Elder Women)

..her children would look everywhere for her, yet she would be hiding inside a box...If she hears people, she would lift (the lid of) the box and look out...if she senses that she will be found, she lets the lid down..(Elder Women)

(The woman discussed in the following narrative was in her 70s. The period is 1940s)

..this woman was said to be valea (mad). She would wear a head garland when she went fishing...she is good at fishing; she would return with her catch and eat in her house...If she came across a tethered horse, she would untether the horse and continue on her way...she would return or go to sleep at another village. That is her way, but she would not sleep. She continues to go on the road (walking).. (Elder Women)_

..another manner of this elderly woman is that once she sets her eyes on someone that she is angry with, she would vent her anger on that person [fa'ataunu'u]; whether it is pulling of hair, or holding that person because she is strong. There was (..'s daughter). The woman's hands were wrapped around (..'s daughter's) head, she hit her, pulled her hair...people had to go and restrain her. (Elder Women)

The behaviour of the women discussed in these narratives point to situations which were stated to have been occurring over a long period of time and, which were not conducive to the accepted behaviour of elderly Samoan women. There was much emphasis placed on changes of behaviour and language which were stated to be indicators that a person was not well. These include,

fa'anoanoa	sad, depressed
le fiafia	not happy, displeased, sullen
le fetai tala	speech which is inappropriate or out of context
foliga o le tagata	facial expressions
e le gagana fa'aaloalo	disrespectful/disruptive speech
sui le gagana	mode of language has changed
leiloa fuafua le lelei ma le leaga	unable to discern between right and wrong
fa'atupu vevesi	create disturbance, confusion
fa'asavalia	to be compelled to walk
pisapisao	conversational clamour usually associated with physical gesturing

(Elder Women)

Behaviour of Mental Unwellness is Identified Within the Context of a Specific World View

It was stated that within protocols and etiquette, appropriate and correct behaviour maintained the wellbeing of people within relational arrangements [va fealoaloa'i]. These include,

amioga tatau	appropriate and correct behaviour
tu ma aga	customs and traditions
fa'aaloalao	respect
va fealoalao'i	behaviour which maintains relational arrangements and mutual respect

(Elder Men)

The narratives and participant comments suggest that behaviour which constitutes mental unwellness is identified within the context of prescribed norms of socio-cultural behaviour, as well as behaviour not normally associated with someone who has been known to a group or collective over a long period of time. This further suggests that mental unwellness, as perceived, and as defined within the parameters of protocols and etiquette within *aganu'u Samoa* (protocols and etiquette which regulate relational arrangements), and *fa'a Samoa* (Samoan way of seeing and doing things), is largely defined by the values and beliefs held by that particular society,

..when one behaves or displays inappropriate behaviour as opposed to the norms of his/her culture..(Service Provider Women)

Healing Breaches of Tapu and Sa

The breaching of *tapu* and *sa* are violations of relational arrangements between people, people and their God/s. Essential to the healing process is the identifying of the cause, that is, what *tapu* and/or *sa* was violated. As earlier noted, the breaches of *tapu* and *sa* incur maledictions upon the offender/s. It was stated that neither *malaumatua* (curse of the parents, curse of the matai), nor *malaunu'ua* (curse of the village), happen without cause,

..it cannot be said that it happens all of a sudden, there are reasons why these things happen (Elder Men)

Once the cause has been established, discussions and decisions surrounding the most appropriate way of re-establishing the relational balance, follow. The primary focus is not the re-acceptance of an offending person/s, but the re-establishing and reconciling of families within families; of families within villages,

The Samoan way of healing is for the family to establish why there has been a curse put on this person, and to seek reconciliation through appropriate processes. There will be a reason, for example, a matai is displeased with some members of his family..(Elder Men)

One participant stated that the revoking of inter-generational maledictions was difficult and irreversible,

..there is only one positive thing about searching for a solution. One may discover that the problem is an inter-generational curse. (One feels) there is no cure because this has been going on for how many generations.
(Service Provider Men)

This was the only dissenting opinion from the rest of the participants. The general agreement was that there existed processes of healing for these forms of breaches.

Revoking the Transmission of Words

The critical factor within any malediction is its transmission. The revoking of a curse is the taking back of words. To enable this, a process is sought whereby a forum which facilitates the revoking of words, as well as the re-establishing of relational balance, can be undertaken,

..the reasons for seeking a revocation of a curse, whether it is malaaumatua (curse of the parents, curse of matai) or malaunu'ua (curse of the village), is because the words of the malediction carry ominous implications. There is a saying of our people, rocks may rot but not words. Malaaumatua for example, are words placed on children by parents or matai. It is difficult to have these words revoked unless a process seeking reconciliation and an expunging of the words is undertaken. (Elder Men)

(Of malaunu'ua), *..then the words will be revoked...the words are the essential underpinnings to the (spirit of the) process because there is no reason to seek expunging or reconciliation where there has been no breach or desecration.*
(Elder Men)

Malaaumatua: the Curse of the Parents, the Curse of the Matai

The process for healing *malaaumatua* was stated to be a reconciliation of the family. In this way, inter-generational afflictions would also be removed and healed,

..it is the reconciliation of a family between the (offending) family within the family (circle) itself..(Elder Men)

..malaaumatua cannot be revoked unless there has been some process which acknowledges an attempt to restore (relational arrangements), as well as an acceptance of the re-establishment of these arrangements. In successive generations, the return to relational arrangements will be as it once was.
(Elder Men)

Malaaunu'ua : Curse of the Village

The process identified for the revoking of *malaaunu'ua* was *ifoga*,

..preparations for presentation to the village is undertaken...not only is there ifoga but restitution is also made in kind. This is the offering for the expunging (fa'amagalo) of behaviour which has breached (agasala)..(Elder Men)

..malaaunu'ua cannot be revoked unless there has been some process which expunges the breach in order that relational arrangements can be restored. Children of successive generations will grow free of the influence of malaaunu'ua because the appropriate process for restoring relational arrangements has been made to the families of the village. The village is also appeased. (Elder Men)

Healing Breaches of Tapu Against Aitu, Sauali'i, Atua (Spirits and the Gods)

The narratives of the Elder Women's group suggests that traditional healing by *taulasea* or *fofo Samoa* (traditional healers) was the appropriate form of seeking healing,

..My daughter had gone visiting a nearby village. On returning home she complained of an extreme backache. I knew then that I had to find a fofo (traditional healer). On explaining my daughter's symptoms to the fofo, the woman said that there had been a 'spell' (fa'alauatau) put on my daughter.. (Elder Women)

There was a young girl who was 'taken' from her home. Her family 'searched' for her through a fofo..(the fofo managed to locate the girl and communicate with her. This was told to the family). The family began an extensive search for their daughter...the girl is now well...traditional medicines were provided by the fofo to expel the 'essence' of the Sauali'i..(Elder Woman)

(When someone is a victim [fasia], struck/hit by a spirit), It is there that Samoan healing can be used. (Elder Women)

The healing of these three people was stated to be specific to the circumstances and, the protocols and etiquette of their families, villages, and districts of belonging. In all these situations, the primary aim is the re-establishment of relational arrangements. The processes themselves involve the reconnecting of *fa'asinomaga* (indicators of identity and belonging); *tofiga* (roles, responsibilities and heritage); *va fealoaloa'i* (*relationships of mutual respect*), *va tapuia* (relational arrangements which are sacred). This is the recognition that the Samoan self has returned to its state of wholeness in relation to others.

Samoa World Views of Mental Unwellness Outside of Samoa

The knowledge frames and their associated values and beliefs have critical implications for the way in which mental unwellness may be perceived by Samoan people who live outside of Samoa. As already stated, the protocols and etiquette surrounding *tapu* and *sa* exist within *aganu'u Samoa*. The custodians of certain knowledge within *aganu'u Samoa* are *tulafale* (orators) and with regard to health, *taulasea* (traditional healers). These keepers of knowledge live amongst the communities of Samoan people. Families can lay claim to, or have access to a *taulasea*. It is therefore reasonable to believe that wherever these communities of people are geographically located, they take with them the keepers of their paradigms of wellbeing.

SECTION THREE: ADDITIONAL CAUSES OF MENTAL UNWELLNESS IN NEW ZEALAND

The focusing question enquired into was

- * What causes mental unwellness for Samoan people in New Zealand.

The focusing questions in Samoan, which were enquired into were

- * What do you think happens when people lose their state of mental wellness;
- * Do you think there are any particular reasons why some Samoan people lose their state of mental wellness in New Zealand.

These questions were asked of all groups.

The Knowledge of Our Forebears will not be Impugned

As already discussed in previous sections, alongside the influences of Christianity, Samoan people continue to hold strongly to beliefs and traditions founded on pre-missionary spirituality [fa'aleagaga], and relational arrangements [va fealoaloa'i]. While recognising that culture maintains its dynamism by adapting, it can be said that the inherent values which include *va fealoaloa'i*, *va tapuia*, *itu lua*, *tapu*, *sa*, *malaumatua*, *malaunu'ua*, *fa'asinomaga*, *tupuaga*, *tofiga*, *tapua'iga*, continue to exist for these participants living in New Zealand. In tandem, the stories of the spirit *aitu*, *sauli'i*, and God *atua*, which continue to live within their memories are part of the reality of who they are and where they belong because, *e le sala upu mai anamua* : the knowledge of our forebears will not be impugned.

Migration because of Responsibilities to Families

Samoan people have in past decades migrated to New Zealand primarily for two reasons. These are, for better educational opportunities for their children, and to seek employment in order to provide for families in Samoa. Education and employment continue to be the basis for which many still leave their homes to come to New Zealand,

For many Samoans who have migrated here, the reason has been because of family and their responsibilities towards family..(Elder Men)

Economic Responsibilities

It was stated by the participants that a common cause of mental unwellness amongst Samoan people is the inability to economically fulfil the obligations and responsibilities of living in New Zealand as well as providing for families in Samoa,

..this is one area which causes mental unwellness within our elder people. There is not enough financially to meet obligations and fulfil responsibilities. It is not surprising that the mind becomes unwell when one has love for their family, parents, and the need to provide for family. (Elder Men)

(There is) no money, not enough money..(Service Provider Women)

Living in New Zealand is stated to bring other commitments which command economic priorities, these being church tithing and familial responsibilities. The pressure on the main income earner/s inevitably affects other members of the family,

..the mind thinks over many things...this thing and that thing within the family, church; things to do with the fa'a Samoa...When these things come up all at once, that is when my mind becomes affected; I am affected as is my wife, my children, my family..(Service Provider Men)

There are different values and priorities between Samoan culture and the dominant culture, and these values conflict. (Service Provider Women)

..the mind becomes preoccupied with many things; needs within the family, church affairs, village obligations...when these responsibilities emerge all at once, it is there that my mind becomes affected; my relationship with my husband becomes affected. (Elder Women)

Poverty

Many of the participants referred to the inadequate incomes they received, either through benefit payments or low wages, to meet living costs in New Zealand.

..there is not enough money to budget for the lifestyle in this country...remember our people will never forget their families in Samoa. A benefit of \$300.00 a fortnight (single elderly rate with no accommodation supplement), will not be enough if there is a family need in Samoa. Another expense is the education of children and the care of family needs. (Elder Men)

They consistently stated that poverty was a major cause of mental stress and consequent illhealth. The Employment Contracts Act was identified as encouraging lower wage settlements for low income earners.

Housing

The pressure of having to ensure that housing and shelter is not jeopardised, through not paying rent, is an additional strain,

..it is not as if everyone owns their own house in this country. Many live in state housing and flats. This is one area of hardship which affects the minds of others. The doctors cannot identify what is wrong, but this is the cause, our minds and feelings are torn in two. (Elder Men)

Financial Responsibilities to Families in Samoa

The financial restrictions on low income families means that contributions to families in Samoa becomes an additional pressure,

(On the other hand), the needs from Samoa becomes a pressure...it becomes difficult for young people to provide for the family, church obligations, send remittances...these become heavy burdens, the mind tries to (cope), then it breaks down. (Elder Women)

The participants stated that the causes of mental unwellness stem from the inability to fulfil responsibilities and obligations to their families, villages, and districts of belonging,

It is desire which cannot be realised [lagona ua le taulau]. That person cannot be relied upon (consequently, this means failure to the family). (Elder Men)

The above stated reasons were viewed by participants to be an overwhelming cause of mental unwellness. It was suggested that compounding the causes of mental unwellness for Samoan families in New Zealand is the pressure to provide for families in Samoa. When these families live in economic poverty, other pressures and social stresses further compound the psychological problems.

Cross Cultural Marriages

Mixed marriages were also viewed, by one focus group, to be a cause of mental unwellness. This was especially the case where cultural values became a significant cause of conflict,

..There is nothing wrong with mixed marriages, however, with different beliefs and different cultures, these may affect a person's mental status. (Service Provider Men)

Shifts in Relational Arrangements

Within the traditional family structure, parents have always provided for and managed the family's domestic affairs. It was stated that within New Zealand, children who have a higher earning advantage are becoming responsible for the financial management of the family. For some participants, this was viewed to be a cause of mental unwellness for the older generation. The following example illustrated the extent to which the extended family unit was perceived to have weakened,

The matai (titular heads of families), have a responsibility to lead and make decisions for their children and family. In a situation where the matai is unemployed yet the children have employment, the children because of their social skills and earning advantage, become responsible for the payment of bills. The parent feels powerless because the child is maintaining household responsibilities. This is only one situation because there are families where parents do maintain their traditional status. (Service Provider Men)

Similarly, heads of families who cannot find employment are placed in situations where they are unable to exercise their traditional roles and responsibilities. Whereas the value of the person was determined on traditional titles, now in New Zealand, a person's value is determined by the amount of money they earned,

..Where we come from, our status is determined by the titles our families hold. In this country, the status is determined by our earning power. A senior ranking matai who comes from Samoa finds that he is not employable; he cannot make decisions or undertake his responsibilities. Eventually, his mental health will be affected. (Service Provider Men)

*..the deterioration and the loss of the extended family is huge.
(Service Provider Men)*

There are the pressures of (learning) new life skills having being brought up in Samoa. (Service Provider Women)

Participants said that the relational arrangements, which once defined the way in which people associated with each other, are changing to the economic and social values upon which New Zealand society is premised. This, and the consequential deterioration of extended family support was viewed to cause mental unwellness, for especially the elders within families.

It was also noted that the implementation of legislation, such as the Children, Young Persons and their Families Act, was not always appropriate to the nature of Samoan family relationships. Drug and alcohol abuse was further identified as a disrupter of these relationships.

Grief

Grief which has not been worked through in an appropriate context has been known to be a cause of mental unwellness,

This is one commonly known cause amongst Samoan people whereby someone who was greatly loved [e pele i loto ma agaga] dies. A mother who gives birth to a new born child struck by an affliction will suffer greatly. Her mind is not in a clear state [e le o sagatonu]. A death of a spouse or a member of a family will cause great depression. These are the beginnings (of mental unwellness). (Elder Men)

Participants also stated that some women had lost their state of mental health as a result of being physically or sexually abused._

Isolation

There are some people whose minds have been affected because they have a fear of being isolated in times of need. The traditional support systems for these people were customarily present during times of crisis and in times of peace. During these times there was much offered in the hope of alleviating the burden. In New Zealand, this collective support is rarely practised owing to the breakdown of extended and immediate families,

(It is) the fear of being isolated...In times like these, your family will gather and talk..(Service Provider Men)

Maintaining Family Expectation

The failure to live up to family expectations, to maintain family respectability is a common cause of mental unwellness. Young women are especially vulnerable to such situations,

..the young woman who has become pregnant is ashamed because she has caused shame to her family and brought disrepute upon herself. She may commit suicide. Within our culture, there are ways of remedying these situations. If the pregnant woman is afraid of her parents, she will approach an elder woman within her family who will intercede on her behalf and seek to appease the parents. In New Zealand, when these situations arise, the woman will go to an (abortion clinic). (Service Provider Men)

Roles and Responsibilities of Mothers

The Elder Woman's focus group discussed mental unwellness as being the symptoms of pressures related to their roles and responsibilities as mothers and women within their families,

..I believe that mental unwellness is an illness related to how I feel about myself. As a mother there are many things which need to be thought about. I brought up my family on my own. Duties of father and mother, I undertook by myself.
(Elder Women)

When faced with so many difficulties within my family, my mind becomes unwell..
(Elder Women)

..the relationship between myself and my husband...if this is not in balance, that is the first cause (of mental unwellness). You don't want others in your family to be affected by this. (It is between) myself and the person who has caused the unwellness. (Elder Women)

The pressures, stated by the participants, stem from stresses within the family arising out of relational breakdowns. Long term economic and social pressures were considered to be major contributing factors. It was also stated, that arising from these situations were symptoms which inevitably manifested themselves both mentally, emotionally and physically,

..I need a friend whom I can trust, someone who I can talk to about the things that cause me mental suffering and distress, and who understands what I am saying.
(Elder Women)

We all know that if you dwell on your thoughts, it manifests itself physically. You become easily angered and don't want to do any housework. You just sit and think; you start eating without thinking about your health and your body gets bigger. There is nothing else except your thoughts and the anger in your heart [loto]. (Elder Women)

Mental Unwellness Among Samoan Youth

An area of concern raised by three of the focus groups was the increase of mental unwellness among Samoan youth at school,

..the child comes home wanting to rest and is faced with pressures within the family; the meals are not well prepared; at school the teacher may not have been

good, or their school friends were not well behaved. They return home and (eventually) the minds of these children become affected..(Elder Women)

It was also stated that the humiliation felt by Samoan children within schools was a further cause for mental unwellness,

There are conflicts of cultural identity causing shock and trauma. (Whether the child) was born in New Zealand or brought up in Samoa, there are conflicts with cultures within schools. (Service Provider Women)

They don't know whether they are Palagi (European) or Samoan, they're confused..(Service Provider Women)

..Our children do not speak English fluently or understand English. They are viewed within the classrooms as something to be stared at, then the child becomes ashamed. If this situation becomes a continuous pattern, the child will become a truant, looking for ways to ease the pressure on their minds..(Elder Women)

High expectations from parents was a singular cause for pressure on children and youth,

..parents have high expectations of their children. There are many things that they are wanting but these are not appropriate to where mind of the child is at. The child will therefore try their best to realise the parents expectations. (Elder Women)

It was stated that while there is much blame put on the parent, there are many parents who are very responsible for the way they bring up their children. Influences within the modern world were viewed to have greater sway on young people who are not all able to cope. (Elder Women)

I think the sad thing about it is, we are blaming the parents. What is happening is that Palagi (Western) values are being imposed (on the children)..They (Palagi) have acknowledged (that) we have different cultures. They also have a responsibility...the problem is, there are very few (Samoan) parents who are promoting and revitalising the identity of these children who when they go out to the big world, are (faced with situations where) they do not fit in. (Service Provider Men)

I've seen a lot of young friends from college who end up in Porirua Hospital. (Service Provider Men)

One of the biggest reasons especially for the younger generations is the different cultures and trying live in the European way...as well as keeping your identity as a Samoan and playing your role in the family. You've got two (areas) putting a lot of pressure on you to function out in the community and function in here. (Service Provider Men)

Other pressures on young Samoan people were said to be those from within the home and within the educational establishments. It was suggested that while some of the difficulties at school are those particular to racial stereotypes and prejudices held by non Samoan peers and teachers, the home environment is also a significant contributor to the pressures placed on their children. Entangled within these issues are concerns of identity and how these become confused within two sets of cultures, neither of which adequately facilitate those issues of concern to young Samoan people.

MENTAL UNWELLNESS IS THE PSYCHOLOGICAL DISRUPTION OF THE MENTALLY WELL SELF

The issues raised within this section address the impact of Western modernity and its concomitant values and beliefs upon a community who have largely maintained within their world view, traditional Samoan values and beliefs.

The discussions of the focus groups have emphasised two themes critical to the wellbeing of Samoan people - the Samoan self is a relational being; and the Samoan self is *itu lua*.

While it can be seen, as stated by the participants, that the pressures of modernity within New Zealand are the primary contributors of mental unwellness for Samoan people, it is equally important to understand the effects that these pressures have on the traditional paradigms of wellbeing.

There are four dominant themes which appear under each of the primary pressures stated.

The first is, that in the absence of the interaction between extended families and communities of people, the relational arrangements [*va fealoaloa'i*] become weakened.

The second is, that within different societies, the values of that culture which give meaning and purpose to people's lives, may exclude other groups of people whose value bases are different.

A third theme, is that the inability to adequately and effectively undertake financial and material responsibility to provide for the family means that a state of failure, isolation and fear sets in.

Fourth, where the traditional structures of support are fragile or non-existent, the means to accessing healing, and where appropriate the undertaking of a restorative process, is not readily available or accessible. The longer that this situation is permitted to continue, the more likely it is that mental unwellness will result. This eventually affects other members of the family.

In many of these situations, the Samoan self, unable to maintain a state of *va fealoaloa'i*, and unable to fulfil his/her familial responsibilities, becomes an individual isolated by circumstances beyond their control. The implications for these people are twofold. Firstly, their cultural identity and sense of belonging - their world view - no longer has purpose outside of a collective context. Secondly, as highlighted in the participant comments, mental and emotional wellbeing becomes affected,

I cannot say that I am a person, just me; (because) then I will be nothing without my other connections. (Service Provider Men)

The Samoan self without the collective connections which give meaning and purpose to their existence becomes a self in crisis. *Itu lua* which is the inter-relatedness of the physical [itu fa'aletino], and the spiritual and mental [itu fa'aleagaga] becomes broken and fragmented. Mental unwellness therefore, can be viewed to be the psychological disruption of the first paradigm of Samoan world view.

SECTION FOUR: PARTICIPANT RESPONSES TO PACIFIC ISLAND MENTAL HEALTH DATA

This session involved the presentation to all the focus group participants of a prepared summary of mental health data, *Mental Illness and People from the Island Nations of the Pacific*, (Mental Health Foundation of Aotearoa New Zealand, 1996). The data presented covered the period 1984 -1993. It addressed the numbers of first admissions to a psychiatric hospital or ward (including Alcohol and Drug Services), the numbers of readmissions, diagnosis, gender and ethnicity (Pacific Island, Maori, Pakeha). As noted in Appendix I, there were no data breakdowns available by Island group of the Pacific Island data.

The focusing questions enquired into were

- * What were their responses to the mental health findings;
- * Given their own experiences and the data presented, how effective did they consider the Public Mental Health services for Samoan people to be;
- * What did they consider to be the strengths and weaknesses of the present system for Samoan people.

The focusing questions in Samoan enquired into were

- * How did you find this information, what were your reactions;
- * In light of people you know who have used these services, what does this information tell you;
- * In light of people you know who have used these services, what does this information not tell you;
- * What are the strengths of the current Public Mental Health Services;
- * What are the weakness of the current Public Mental Health Services.

PARTICIPANT RESPONSES

Throughout this session, there were consistent moments of pain and grief as well as anger from the focus group participants, as they responded with their stories. The following statements are samples of typical responses to the data,

(I feel a) deep sorrow [mafatia] and sadness [fa'anoanoa]. (Elder Women)

Our rates are too rapid, the increases are (occurring) at a rapid rate. (Elder Men)

I'm shocked...its unbelievable. (Service Provider Women)

I did not think there would be this many..(Service Provider Women)

I'm not surprised..(Service Provider Men)

Rates of Readmission

People are discharged with medication. They have very severe side effects. They toss their medicine and then get readmitted on relapses.. (Service Provider Women)

Delivery of Services

..It is a clear indication that the services are not working for our people. (Service Providers Men)

If we look at the ratio from one year to (the next), we can establish that there are no specific services catering for the needs of these people. (Service Provider Men)

Prevention

..nor are there any pro-active (initiatives), or information which address prevention other than cure. (The figures) increase every year. (Service Provider Men)

..family consultations with medical staff need to happen in order to look at prevention before the person is admitted (which will have serious implications) [ae le'i o'o i le mea loloto]. (Elder Women)

Western Medical Beliefs

..one reason why (treatment) is not working is because we are being diagnosed according to Western [fa'a Papalagi] beliefs; they do not understand the true nature [uiga moni] of our people. That is why these and other treatment does not work. They (medical system) have only to give the word and we admit (our people). Instead we should be looking for reasons within the family.
(Elder Women)

What the statistics indicate is, that the care and diagnosis of our people is inappropriate. The doctors perceive (our people) in a different way..
(Service Provider Men)

Sedation as Treatment

The issue of sedation as a means to containing behaviour, which is harmful and injurious, was taken up as an issue by the participants. However, they also wanted to highlight the more questionable uses of sedation as treatment of their people,

..the doctors have done all they can...they are not providing any further treatment, (they are) only keeping the mind in a restful, peaceful state.
(Elder Men)

..there is no treatment being provided to cure or return the mind to a (normal) state. All they are doing is giving medication that will keep our child still...our child does not have any bad behaviour (that is harmful or injurious) (Elder Men)

..families under stress (will admit their family members to psychiatric hospitals); they should continue to care for and protect their people whom they admit to hospitals which are of no use to us. The treatment is not effective, only injections and tablets to make them sleep...only drugs...there is no treatment unless the illness is a physical one..(Elder Women)

Discrimination

We are not being taken seriously [le amana'ia] because they know we are (too) poor (to pay for treatment)..(Elder Men)

..another cause is where they see that we are islanders, they think we are mentally unwell and treat us with injections..(Elder Men)

There are doctors who are aware that they are not certain about diagnosis and give our people up for (medical) experimentation, injecting them like guinea pigs...applying their treatment to ascertain whether the drugs work and in the meantime the patient is becoming more sick..(Elder Women)

Population Increases has Implications for Spending and Resources

Of concern was the (perceived) increases of mental unwellness in proportion to the increase of the Pacific Island population by the year 2,000. Participants noted the implications for the way in which spending and resources will need to be allocated,

If we look at those statistics, we see our population is on the increase and, also on the increase will be the numbers of mental illnesses. By the year 2,000, we will be more than 5% of the population; our increase in mental illnesses will be much higher. They are going to be spending extra dollars to cater for all that.
(Service Provider Women)

It all ties in, well and health. If you have a well population you have an increase in productivity in dollar terms and a decrease in negative spending, and that's economy. (Service Provider Women)

AREAS NOT ADDRESSED BY THE DATA

(Rates of) Misdiagnosis

Those numbers and figures do not tell us anything about the misdiagnosis. We have Samoan people who have behavioural problems. (They are) easily angered [itaitagofie], sullen [fa'ali'i]. When a doctor assesses these people and say it is withdrawal, (these people) are categorised as being mentally unwell, and become treated as mental health patients...what hasn't been addressed is the cause of their anger. That is one problem with diagnosis...the Palagi will say, he's very aggressive, very psychotic. (Service Provider Men)

Information on Those Healed and/or Referred

There are no figures on those who have been healed, and/or referred to other support (agencies) for healing. (Service Provider Women)

Numbers in the Community Category

It does not tell us about those under the community category...because of the way that the Palagi diagnose (Samoan people), they establish the numbers of people who are entered into the statistics. Yet, we know there are those of our people who refuse to be admitted because they know that the only treatment they will receive is the injection..(Service Provider Men)

Lack of Positive Information

There are only negative things, nothing positive. (Service Provider Women)

Need for Causal Information

..we need causal information, (all we have are) just diagnostic categories. (Service Provider Women)

Deaths and Suicides

There is no (report of the numbers of) deaths, especially suicides. (Service Provider Men)

In the hospital, there were a few hangings during the time I worked there...a lot of our people even, they might have been readmissions, they're screaming out for help, then they go and top themselves...You know, its sad, simply because they can't get back into the hospitals. The suicides and hanging, they don't want to put them in the media; they try and avoid that sort of thing now. (Service Provider Men)

Need for an Island by Island Data Breakdown

There are no specifics (data) on Samoans. Which island group/s make up the (bulk) of the Pacific Island data? (Service Provider Women)

The critical tenor of the responses to the mental health data can be viewed on the one hand, to be reactions to what was perceived to be a very serious situation. On the other hand, as one participant group noted, the data itself was largely negative. Many of the participants personally knew of family members and friends, or as in the case of the Service Providers, have worked with Samoan people, who had experienced the types of services highlighted.

For the Elder groups, the data was information of which they had no prior knowledge. Their responses were reflective and they would comment in light of their experiences in Samoa. Throughout the times that these groups spoke, there were expressions of consternation and grief.

For some of the Service Providers, the information was distressing. The majority however, had different levels of awareness through their own work experiences of the increases in admissions, the nature of diagnoses, and the treatment of Pacific Island people. These experiences combined with the frustrations of their work, in some instances, provoked comments expressing their pain and anger. Further, these groups voiced concerns about the Mental Health services in which they worked. Their critiques and overall analysis of the services were from within the context of their own cultural knowledge frames. They did however, look at pro-active ways in which specific areas of the Mental Health system could be improved in the various services provided for Samoan people.

The participants pointed out that the significant increase in admissions points to the fact that the services, care and treatment provided, are not effectively healing Samoan people. A major area of concern was that sedation, other than for containment, was viewed as being a method of treatment for Samoan people. The participants said this showed that Western medical doctors were not knowledgeable about the nature of Samoan people.

A further concern noted, was the perception that racial stereotypes and prejudices towards 'islanders' influenced the methods of diagnosis and treatment. It was considered, that because Samoan people largely belonged in the low income social bracket, and were therefore poor, that their health concerns were not a priority. They stated that disadvantages were not only cultural, but also socio-politically manifested in the way in which key services are provided.

There were also concerns expressed about the absence of information related to deaths and suicides, misdiagnoses, the numbers of Samoan people in the community category, and the numbers of Samoan people sent to prisons.

It was suggested that the data could be improved, if it provided information on cases of recovery, causal information and an Island by Island data breakdown. It was considered that such information would be of assistance in measuring the degree of effectiveness of care and treatment.

The overall responses to the data indicated that there was a high level of awareness of the treatment and care provided within the Mental Health services by the participants, whether through first hand knowledge and/or through experiences of members of their families and acquaintances. It appears that these experiences are anecdotally communicated within their communities. On a positive note, the participant comments can be viewed as indicative of their desire to locate and establish ways of improving mental health care and treatment for their people.

SECTION FIVE: THE EFFECTIVENESS OF HOSPITALS AND THEIR TREATMENT OF SAMOAN PEOPLE

The focusing questions enquired into were

- * Given their experience, how effective did they consider the Public Mental Health Services to be for Samoan people;
- * What did they consider to be the strengths and/or weaknesses of the present system for Samoan people.

The focusing questions in Samoan enquired into were

- * In light of the discussions on the mentally well self, how effective do you consider the Public Mental Health Services for Samoan people to be;
- * What are the strengths of the current Mental Health Services;
- * What are the weakness of the current Mental Health Services.

Treatment is Based on Western Medical Beliefs

It was stated that the treatment of Samoan mentally unwell people within New Zealand's hospitals was based on Western [fa'a Papalagi] medical beliefs. Further, it was also stressed that Western medical belief was limited, because the treatment of mentally unwell Samoan people was primarily focused on the physical only,

The Mental Health Service is never going to work for Pacific Island people in general because it is based on European beliefs. They are trying to put it all in one basket which will never work. (Service Provider Men)

*..The services have very little effect...they are Palagi oriented.
(Service Provider Women)*

*There are no Samoan psychiatrists. Samoans are being diagnosed by cultural people who define normality from their own perspective.
(Service Provider Women)*

One participant commented on the advantages gained by Maori in this area,

The Maori have made the health system effective for themselves, yet we are lumped with the Palagi..(Service Provider Women)

Uneven Allocation of Samoan Domestic Nursing Staff

There is an overload of Samoan domestic nursing staff in some areas while (...) area has no Samoan domestic nurses. (Service Provider Women)

Restructuring of the Health Services Reinforces the Western Model

The focus group participants stated that a further reason for the ineffectiveness of hospital treatment was due to the structure being based on customs and traditions of the Papalagi,

The restructuring of the (health) system is not catering for a multicultural society; it is more or less monocultural...there is a big gap between management and workers. The people at the top...are calling the shots. The people under them have to work to the budget, and if they don't perform, they are out with the workers who do all the work. (Service Provider Men)

I don't think the system works because it is geared towards their beliefs and their feelings. (Service Provider Men)

Within the (current) structures, the CHI's and RHA's provide all the funding (yet) if there is funding for (our) people, they (CHI's and RHA's), want to run it like a business...It all comes down to money. (Service Provider Men)

The Whole Person is not Treated

Samoan beliefs hold that the Samoan person is the whole person comprising the spiritual and mental [itu fa'a Atua po'o le fa'aleagaga], and the physical [itu fa'aletino]. The whole person exists in relationships with others, within a relational context [va fealoaloa'i]. Their anava⁵ originates from their places of identity and belonging, genealogy, language, land and its environment. The contrast with Western medicine is that, they address the physical and mental, but not the spiritual,

It is not that the hospital is of no use. The work of the hospital with regards to the treatment of physical (body) illnesses is important. The problem arises where

⁵ It is difficult to capture the essence of anava in translation. At this point, it is best left untranslated, suffice to say however, that all Samoan people have anava in the sense of belonging and being connected physically, biologically, spiritually, geographically, and culturally.

there is a need for holistic treatment, and this is not undertaken...This is true of the treatment for mental unwellness where doctors have separated the whole into three parts treating only the physical. You cannot divide a Samoan person because if my mind is unwell, everything else becomes unwell..
(Service Provider Men)

It is clear from the participant comments that the measures of successful treatment of mentally unwell people differ between Western medicine and Samoan traditional beliefs of mental health. The above comment illustrates this point. While there is agreement that Western medicine is successful in the treatment of the physical body, the same view of their treatment of mental disorders is not held.

Language is a Barrier to Appropriate Treatment

It was stated that a further reason for treatment being ineffective was that there are no adequate facilities for the proper explanation of treatment in the Samoan language. Similarly, doctors do not fully understand the symptoms which the patient is attempting to describe,

..from what I have seen and from what has been explained to me, there are those who do not understand English...and others who have some understanding of English. Language is one barrier which is creating difficulty for our people. If the Papalagi (European) cannot understand a Samoan patient, they treat our people different (from others). If the patient does not understand (the Palagi), they are treated in a manner which indicates that the Palagi may not be happy with the patient [so'ona fai, pe le fiafia iai]. It is only when they see their own people that they sense relief..(Elder Men)

The Papalagi does not understand the Samoan. Our culture and traditions are different [ese'ese lava tu ma aganu'u]..(Elder Men)

The identified difficulties with language extends to culture and traditions. The sense gained from the participant discussions, is that there is a wide gap between the two cultures in the way in which health is understood and transmitted.

Treatment of Breaches of Tapu and Sa

It was stated that where the cause of the unwellness originated from breaches of *tapu* and *sa* [malaaumatua and malaaunu'ua], and has a history of being inter- generational [mala tu'ufa'asolo], Western treatment is not effective,

..the doctors will try in vain to apply treatment to heal the person, but they will not be successful because the cause of the unwellness is outside of their medical experience [e ese le mea e mafua ai le leaga o le mafaufau]. (Elder Men)

..medication and injections cannot treat this type of illness; it can be healed through appropriate traditional healing. (Elder Women)

That is one course which I feel is not appropriate, (that is), the taking of people to the hospital, whereas it can be dealt with within the family. Whoever becomes affected in this manner, (the family) should discuss and look at the reasons and causes. Advice and undertakings from customs and traditions will be used to bring the person back to wholeness. (Elder Women)

It was also stated that if a person becomes mentally unwell, and the cause lies within the family, the doctor's prescription can only be effective if accompanied by discussions with the unwell person who may be wishing to unburden themselves of whatever has led to their illness,

..treatment prescribed by doctors is ineffective for illness which can only be remedied within the family. (Elder Women)

..the young boy was not mad, the reason why he is this way is because he wants to talk and explain what it is that is heavy on his mind. (Elder Women)

Low Income Families Cannot Afford Quality Health Care

The high costs for treatment means that cure for the mentally unwell is not easily accessible to low income families,

*The services are costly and are (therefore) not accessible.
(Service Provider Women)*

*..the hospital want to perform a scan (on my child), but this will cost \$900.00..
(Elder Men)*

..That is the most important issue today in health reforms...Bottom line, its the dollar over human life. (Service Provider Men)

STRENGTHS OF THE MENTAL HEALTH SERVICE

Cultural Advisers

Participants stated that an emerging strength of the Mental Health system was the employment of Pacific Island people as cultural advisers. (Service Provider Men). The implications of having cultural advisers was viewed to be vital towards the bridging of the cultural gaps identified by the participants and evidence that there were moves towards culturally sensitivity. This was indicative in some areas where *fofo* and *taulasea* (traditional healers) were being utilised. (Service Provider Women)

Western Medicine is Effective for Certain Disorders

There was the recognition that there were mental disorders which could only be treated by Western medicine,

..hospitals have their purposes because there are many types of illnesses, and many reasons for their causes..(Elder Women)

It was further stated that having family members being cared for by hospital facilities full-time enabled other members of the family, with earning potential, to undertake employment,

..we have a child who is mentally unwell. The positive aspect is that she is able to be placed in hospital care. The family structure in New Zealand (nuclear families) makes it difficult to work and leave her at home on her own. It is not like Samoa where there is the extended family who are able to care for her. (Elder Men)

The participants identified what they perceived to be the shortcomings of a monoculturally based, dollar oriented medical health system. These criticisms of the health system are not new, nor are they unique to Pacific Island families. What is of relevance is that there has been a clarification of Samoan perceptions of mental health, with particular emphasis on the world view which sustains their physical, mental, and spiritual dimensions.

In recognising that there are illnesses which can be treated by Western medicine, the participants have acknowledged the fact that not all mental illnesses arise out of the imbalances within the beliefs and traditions surrounding their world view. The initiative to employ Pacific Island cultural advisers was seen to be a positive step in recognising the differences of contextual valuation held by both Samoan and Western health constructs.

In light of what the participants view to be ineffective treatment of mentally unwell Samoan people, the participants have also identified that Western medicine have a beneficial place in the healing of physical illnesses of those who are not mentally unwell.

Healing of the mentally unwell person was stated as being achieved only when the person can be returned to a state of wholeness. This involves a reconnecting of the physical and spiritual dimensions through the re-establishing of *va fealoaloa'i* (relational arrangements); *fa'asinomaga* (indicators of identity and belonging); *tofiga* (roles, responsibilities and heritage); *tupuaga* (genealogy); *gagana* (language); and *si'osi'omaga* (land and environment).

SECTION SIX: CONCEPTIONS OF A SUCCESSFUL MENTAL HEALTH SERVICE FOR SAMOAN PEOPLE

In this session, all of the focus group participants were invited to consider the type of Mental Health Service that they would regard as being the most helpful and healing for Samoan people with mental health problems. The focusing questions enquired into were

- * The most significant changes in the Mental Health system, that if introduced, they would consider to be of particular benefit towards the healing of Samoan clients;
- * The aspects and extent of Western approaches that they consider to be most beneficial to Samoan clients;
- * The shape, style, and resources, they consider the Mental Health Services for Samoan people require, to be consistently effective..

The focusing questions in Samoan were

- * What are the most significant changes to the Mental Health system in New Zealand that you would like to see introduced, that would benefit and heal Samoan people who have a mentally unwell self;
- * Create for us a picture of the sort of Mental Health services that you consider will be consistently effective for Samoan people in New Zealand.

Throughout these discussions there were issues raised by the Elder Men and Service Provider Men's participant groups who felt that as a means to preventing mental unwellness, that critical cultural concepts needed to be strengthened within Samoan families and their communities. The following are typical samples of the content of the discussions.

Strengthening of Relational Arrangements within the Family

The participants emphasised the care and protection of Samoan people within the family. It was stated that through the strengthening of relational arrangements [va fealoaloa'i], between parents and children, children would know their genealogy and places of belonging and identity,

..if the family functions under constant stress, the child will grow within this environment...the child will go to school carrying in their minds that they were beaten, that their family had argued. This image is captured by the child.

It is difficult for ministers (of religion) to teach older children who cannot speak Samoan, and yet we will cram them with the Samoan language, culture, protocols and etiquette each day...The foundation is within the family. If the foundation is stable and supportive, whatever is taught the child will remain with them into adulthood.(Elder Men)

It was also pointed out however, that for children who were not taught their culture and language within the family, the responsibility of culturally enabling them fell upon the churches.

..I believe that the responsibilities of parents have not been negligent however, with children's rights, our children understand these rights and it becomes difficult (for parents) to instruct them; the child makes their own decisions for themselves..(Elder Men)

The issue of children's rights is a reference to the perceived relationships between Palagi parents and their children. (The individualistic freedom of speech and thought which is normally encouraged as part of the independent development of children in Palagi homes is an example). The participants stated that this type of Palagi individualism contained values and beliefs, which within the context of *aganu'u Samoa* (protocols and etiquette which define correct and appropriate behaviour between people), led to the destabilising of family relationships [va fealoaloa'i]. Where children begin to manifest individualistic behaviour considered by their parents to be detrimental to the stability of the extended family unit, this often leads to tensions and stresses for the whole family.

Responsibilities of the Church

The participants stated that the spiritual dimension of Samoan people should be reinforced and expressed through the responsibilities of the church, which is to give life,

The church minister, family minister, an elder from the church (need to) undertake prayers for strength. (Service Provider Men)

In Samoa, the ministers take responsibility for visiting the families where the family is in need. The ministers do not need to be contacted because they live within the village. (It is more difficult for ministers in New Zealand to be aware of all family needs because of the geographical distances of their congregation.) (Service Provider Men)

..the mentally unwell person should be spiritually strengthened...the times when

we grew up in is different from these times. Our children no longer attend church. This is one of the difficulties, our children no longer worship but are scattered and do whatever they want..(Elder Men)

Teaching of the Samoan Language and Culture

It was stated that the Samoan language should be taught similar to that undertaken within Sunday Schools,

I have mentioned Sunday Schools [a'oga Aso Sa], because we were taught the language through the minister's in Samoa...our children should be taken to Sunday School so that they have the same foundation as we did. (Elder Men)

We should encourage our children to attend Sunday School. If our children are taught about the Bible, they will take this into adulthood because these times are difficult times. (Elder Men)

The issues raised concerning the maintenance of the family collective and the church were focused on the worry about young Samoan children becoming influenced by Western values and beliefs to the detriment of Samoan cultural values. The participants held the view that a contributing factor to mental unwellness was the loss of language and identity. The two identified institutions which were seen to be responsible for the instruction of language and culture were the family and the church.

The Problems that Require Further Research

As noted earlier, Samoan young people are subject to a range of pressures which can bear down on their mental health. They are often subject to different cultural pressures within the family and from within the school environment. They often live in low income households with heavy social and economic demands upon them. Like many Palagi young people, they are tending to move away from the church which provided their parents with spiritual and educational learning. They experience difficulties managing different cultural constructs, such as learning a 'first language' which conveys value patterns with different messages than those in the education system, for example. These all combined to create a medley of confusing messages and expectations.

Given that this may be a near typical environment in which many young Samoan children are growing up in, it was viewed that incidences of mental unwellness may originate from these types of pressures and the mixed value laden imperatives thrust upon Samoan children. It was suggested by participants, that this was an area, which requires specific development through research studies similar to this one.

CONCEPTIONS OF A SUCCESSFUL MENTAL HEALTH SERVICE

Towards the Healing of Mentally Unwell Samoan People

Essentially, the Samoan person cannot be viewed in isolation from their families, village, districts, their country of birth. All the related responsibilities and duties to these parts of their identity and belonging must be adequately and appropriately provided for.

The physical (body and mental), and spiritual dimensions cannot be separated when seeking avenues of healing for the mentally unwell person. The unwell person cannot be healed if the components of what makes them Samoan are not recognised. These are their genealogy [tupuaga], Samoan and Christian spirituality [fa'aleagaga], indicators of belonging and identity [fa'asinomaga], language [gagana], protocols and etiquette [aganu'u Samoa], relationships with others [va fealoaloa'i], land and environment [si'osi'omaga], the Samoan way of doing things [fa'a Samoa]. These are the total sum of what should be addressed in the healing of mentally unwell Samoan people.

Review of the Mental Health Act (1992)

The participants stated that the government of New Zealand review the Mental Health Act (1992), with the view to legislating services which specifically cater for the needs of mentally unwell Samoan people. It was emphasised that these services will need to be based on the beliefs and customs of Samoan people.

Medical Scholarships for Samoan People

It was stated that there needed to be medical scholarships to enable Samoan students to study and qualify in medicine,

There should be government scholarships offered to Samoans to study in medicine and to be trained in clinical medicine. We should then use our own doctors who also understand us. (Elder Men)

There needs to be education of Samoan psychiatrists and Samoan cultural consultants. (Service Provider Women)

Samoan Research

It was stated that there is a need for Samoan researchers to undertake qualitative and quantitative research relating to Samoan people,

We should do our own research and data collection, because look at the statistics.
(Service Provider Women)

There has been a lot of research and consultations done with Pacific Island people...information that has already been done should be made available..
(Service Provider Women)

Samoa Interpretters

Samoa people should be utilised (and employed), to act as interpreters.
(Service Provider Women)

Establishment of a Samoa Service

It was stated that a service for the treatment and care of mentally unwell Samoa people be established and that both Western and traditional Samoa medicine be provided,

Traditional Samoa medicine and healing knowledge should be valued in the treatment of Samoa people...taulasea (Samoa healer), should be recognised because there are illnesses which can only be treated by fofo Samoa (Samoa healing methods); there are also illnesses which can only be treated by Western medicine..(Elder Men)

The participants stated that there is a need for the establishment of a hospital building for this service. Within this service, Samoa people who are medically trained should be employed alongside taulasea,

..early recognition of symptoms and causes, changes in behaviour and intervention at an early stage would increase the likelihood of recovery.
(Service Provider Women)

..there should be a hospital service for Samoa people where they can be taken care of. There is no doubt that there will be many who will leave this service healed. (Elder Men)

..Samoa people are best employed because they understand the needs of Samoa people...they are also more conscientious and will be provided with training.
(Service Provider Men)

..it is a pity, if only it were recognised by the government...something especially for the care of our people; there will be Samoa people who will work there with commitment because they will look after their own people as if they were their mothers or fathers. (Elder Women)

Sedation will not Cure Samoan People

The participants emphasised that the use of sedation by injection and tablets as a method of treatment will not cure Samoan people who are mentally unwell,

For example, there was a young woman who had a breakdown while overseas. She had come to New Zealand and on going to hospital was diagnosed as being mentally unwell. They then kept feeding her with tablets. If you saw her, her eyes were bloodshot and looked like they were about to drop out. We withheld all medication. The only thing which we gave her was a lot of care. That is all we did; talked, made her happy and treated her as if she was the most important person. After six months off her medication, she was back to normal. Before this, she was hearing voices, things like that. It was because she was taken to the hospital that she was prescribed medication. If she had come directly to us, she would have nothing but good care. (Service Provider Men)

Counselling and Support for Families

Within this service, the participants stated that there should be people trained to provide support and counselling for families of the mentally unwell,

..it may be that the treatment has not worked and the families are at their wits end. The only thing left is to provide a service within the context of aganu'u. In this way, there needs to be an understanding not only of the way of life here but also of the culture [aganu'u], to cater for the different strands which we have already discussed. (Service Provider Men)

..there need to be family and community education programmes; families need to be supported where needed in therapy and counselling, financial (budgeting).. (Service Provider Women)

They noted different cultural conceptions of confidentiality, and considered that clients of a Samoan health service should be able to choose to have their rights to confidential information extended to their families, rather than being restricted to individual rights. Referring to *o le malu o tagata*, they noted the aspect of the term that refers to sheltering people through the sharing of information within the family. The family, which provides most of the support and has its own recognised boundaries, can be marginalised through the current processes and legal requirements of confidentiality and privacy.

Community Support Services

It was stated that the focus of the services should be community oriented. The participants stressed the need for community based services for those people who had left the hospital. These community based services will oversee ongoing treatment and provide the ongoing support, if needed, within families,

The focus is out in the community. We need to set up a place where we can cater for the needs of our people. (Service Provider Women)

There are those who have been discharged. Sometimes there are families who all have to go to work. This means that a mentally unwell person may be left on their own 24 hours a day without seeing anyone but the doctor who may visit once a week or once a month. Somebody needs to be there to monitor (this person) .. There needs to be a place where these people can go for help if they find there is nothing available..(Service Provider Women)

Therapy and counselling that connects people to their places and gives a sense of belonging should be made available. (Service Provider Women)

It was stated that these community services would be staffed by Samoan people,

Because we are unique, we want to cater to the needs of our people; we need a mental health service to cater for the needs of Samoan people run by Samoan people. (Service Provider Women)

Consultation with Clients, Healers, and Families

The participants stated that there was a need for consultation with those groups whose involvement were directly connected with mental health,

..you also need consultation with the clients themselves because they are the most important people in this concept. What do they want, how do they want it done. Secondly, lets look at the perceptions of our fofo and taulasea (Samoan healers). These are the people who we need to talk with. Thirdly, consultation with the families of the clients. How do they (want services provided) - (for example), our family person is ill, we want this done and that done. (Service Provider Men)

Directory of Samoan Health Services

There should be a collation of all relevant data from Pacific Island health consultations made available in the form of a directory of health services. (Service Provider Women)

Employing Taulasea and Fofu

Participants wanted taulasea and fofu employed in the mental health services, alongside nurses, family therapists, psychologists, psychiatrists and other mental health providers. They said the status of the traditional healers should be recognised, in resource terms, at the same level as other senior consulting health professionals when working with Samoan clients.

The areas of need, as identified by the focus group participants, indicated a concern for the wellbeing of mentally unwell Samoan people. It is interesting to note that they did not simply put the entire problem onto the New Zealand Health Services. They also identified a need within their own communities to encourage the strengthening family relationships, the role of the church and the teaching of language and culture as essential parallel processes alongside a transformed mental health system.

They said there was a need for a hospital service and community services specifically for Samoan people, to be run by Samoan people. These services would be set up to address the physical (body and mental) and spiritual dimensions of healing, and the persons seeking help would be viewed in relation to their total sense of belonging and relationships. Samoan medically trained personnel, healers and ministers would all play a part in the delivery of services. Community support and counselling services would be strong.

All this would require a review of the Mental Health Act to specifically encourage such culturally based services. In tandem, there was also the recognition that Western medicine has equal merit for specific illnesses which are not perceived to be treatable within the definition of Samoan health.

DISCUSSION

The findings of this report expose, at quite a deep level, the culture, cosmology, spirituality, thinking and experiences of Samoan people. That which has been given by the Fa'afaletui, Matai, the Service Providers, the men and the women, constitute a rare insight into the world from which most of the Samoan clients of the mental health system come, and the world to which they return. The generosity of the knowledge that was gifted to the project, reflects the deep concern in the Samoan community about the increasing incidence of mental health problems they are experiencing, and the lack of culturally adequate responses to them.

A CULTURALLY SAFE METHODOLOGY

The methodology developed for this project had three overriding emphases. These were cultural awareness, cultural safety and cultural sensitivity. A focus group, rather than an individual approach, was chosen as being closer to the communal values of Samoan people. The structuring of the groups by gender, age seniority and employment categories paralleled familiar institutional structures within the community. The focus groups also allowed a depth of considered discussion around the key topics.

Each group was recruited by Samoan members of the research team, and each session of every group was facilitated by Samoan researchers. The main medium of communication was the Samoan language and Samoan protocols were observed. The participants and the researchers collaborated in an effort to explore the pertinent knowledge participants possessed, that might enable a better understanding and more effective responses to the mental health problems Samoan people are experiencing.

A cultural approach, which we refer to as the fa'afaletui methodology, proved to offer the most appropriate process. Each focus group came to a consensual view, after discussion of their responses to the questions. These findings were transcribed and formed the basis of a draft report. This report was circulated to all group members. The groups were then drawn together to weave their various meanings and emphases into one final report. The final report was designed to correct any misinterpretations of the researchers, and to broaden the weight of emphasis to the total group and their points of substantial agreement. This process emanated from a traditional Samoan process for drawing together a range of perspectives and thinking on a subject of great importance.

We originally planned to translate the focus group transcriptions into English for an initial report. However, the Samoan researchers considered a lot of the rich responses were being lost in translation. We decided to change direction and wrote the first report in Samoan.

This report, the English Report, has emerged out of the Samoan Report. It is not a direct translation, but draws directly on the primary language of the study. This has helped prevent a dilution of Samoan conceptual analysis to Palagi concepts. As a result, the project has produced two reports, the Samoan report Ole Taea Afua, and this, the report in English.

The methodology, as such, was a finding itself. The extraordinary high level of co-operation by the participants, and both the breadth and depth of knowledge that was shared, suggest a qualitative approach to exploratory research, with a strong emphasis on cultural safety, can be very effective in eliciting crucial information concerning the healthcare of key population groups. The control of the project by Samoan researchers ensured the framing of questions, the exploration of experiences and view points, and the categorizing and commentary on material was both appropriate and culturally safe.

THE KEY FINDINGS

The research findings identified the monocultural nature of the provision of mental health services in New Zealand as being quite inadequate for a client group whose world is premised on quite different meanings and views of reality. The participants identified the diagnoses, treatment and related areas of service provision as being based on Western medical beliefs that focus primarily on the physical side. While positive aspects of this type of service provision were identified, the research findings clearly indicated, that in the area of mental health, participants considered that the Samoan people's epistemological and ontological conceptions, held within their cultural knowledge, should become the basis for the development of future service provision and treatment models.

The Samoan Self

The findings pointed to the Samoan conception of persona or self as a total being, comprising the Spiritual, Mental (psychological) and Physical elements. The whole person exists, not as an individual, but in relationship with other people. This being has meaning only in relationship, and derives its sense of wholeness, sacredness and uniqueness from its place of belonging in its family and village, its genealogy, language, land environment and culture. This raises significant issues for a health system that tends to be ambivalent towards spirituality and whose power brokers have little knowledge of Samoan language, genealogy or villages.

The state of mental wellness for a Samoan person, was identified as a state of relational harmony, where the personal elements of spiritual, mental and physical are in balance, with the mental aspects being closely identified with the spiritual. This self draws its sense of sacredness and uniqueness from a deep sense of belonging to its genealogy, culture, identity, and language. The self also draws its sense of worth when it is able to carry out its appropriate roles and responsibilities.

The self, it was stated, can never exist alone. It always exists in relationship. It became very clear that treating individuals, apart from their communities and communal practices, was likely to deny them the meaning and life support that would be basic to their processes of healing. Given that the spiritual and mental aspects of being are so closely related for Samoan people, participants maintained that healing processes that did not address the spiritual aspect as a central part of the therapeutic process, along with all other aspects, were very likely to fail.

Sacred and Forbidden Relationships

All the focus groups were very clear that mental illhealth among Samoan people is often understood as being the result of breaches of forbidden or sacred relationships. The physical symptoms may be alleviated, but the intergenerational aspect of some mental illness leave families vulnerable to continual onsets and intergenerational manifestations. These cultural notions have a powerful influence in people's lives, and were clearly understood as only being addressed effectively within the protocols laid down in the culture.

Two common examples that were highlighted were breaches of 'Sa' and 'Tapu'. Breaches in these fundamental relational arrangements could result in the curse of parents, the curse of a matai or the curse of a village. These situations can result in serious mental instability. In such circumstances, Western treatment was considered to be both inappropriate and ineffective. There are both processes and specialist personnel within the culture, who are able to address these situations in a positive and healing manner. Furthermore, they can do so within a Samoan world view, relieving the need to westernise Samoan concepts of health and wellbeing.

It was noted that young people brought up in New Zealand, outside a Samoan village, are less influenced by the concepts presented here. Group members did not say they were not influenced, but that they were less influenced. They still tend to call on these explanations in times of confusion and hardship.

Additional Pressures in New Zealand

The groups consistently identified the economic constraints on Samoan families, in New Zealand, as a significant causative factor that undermines the mental health of Samoan people. In particular, they noted the economic pressures to fulfil their roles and responsibilities, both to their families here in New Zealand, and to their families in Samoa. The low income levels of many within the Samoan communities were identified as being a critical factor behind the increase in mental illhealth in New Zealand.

It was explained that the self's sense of worth is seriously challenged and undermined when one is unable to fulfil one's expected roles and responsibilities. As such, their relational harmony is put in jeopardy. The participants explained the pain and frustration experienced by many, because of very low incomes, and how this prevented them from carrying out that which is expected of them, leading to losses of relational harmony and self worth.

Very low incomes and the accompanying pressures of cultural adjustment can result in Samoan people experiencing mental unwellness in New Zealand. One participant stated that this experience is like being 'torn in two' (Elder Men). The added pressure of the rise in housing costs, as well as the insecurity of tenure in rental accommodation, were identified as causes of mental illhealth among Samoan people in New Zealand.

Another causative social factor, that was identified by all the groups, was the marginalisation of Samoan cultural norms, values and language by the dominant culture. This marginalisation was experienced at the personal level through the loss of belonging to language, identity and culture. Again it was seen to lead to a loss of relational harmony and self worth. The continual adjustment to the dominant culture's norms, values, structures and expectations were considered to be powerful destabilisers of mental health.

These pressures were felt particularly in shifting family relationships. In some families older members became depressed as senior members are accorded lower status both in earning power and recognition in New Zealand. For younger people, the push to succeed in a Palagi environment at school, where they are seen as different and often from a low income family, led to the development of psychological problems.

The relationship between socio-economic factors and illhealth are increasingly accepted today. They were stated with conviction by the focus group participants in this study. The issues they raise suggest that broader social and economic factors for Samoan people need to be considered when addressing their mental health concerns. The parallels of cultural and economic self determination with the recent health initiatives among Maori, are inescapable.

The Effectiveness of the Current Services

Participants were disturbed by the summary of Pacific Island Mental Health data that was presented. They were particularly worried about the growing numbers of Pacific Island clients being treated in the mental health area. Concern was expressed about the discriminatory aspects of a monocultural western system for Samoan people. Concern was also consistently expressed about their perceptions of the use of sedation as a treatment rather than a form of containment.

The groups considered that hospitals were based almost entirely on western medical beliefs and did not take into account the spiritual and relational nature of the Samoan persona.

They stated that the diagnosis, treatment and the structuring of Mental Health services were all monoculturally based, and as such of very limited value to Samoan people. The serious consequence, noted by the groups, was the limitation of treatment primarily to the physical level, leaving many causal factors at the spiritual, cultural and relational levels, untreated. The current restructuring of the Mental Health Services was viewed as reinforcing the western model of Mental Health care.

Language was also identified as a barrier to appropriate treatment. Mental health care is not widely available in the medium of the Samoan language, as it is routinely delivered in English. Crucial communication concerning symptoms, frequency and the nature of certain psychiatric experiences can not be easily expressed to doctors, who are primarily Anglophone, by patients whose primary language is Samoan. This lowers the interest of the doctors and frustrates the clients. Participants considered that inaccurate diagnoses were often made.

The current services were seen to be effective where the problems were largely physical, or where the provision of care for the mentally ill in hospital enables family members to take on full time employment and/or other tasks. The recent employment of cultural consultants and advisers was viewed as an exciting indication of new possibilities in the mental health system that are in their infancy, but which were seen to possess the seeds of hope.

A Samoan Mental Health Service

The participants identified the importance of preventing mental illhealth through the strengthening of critical cultural concepts and structures. The emphasis was placed on the strengthening of spirituality and relational arrangements within the family, in recognition that the family is the first place of relational harmony, belonging and identity. It is also the primary site of education and nurturance on issues like culture and language. Where families were unable to become the primary place of cultural and language education, the churches were identified to provide this support and role. The churches in the Samoan community were also seen to have a primary responsibility to encourage the spiritual dimension of the Samoan people, as well as providing pastoral care and support for families. In situations of mental unwellness, the churches' role in spiritual support and strength was seen as being vital.

The views expressed here, again suggest the Samoan cultural relational arrangements are critical in the healing process, and the family is a crucial location for nurturing them. Mental health work may be much more successful if clients were not individualised away from their extended families. The views also suggest the Samoan churches could be looked to as partners in the healing process of those who are mentally unwell from both a professional and pastoral/social perspective.

When describing their conceptions of a successful mental health service for Samoan people, all the groups referred to hospital and community based services designed and

largely staffed by Samoan people. They clearly named a service where the Samoan conception of self or persona would be the basis of any mental health service provision. The persona being a harmonious relational being with elements of spirituality, including the mental dimension, and physicality. In such a service, these components would not be treated separately from each other. Addressing key cultural factors such as the relational arrangements, including expected roles and responsibilities, would have a central place in the service delivery. All these factors would be part of any assessment, diagnosis and treatment.

Suggestions for training and equipping personnel for these services were noted. The personnel would involve a range of service providers including currently recognized mental health professionals and traditional healers. Both would be formally recognized and both would be properly resourced. This service would need to provide a full range of care, including beds for short term, medium term and long term hospitalisation and community-based services. The community-based services would provide ongoing treatment and support.

The parallels with culturally based Maori health services stand out, as has been noted earlier. The fact that both Maori and Pacific Island mental health indicators point to these communities becoming seriously at risk, suggests cultural factors may be critical in the provision of services. As recent Maori service initiatives develop, the opportunity is there for Samoan and other Pacific Island initiatives to be resourced and encouraged.

The focus group participants highlighted the need for further culturally safe research. They also wanted to see ongoing consultation between the clients, mental health professionals, traditional healers and families. This consultation not only provides a forum for the development of ideas, but also provides a monitoring mechanism for the appropriate provision of Samoan mental health services.

Appendix I:

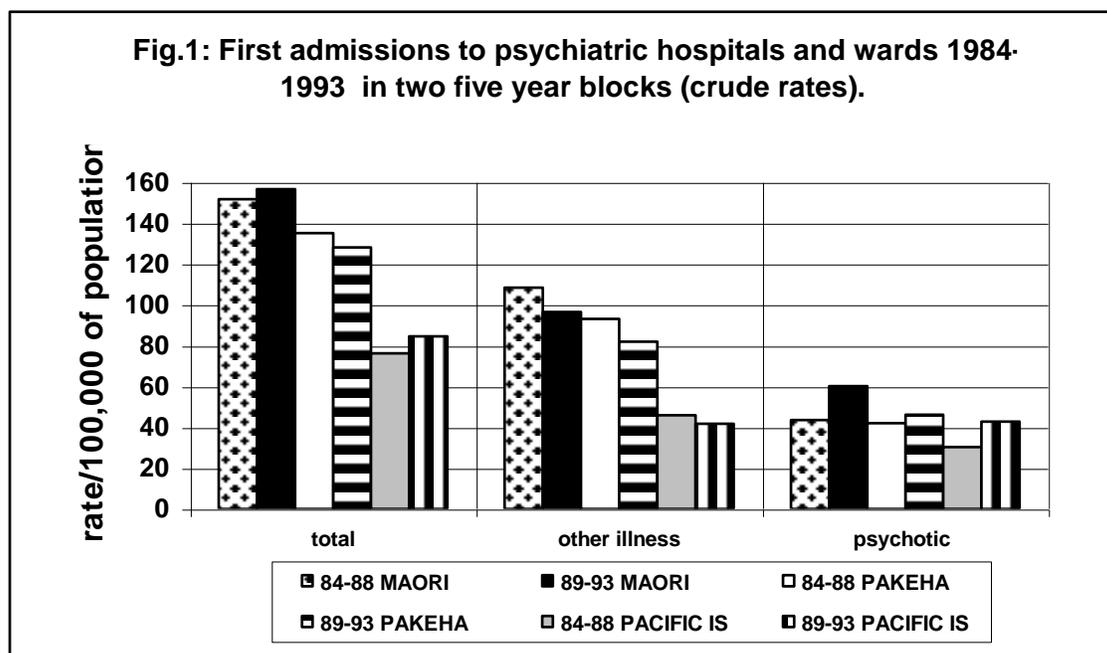
MENTAL HEALTH DATA PRESENTED TO PARTICIPANTS.

NOTE:

The tables and figures presented to the focus group participants are presented below. Readers should note that this material was not presented in the format it is given in this appendix. The information was given in an Overhead Projector (OHP) format, with each figure or table on one slide. Colour was used extensively in the presentation of figures. The participants were taken through the mental health data by the facilitators, so that oral information and instruction was part of the presentation.

Out of practical considerations (namely printing costs), the size of the various pieces of material has been reduced, and is presented in a black and white format. All of the figures and tables given to participants are presented below.

The information was collated by Dr. Geoff Bridgman. All material is sourced from official Ministry of Health Mental Health Data statistics.



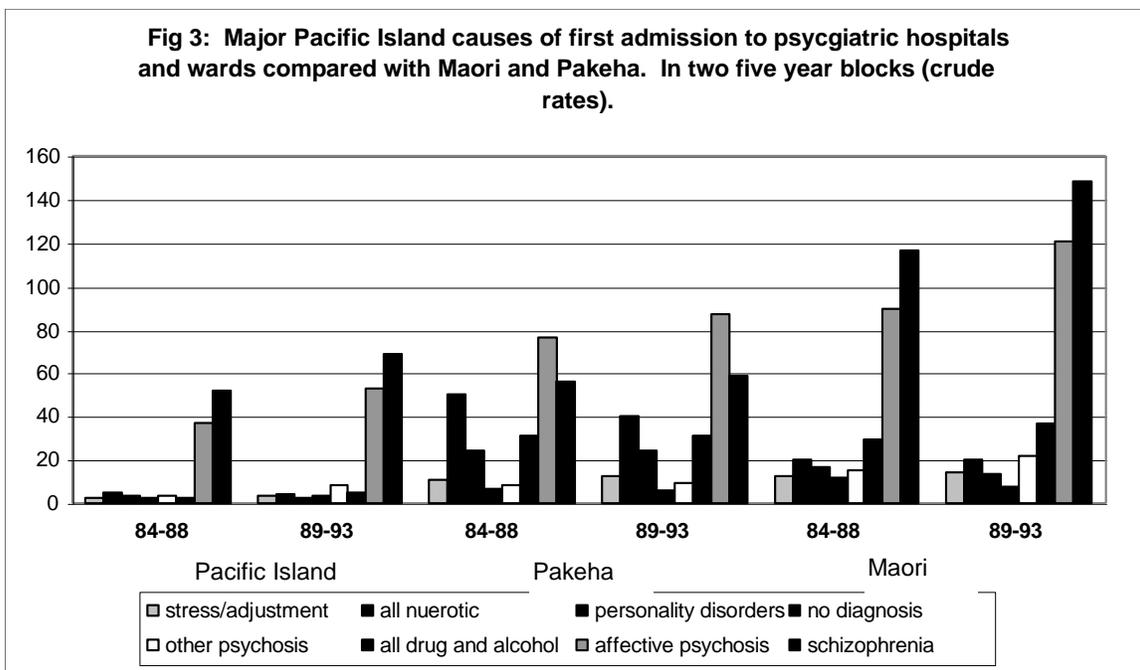
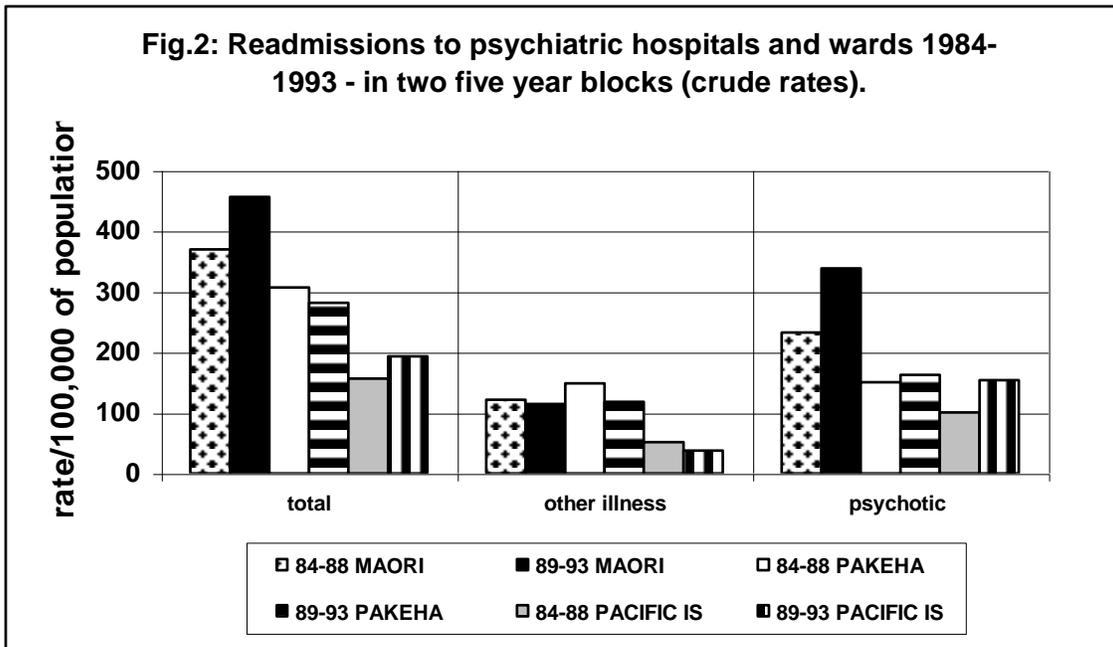


Fig 4: Major Pacific Island causes of female first admission to psychiatric hospitals and wards compared with Maori and Pakeha. In two 5-year blocks (crude rates).

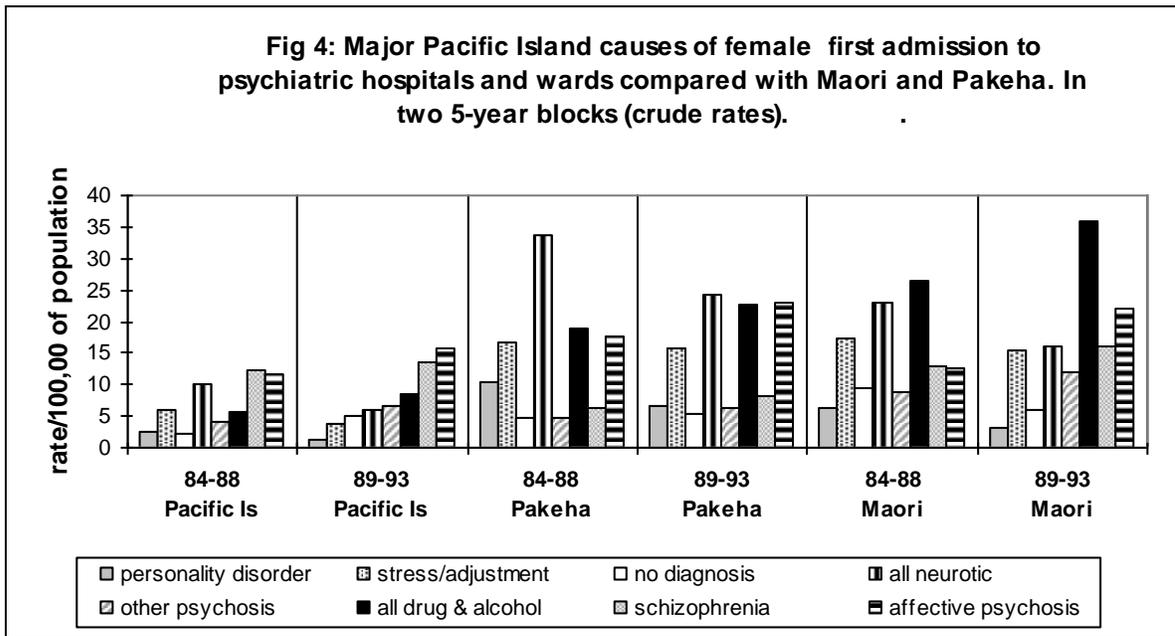
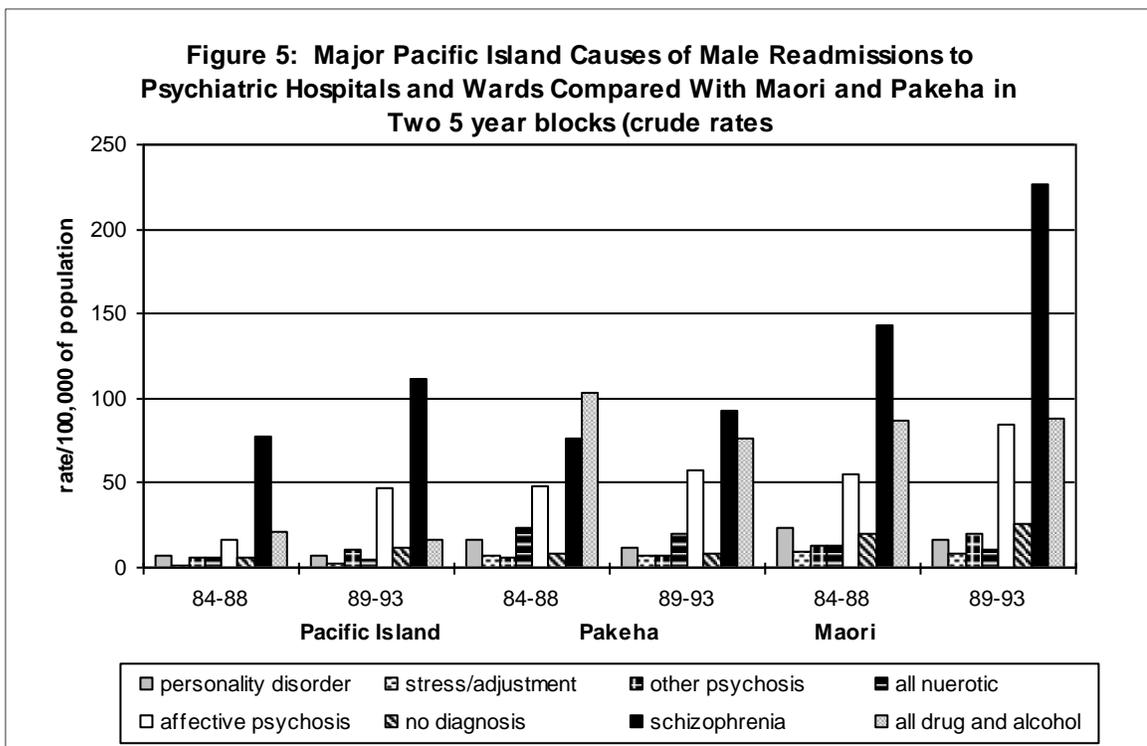
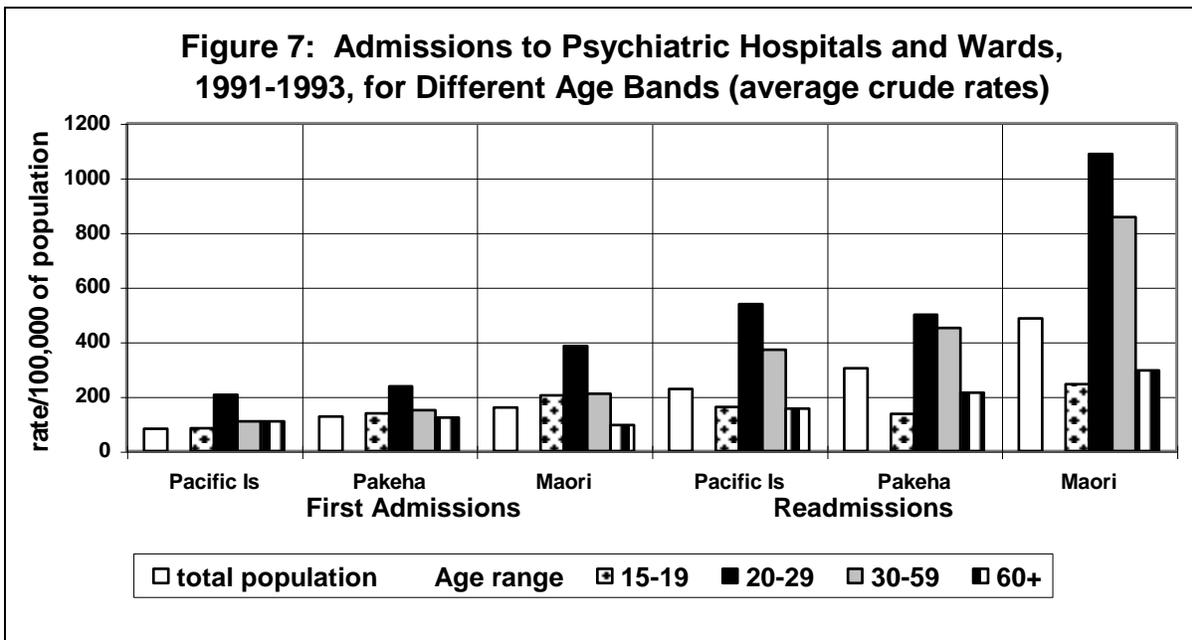
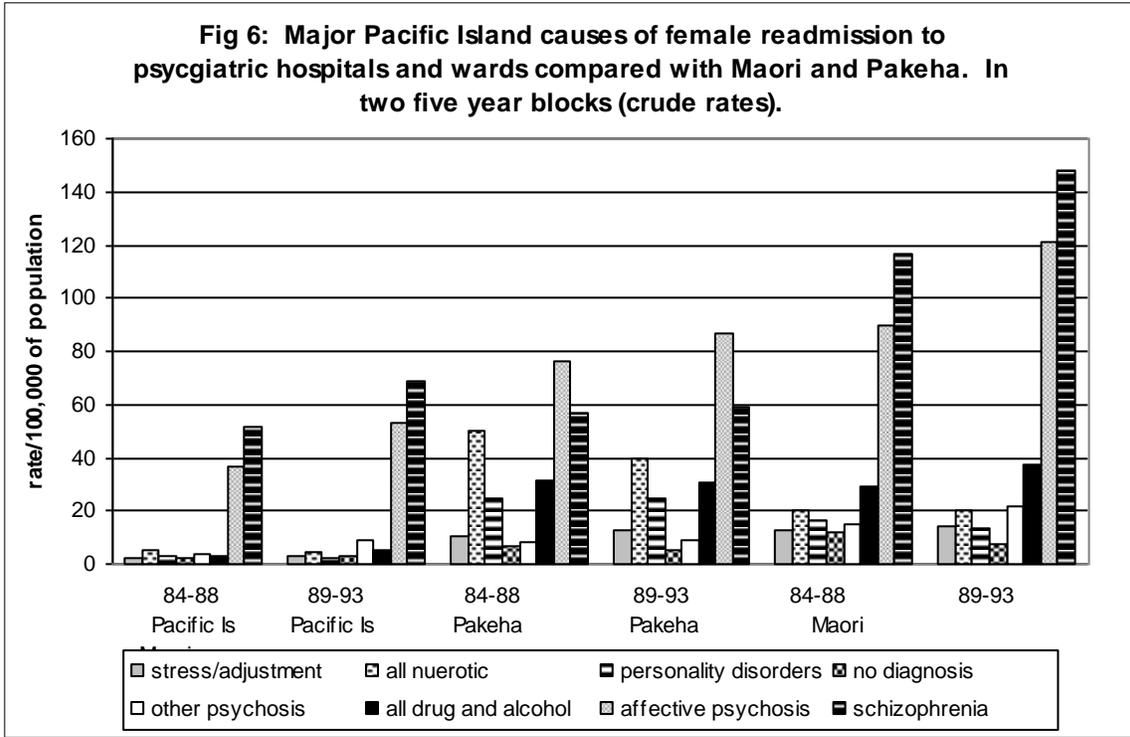


Figure 5: Major Pacific Island Causes of Male Readmissions to Psychiatric Hospitals and Wards Compared With Maori and Pakeha in Two 5 year blocks (crude rates)





**Table 1: Comparison of Maori and Pacific Island Admission Rates
(per 100,000) for Drug and Alcohol Abuse**

	First Admissions		Readmissions	
	Female	Male	Female	Male
Maori	36	72	37	88
Pacific Island	8	22	5	16
Ratio, Maori/PI	4.5	3.3	7.4	5.5

**Table 2: Percentage of Pacific Island Maori and Pakeha Populations over the Age of
14, By Age Band (1991 Census)**

	Age Bands (Years)			
	15-19	20-29	30-59	60+
Maori	18.4	30.3	44.4	6.9
Pacific Island	17.0	31.9	44.8	6.3
Pakeha	9.9	19.4	48.5	22.2