'She is not your rehab'

impact evaluation 2022

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Research
Social Change & Innovation

MFB
MY FATHERS BARBERS

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ko te mea e iei te alofa, e hē iei he pouli "where there is love, there is no darkness."

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acknowledgements

contents

to be change

I used to sink at the sight of raised voices clenching words dipped with brutal honesty

It often started in the eyes, dark circles.

Slowly spreading to the vital parts of a boy growing.

Lips, thighs, mind and eventually heart.

Darkness was all that we knew.

We. The demographic below you.

My father raised evil, as his father did too.

Fists raised was all we knew.

This was love.

I think back to a time where I would wield darkness.

Weapons of words.

Fists fit for beating others into submission.

This was my rehab

Eventually enough crimson crossed my path

To ponder

Is this love?

Questions raised voice, for once voices raised calmly,

Explain to me she's not your rehab

Slowly, surely, Tears clear crimson streaks

As we begin to let the darkness fade

We are going to raise our voices,

Calmly, Wield words of comfort, compassion
and understanding.

And show the love we rarely received.

This is love.

Nakoda Tamaira

executive summary

Due to COVID-19, this is not a conventional evaluation project. Monthly meetings were unable to be held, so original plans of evalauting the experience of monthly meetings were adapted to respond to the COVID-19 pandemic. The evaluation pivoted to an in-depth examination of the Pasifika perspective of the 'She is not your rehab' movement. This work builds on previous evaluative work undertaken by Ihi Research with My Fathers Barbers.

This work draws on several sources of data including an online social media survey, interviews with experienced Pasifika counsellors, and two men who have experienced the monthly meetings and ongoing counselling support.

The online survey investigated the reach and impact of the social media messages that underpin the 'She is not your rehab' movement. Evidence demonstrates the multi-faceted approach of social media, book, audio book, face-to-face meetings and counselling work together to create a recognisable brand that resonates for both male and female social media users. Interestingly, 48 of the 61 survey responses were from women. Men

report being more connected, not feeling alone, and wanting to make positive changes in their lives. 'She is not your rehab' has given hope to those who have experienced trauma.

Monthly men's meetings were facilitated by Matt Brown at his barbershop in Riccarton, Christchurch. These meetings were open to any men who wanted to attend, no registration was necessary, and no personal details were collected. At these meetings men listened to the stories of other men seeking to heal from their trauma and change their behaviours. Survey and interview data demonstrates the impact of these meetings. Men who had previously felt shame, alone in their experiences and unable to see

a way forward were given hope and connection. They joined a community of care founded on humility and vulnerability and were able to make changes that improved their relationships and their view of themselves.

During the men's meetings the participants were introduced to two counsellors, Nicky Sofai and Phil Siataga. Their names and contact details were shared on a whiteboard, and men who were interested in counselling support were invited to contact them.

The focus of this report became to examine in-depth the philosophical and experiential based perspectives of the Pasifika counselling approach specifically designed to support men through family harm, both as victims and perpetrators.

Evidence from the impact case studies demonstrate the impact of the personal and professional experiences of Nicky and Phil, and how this informs their approach to the support that is offered. A comprehensive review of the theoretical base examines the research and models that inform their practice.

Central to the approach is recognition and understanding of the experience of Māori and Pasifika men who seek support. A previous evaluation of the My Fathers Barbers Barber Wānanga (Leonard, Te Hēmi & Donovan, 2020) examined these experiences from a primarily ao Māori viewpoint by examining the historical trauma inflicted by colonisation on iwi, hapū and whānau collective approaches to care and how traditional views of masculinity were usurped. In addition to recognising the impact of colonisation on Pacific peoples, this report highlights the added trauma of the migration experience.

The racism, discrimination, othering and ostracism suffered by immigrants from Te Moana-nui-a-Kiwa created an additional layer of trauma and therefore an added layer of risk that family harm would occur. This evaluation posits the counselling support provided is successful because it is, by design and intent, 'by Pacific, for Pacific'. The counsellors are Samoan and have lived experience of the challenges their clients face. They are trained in Western therapeutic models and are able to select between Western and Indigenous models from an 'as Samoan' lens, rather than a culturally responsive or culturally competent frame. The importance of their innate ability to create a safe space, giving care to the vā, dignity, respect, care and alofa (love) cannot be overstated.

five opportunities are identified in this evaluation:

01 Provide support specifically designed for women

More women than men responded to the online survey. Women are seeking information, understanding and support. While support systems already exist for women who have suffered or are suffering in harmful relationships, there appears to be an opportunity to provide additional support. Women are affected by family harm in a variety of ways. They may be seeking support and knowledge for themselves. They may also be seeking to help someone else – a daughter, son, friend, or relation who is either at risk of harm or at risk of doing harm.

02 Grow rangatahi influencers

Seventy-one percent of the respondents to the online survey were over the age of 25. There is an opportunity to consider how to connect with those 24 and younger. Currently it is common for those seeking support to already be in a relationship and often to have children. Supporting a younger generation of influencers under the 'She is not your rehab' brand may encourage young men to seek help with their trauma and reconsider their views of masculinity before inflicting harm on their own partners or children.

03 Support the training of an Indigenous counselling workforce

The counselling approach provided by Nicky Sofai and Phil Siataga is located in culture and informed by Western and Pacific therapeutic models. While mainstream providers can learn from their approach, it is not a model or approach that can be picked up, it is a way of being and relating that has at its core a Pasifika worldview standpoint that is not secular based. Nicky and Phil have a depth of experience and skill that is currently limited in impact by how many men they can personally interact with. There is an opportunity to make a deliberate effort to increase the number of Māori and Pacific counsellors in training.

04 Establish a networked community of Indigenous counsellors

It appears current training and qualifications in counselling are dominated by Western models and practice expectations. These are often in conflict with Indigenous views. Indigenous counsellors in mainstream organisations can be placed in an uncomfortable position where organisational requirements are in conflict with their personal values and beliefs. Creating a networked community of Indigenous counsellors who are able to share their practice in a safe and supportive environment could have beneficial outcomes for the individuals involved, their clients, and the workforce.

05 Influence training and qualifications

There is a desire by the counsellors to influence the training new counsellors receive. Currently, training and qualifications are predominantly delivered from a dominant, Western worldview. While Western models and theories are valuable, they believe Indigenous Pacific and Māori models should be given more mana. While it is preferable for there to be sufficient Indigenous counsellors to cater for all Indigenous clients, this is a long-term goal. All counsellors practising in New Zealand should be supported to increase their knowledge of Indigenous models of engagement and therapy. Consideration should be given to how Phil and Nicky can be supported to increase their influence in this space.

introduction

This evaluation was originally intended to focus on the monthly men's meetings and the counselling that supported the men who chose to access it. Unfortunately, the commencement of the evaluation coincided with the arrival of COVID-19 in Aotearoa. In accordance with the alert levels the men's meetings were unable to be held. The decision was made to pivot the evaluation approach to understand the wider impact of the 'She is not your rehab' kaupapa and expand on the foundation for the counselling approach that underpins the men's monthly meetings.

The aims of this evaluation are to:

01 **Understand the impact of the men's meetings and counselling for the men who attend.**

02 **Investigate the reach and impact of the wider 'She is not your rehab' kaupapa.**

03 **Present the unique approach to counselling support.**

04 **Identify opportunities to increase the reach and impact of the kaupapa.**

The 'She is not your rehab' kaupapa, monthly meetings and individual counselling are predicated on a Pasifika approach to understanding and healing from trauma. Indigenous approaches are often at odds with clinical mainstream approaches.

The purpose of this evaluation is to privilege the unique Pasifika approach that imbues the kaupapa, investigate how the counselling has transformed the lives of those who have engaged and investigate opportunities to increase the reach of the kaupapa.

whakapapa

This report builds on previous evaluative work undertaken by Ihi Research with My Fathers Barbers. In 2020 the Ministry of Social Development contracted Ihi Research to evaluate three Barber Wānanga hosted by Matt and Sarah Brown of My Fathers Barbers. This section briefly presents the findings of the first evaluation.

As well as teaching practical barbering skills, the wānanga had several other objectives. Namely to:

- Grow connection within the barber community

- Create a safe space where barbers could be vulnerable and openly discuss any trauma and harm affecting them and their lives

- Provide support to each other

- Participate in a number of activities to assist them to begin to heal

- Conduct challenging discussions regarding masculinity, the treatment of women and children

- Uncover and build on the strengths of the participants so they could return to their barbershops and create safe spaces in their chairs for their clients, positively affecting their community

To ensure the wānanga were culturally-centred, the wānanga were marae-based and conducted according to tikanga Māori. The wānanga were held in Koukourārata (Port Levy near Christchurch), Bulls and Port Waikato.

The evaluation found the barber wānanga achieves significant impact for the barbers who attend. Primarily decolonising in nature, the wānanga encouraged men to reclaim a new traditional, Indigenous approach to masculinity and collective care. By demonstrating vulnerability, compassion and acceptance, Matt and Sarah Brown, and their highly skilled team, created a safe environment where the barbers could openly share their trauma. During the wānanga, connection, cohesion, compassion, acceptance and support provided a pathway to healing.

The healing and learning experienced by the barbers led to a range of behavioural changes. The changes highlighted by the barbers were supported by whānau and friends who reinforced the view that positive changes had occurred. Making positive changes in their own lives, in particular in their relationships, enabled the barbers to replicate the safe space they experienced in the wānanga. This enabled them to have a positive influence with the clients who sit in their chairs.

The healing approach integral to the barber wānanga was enhanced and supported by the complementary messages 'She is not your rehab', a social media movement led by Matt and Sarah Brown.

the kaupapa 'she is not your rehab'

Haka against violence

Taku arona

Tēnā i tukuā!
Ko tāku he whakapiki ake
Ko tāku he whakakaha ake
Ko tāku he hiki, hiki, hiki ake i te ora o te tāngata
O te tane, o te wāhine, o te tamariki mokopuna ū pakia
Pare ake, rahaki te tūkino, te whakaiti,
te whakahāwea
Te hua mai ai te tika
Te hua mai ai te pono
Te hua mai ai te aroha ki te tangata
Ana, ana, aue!
Ana, ana, aue!
Ho!

Our purpose

Attention!
Our purpose is to heal
Our purpose is to strengthen
Our purpose is to fight for wellbeing and prosperity
Of all people (men, women and children)

Rid all families of violence, neglect
and contemptuous words
So that what remains is right
So that what remains is true and just
So that what remains is love for our people

We all stand to agree!
Ho!

Kaitito
Komene Kururangi

While the global anti-violence movement 'She is not your rehab' was officially launched in August 2019, the basis of the movement goes back to founder Matt Brown's own childhood story.

Matt released the scope of 'She is not your rehab' in a Ted Talk at a TedX stage at the Christchurch town hall. However, it was Matt's childhood, embedded in domestic violence and living in every woman's refuge home in Christchurch, that provided the backdrop for his journey to healing.

Matt comes from a large family and his dad had been in an out of prison before Matt was even born. His first recollection of his dad was when he was about three-years-old and visiting him in Auckland prison. When his dad was released, he was offered a job in Christchurch and the family moved - leaving behind his Mum's support network.

Matt watched his mum continuously be a rehabilitation centre for his father, who was in and out of prison and stuck in the cycle of a system that didn't help him.

Matt says his dad is now old and still living in a state of resentment, sadness and grief that he just didn't do the work. "I don't believe he didn't want to do the work; I just think he didn't have the right tools or the right insights to do the work."

Matt believes everyone comes from love and light and life. But for many reasons - economic pressures, society - not everyone can get to that place. He feels if his father had the right tools, the right insights, the right education, the right support and people to walk alongside him and model what a healthy relationship looked like, and what good mental health and good wellbeing looked like, he wouldn't have been Matt's childhood monster.

> *"Trauma would not look the same for me growing up in dysfunction. A functional dysfunctional household wouldn't look like what I experienced growing up."*

'She's not your rehab' began in Matt's barber chair in a garden shed, talking to men from different backgrounds and ethnicities and all walks of life. As Matt listened to people's stories, childhood traumas, relationship issues, even suicidal thoughts, it opened his mind to the world.

"It made me realise I wasn't the only one who had experienced horrific childhood trauma. I had been cutting hair straight from school and started taking it seriously in the late 2000s. I was cutting hair outside in my backyard and people in the neighbourhood were coming in, paying for haircuts on the lawn and talking to me. I realised, I was honoured, it was a privilege to really listen to men's stories and it's just evolved organically from that."

At high school Matt lost two close friends to suicide. Matt had always used music as his jam and writing poems and songs was his outlet to express the mamae, the pain, he carries. His friend's suicide really shook him, and it was after learning her story of abuse that gave him the courage to speak up and share his story and his journey. For his senior speech he talked about being abused, growing up in domestic violence and being raped. "My teacher was gobsmacked and the response from my peers was overwhelming. So many of my mates opened up about similar experiences or sweeping stuff under the carpet and what had happened to them, and so I realised that I wasn't alone." Matt said that steered him in the direction to carry on being brave and bold and keep speaking up for kids like him who had no voice and had trauma swept under the carpet to hold face or to hold their families.

It was through music that Matt met Sarah who toured with them in church and youth group settings. Matt would share his story of being sexually abused and you could hear a pin drop in a room full of young, brown rangatahi. He said afterwards so many men and young boys would come up to him and be crying. "And I think that's where Sarah fell in love with me, just seeing this brown boy on stage talking about a taboo topic to a group, a culture of people who just often sweep this stuff under the carpet."

Matt says his story is not unique. It's just not talked about much, it's not normalised. He gives credit to his wife Sarah, for her giftings and expertise, and their friendship that has made the movement into what it is. "Sarah is so skilled with marketing and she's my biggest encourager, biggest cheerleader and has often pushed me out of my comfort zone and has shown me a different window.

"Where I grew up, we would just laugh about abuse and trauma, like being sexually abused. Obviously, that's our way of surviving and handling it. But my wife encouraged me, saying this is not normal, where she came from people don't talk about this, like they're super under the carpet, which is where we come from too. So, Sarah posed the question, 'how do we magnify this and normalise this, so our boys and our daughters are not repeating the same cycle and not stuck in the same cycle.' What's the light at the end of the tunnel? What does that look like for our people? It's fine to talk about our pain and trauma, but you've got to come out the other end not repeating their cycle. You're not offending, you're not in prison, you're not doing the drugs and selling the drugs. How do we show this window or this narrative to our communities? And so, from a small seed it really just flourished."

Matt still feels out of his comfort zone and gets nervous if he is sharing or speaking. "I'm 36 now and have been doing it for about half my life but I can't say I'm used to it. It's always scary. I always remind myself that I'm speaking for little Matt and the many little Matts who are still stuck in the same cycle of violence, which is why we share and talk about it. It's not a very glamorous career but it's important."

Matt admits it is challenging working with people who perpetrate violence, people who obviously project their pain, mamae and trauma onto others through crime, abuse and violence. He works alongside these people in prisons, through therapy groups, and says that when you learn their story the majority of them are victims themselves. "The cycle just carries on and the system of locking people up, throwing away their key, hasn't helped."

Matt admits there is a lot of hate online and it is easy to misinterpret or make your own narrative of what you see on social media. He chooses to work with people who perpetrate violence because these men or these women are also parents who have kids who look up to them. "Children are much more forgiving than adults. I say, that from experience. No matter how many times my father hit my mum and beat the shit out of her, we always forgave dad and were always hoping that when dad got out of jail, he would be a different man."

It is with that lens and experience that Matt works with people who perpetrate violence. "They've got little boys and little girls at home who are actually waiting for their Superman, Superwoman to change, to be better, to be present, to show up, put food on the table, not sell their week's wages to buy drugs and be in the clouds for the rest of the week."

Matt says these men are often charismatic and know how to attract women. "They might implode one relationship and then they'll just move on to another one. And just like with the cycle, it carries on and they'll just go on to another victim. And it's always the same kind of person, someone who's needing someone, who is vulnerable, they know how to find their targets."

Matt's approach is always with empathy and compassion, but very straightforward, very assertive.

His hope and encouragement come from seeing men change. "I've seen men drop their gang patches, turnaround from being players and promiscuous to become loyal and faithful, I've seen men show up for their daughters, their sons. Knowing that gives me hope."

"It's about seeing people change. It's working alongside men who have had suicide as their companion for so many years, and now they no longer think about it, it's no longer a fear."

Matt says there is massive racism in the violence sector he works in. He believes racism is ignorance and education and robust conversations are needed. "While I'm still alive and I'm capable and have the tools, the connection and community, I'm happy to stand up and fight for my kids."

"I'm living my dream, happily married with three beautiful children. But I never thought it was possible because what did a healthy, functional relationship look like? I know what a dysfunctional functional relationship looks like, but what does a healthy, functional relationship look like? And now I'm living it."

Moving forward Matt wants to infiltrate pop culture with 'She is not your rehab' conversations being as normalised to talk about as sports or going to the gym.

Matt's desire to normalise these conversations motivated him to bring men together to share their stories of trauma and encourage and learn from other men who were on their pathway of healing. He knew these meetings needed to be in a neutral space where men felt safe and relaxed. He knew the meetings needed to be open to any men who wanted to attend, and the meetings needed to be free of the red tape usually associated with mainstream style men's groups.

He decided to hold monthly men's meetings in his barber shop. These meetings enabled men to come together to listen to other men's stories and, when ready, share their own experiences. Unlike other groups, the men were not required to register or provide any personal information. Meetings were supported by two counsellors with Samoan heritage; Nicky Sofai and Phil Siataga. Nicky and Phil were introduced at the meetings and their contact details were shared with the attendees so they could make contact if they chose to.

'she is not your rehab' social media movement

'She is not your rehab', is a multi-faceted approach to reducing family harm. Central to this is a social media campaign run by Matt and Sarah Brown. 'She is not your rehab' is a non-religious and non-legislative movement on a mission to impact the culture around abusive relationships, domestic violence and unhealthy ideals of masculinity. The social media campaign has significant reach, particularly through Facebook and Instagram.

"I saw the Westfield Riccarton poster for the award Matt won for his 'She is not your rehab'. There was also the social media news from getting The Rock on board with the movement and Matt's son's involvement. I have been following the 'She is not your rehab' movement and social media platforms since then."
(Survey comment)

"It's the most AMAZING movement. It helps people to understand that the trauma they are carrying is not their fault and that their healing is their responsibility. Also, it is very powerful in regard to creating violent free communities and to stand up and stop this for our tamariki, women and men." (Survey comment)

97,146 followers

99, 100 followers

1522 followers

414 followers

'she is not your rehab' book

The book, *'She is not your rehab'*, was co-authored by Matt and Sarah Brown and released in 2021. Crowdfunding, donations, and funding support from the Ministry of Social Development enabled Matt and Sarah to provide a copy to all men in residential corrections in 2021.

"Reading Matt and Sarah's book helped me feel much stronger and at peace when thinking about and understanding the impact of witnessing and experiencing violence as a child in my family. It was comforting to see my experience mirrored in what Matt talked about and realising I can comfort and care for my young self as an adult." (Survey comment)

"My wife read the book and said she understands me more now too. Why I'm the way I am because of my family background." (Survey comment)
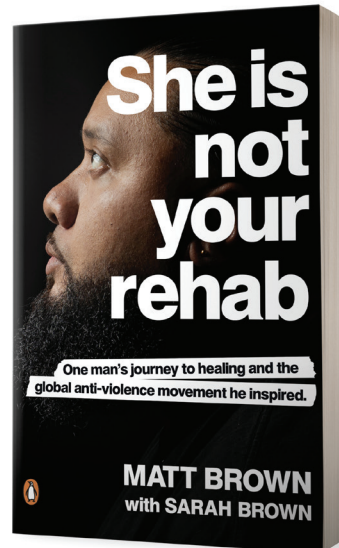
My Fathers Barbers monthly men's meetings

Attendance at the men's meeting is voluntary. Held at the My Fathers Barbers shop in Riccarton, Christchurch, meetings are advertised through social media and by word-of-mouth. No registrations are required, attendees are not asked to sign in, or to provide any personal details.

The monthly meetings are led by Matt Brown. Matt's ability to create a safe environment where men are able to be vulnerable is central to the success of the meetings. He does this by modelling vulnerability himself, sharing his own trauma and his pathway to healing. He is often supported by guest speakers who share their own stories and in doing so, enable others to follow suit.

> *"Love the great mahi they do. Great to see men embracing vulnerability and healing and being open to getting support from other men. Great messaging that we can 'show up' for ourselves and others." (Survey comment)*

> *"(Now I) understand how much pressure I put on her and expected her to be responsible for my healing." (Survey Comment)*

While some men only attend one meeting, others become regular attendees and form connections with other men who also regularly attend. Survey data indicates the meetings are a safe space where men are able to be vulnerable. They appreciate the opportunity to listen as others share their stories of pain and of healing. This gives them hope and enables them to aspire to heal themselves.

Men who attend the monthly meetings have the option of contacting Phil Siataga or Nicky Sofai to access ongoing counselling support. Phil and Nicky attend the meetings but are careful to take a back seat, enabling the men to approach them if they choose.

counselling support

Finding a counsellor with the requisite experience and cultural skills required to connect with the men who attend the monthly meetings is challenging. Having Phil and Nicky present at the meeting is enabling. Being introduced by Matt Brown provides assurance to the men that Phil and Nicky are 'safe'.

The option of regular counselling is important. It enables the men to enter into a longer-term, regular and connected therapeutic relationship. This enhances the likelihood that healing can occur.

Often, this is not the first experience the men have had with counselling. However, it is often the first interaction with a counsellor who comes from an Indigenous, rather than mainstream paradigm. The following section describes how Nicky and Phil approach the counselling relationship.

"I have seen (a counsellor) weekly and he's been great. I think I have everything, but it's about me doing the work, especially with regular counselling." (Survey comment)

impact of the kaupapa

The onset of the COVID-19 epidemic constrained our ability to talk with the men who had attended the monthly men's meetings. We had originally planned to design a feedback form for men to complete at the conclusion of each gathering. However, the limitations imposed on gatherings by the COVID-19 alert levels meant this was not possible. Rather than following our intended approach we designed a survey that was distributed via social media to gain insights into the impact of the men's meetings and the wider *'She is not your rehab'* kaupapa.

The following section looks at who completed the survey and their motivations.

impact of the social media movement

61 participated in the online survey

07 attended monthly meetings

10 supporting their partner

20 want to heal from trauma

24 follow the kaupapa

Age

Under 24	11%
25-24	18%
35-44	23%
45-54	30%
Over 55	18%

Ethnicity[1]

Māori	37%
European	72%
Pacific	11%
other	5%

Region

Canterbury	53%
Auckland	10%
Overseas	8%
Hawke's Bay	8%
Wellington/Wairarapa	5%
Manawatū/Whanganui	5%
Waikato	3%
Tasman/Nelson/Marlborough	3%
Otago	2%
Northland	2%
Bay of Plenty	2%

Connection[2]

Follow on Facebook	84%
Book	61%
Instagram	39%
Whānau follow	36%
MFB client	10%
Twitter	5%

54% have been engaged since 2019

[1] Could choose more than one ethnicity
[2] Could choose more than one medium

Engagement

07 attended a
monthly meeting

08 attended a
public talk

08 attended a
barber wānanga

Experienced family violence

Never	18%
Rarely	15%
Sometimes	48%
Frequently	20%
Had witnessed FV	77%

Following SNYR has ...

Increased understanding of intergenerational violence	100%
Feel that change is possible	97%
Enabled me to help others	92%
Improved communication	89%
Improved relationships	85%
Improved personal boundaries	85%
Help access counselling	60%

SNYR has helped me ...

Heal from trauma	100%
Feel better about myself	100%
Understand my trauma	93%
Understand the impact of my behaviours	88%
Become a better role model for my children	81%
To take responsibility	81%
To reduce negative influences on my life	80%
To control improve my negative behaviours	69%
To regain trust	62%
To not hurt or cause harm	55%

Through SNYR I have a better relationship with ...

My partner	66%
My children	58%
My parents	57%
My friends	54%
Female colleagues	53%
Wider community	77%
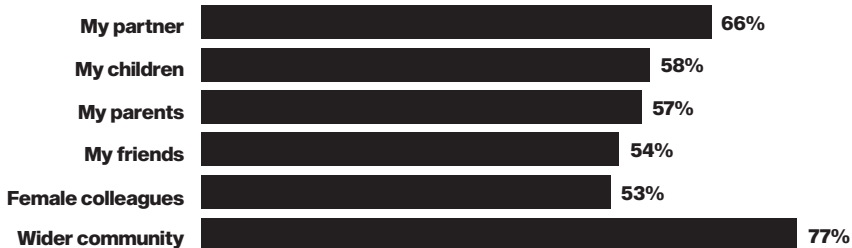
female responses to the survey

Interestingly 48 women answered the survey. While they knew the movement was aimed at men, many of the women who answered the survey had experienced family violence themselves and saw the value in being able to meet and discuss the impact of the intergenerational trauma they had experienced with other females.

"I'd love to attend a meeting, but I can't, I'm female, maybe there could be a female, transfemale alternative group to men to give the women an opportunity to speak and talk to one another in the same way the men do. Then maybe once in a month, join both groups together for joint discussions, that don't breach the privacy and trust within their own groups but allow to build on the foundations built in their own meetings to continue on separately." (Survey comment)

Seven comments from female survey respondents described the impact of family violence and trauma on their lives.

"Although my abusive relationship has ended, following 'She is not your rehab' has given me an understanding of my ex and his pain, and why it happened, but it's also helped me to set boundaries and understand what's not my responsibility, as I continually feel a lot of guilt for the pain he is in, even though it's not my fault or responsibility to fix him. I spent 13 years with him expecting me to make life easy for him and take away any obstacles. And heal his hurt. It's unfortunate that he didn't recognise I really was there for him and now it's too late. Understanding goes a long way for me but hearing Sarah's voice in the book has helped immensely. It's helping me to move on." (Female survey comment)

"It made me get out and stay out, I'm worth way more than to be physically and verbally abused and manipulated. He has two charges of assault, one of robbery and one of intimidation, all against me. I will never return to an abusive relationship ever." (Female survey comment)

impact of the monthly meetings

Seven men who responded to the survey had attended a monthly meeting. Four of these men had five or more sessions, the other three had attended between one and three meetings.

The survey asked what motivated them to attend the meetings. They all agreed:

• To heal from my past experiences (trauma)

• To understand myself better

• To be a better partner/father/brother/son

• To find positive ways for a positive personal change

• To understand others better

• To learn to be vulnerable

"This (the meetings) have inspired me, and I am very passionate about the concept. If we can get one person to make a change/ be vulnerable, it is successful, however, easy to see it's huge and helping both tāne and wahine/family/friends everywhere." (Survey comment)

the survey asked ...

what is most helpful for you in attending these meetings?

Feeling of being in a safe space	👤👤👤👤👤👤👤	7/7
Being listened to without judgement	👤👤👤👤👤👤👤	7/7
Learning about how others have been able to change their lives	👤👤👤👤👤👤👤	6/7
Feeling that "I'm not alone" with me experiences	👤👤👤👤👤👤👤	5/7
Being able to have hard/challenging conversations	👤👤👤👤👤👤👤	5/7
Being able to offer support to others	👤👤👤👤👤👤👤	4/7
Being able to get support in a mana enhancing, culturally safe way	👤👤👤👤👤👤👤	4/7
Being connected to Matt, Phil and Nicky	👤👤👤👤👤👤👤	4/7

"It's such a positive and OPEN space and most importantly it is a safe space." (Survey comment)

One of the men attending sought counselling with Nicky or Phil. Two others had sought support through ACC or other organisations. One indicated they would like to be offered more support.

The men who responded described the impact of listening as well as sharing personal stories.

"It was scary at first, but I loved hearing other men share their own stories. It gave me permission to own my own story, especially witnessing grown men cry and open up."

"It's just an awesome event at these monthly meetings! The MAHI that goes into them speaks for itself and although we sometimes enter as strangers, we leave as brothers and know we do not sit alone in our trauma."

"Just all the bros sharing, because it's comforting to know it's not just you."

"Personally, I like to sit back and observe others and listen and learn about experiences that they overcame."

"Vulnerability. I like the group and look at it as a brotherhood/group, people who have similar experiences and to hear someone talk about their life and share their most secretive/ vulnerable life experiences, I find it helps me heaps, as that way, you are around others who know."

"Was great to be in a space with a group of men and be reminded that while we often share the challenges, we also share hopes and aspirations for our futures and those we love."

The data indicates that both sharing and listening to other men describe their experiences had an impact on those who attended.

The men described what changes they had experienced as a result of engaging with the SNYR movement:

"Being vulnerable and honest with my partner."

"This has allowed me to understand more that I'm not alone on my walk called life. Makes me feel not alone."

"I've learnt how to process my feelings better which results in me not having to react out of anger all the time now."

"Not necessarily that I have probably changed anything in the world, but I have changed my perspective and have become more grateful, courageous and aware of the reality of life. Nothing will be perfect, but we can do the best with what we have."

"Stopped drinking on weeknights and am at home more. Trying not to overreact to kids as Matt has taught me a lot about parenting. I haven't hit them, but I used to yell a lot, so it is something I'm now working on, along with having better conversations with my wife."

"To not judge people without trying to get to know them and understanding that everyone has a past and may be struggling with trauma."

"It's changed my life. By learning how to be vulnerable in my relationship and with my kids and family. So, they can see me for who I am, also lets them understand me better."

Summary of impact survey data

- The social media movement is followed by both men and women, across a range of ages, both in New Zealand and overseas. Men report being more connected, not feeling alone, and wanting to make positive changes in their lives.

- 'She is not your rehab' has given hope to those who have experienced trauma.

- The messages have prompted men to make changes in their lives including:

  - Reducing alcohol

  - Increased ability to manage their emotions

  - Being vulnerable and honest

  - Improved communication

  - Improving their relationships

counselling approach

The purpose of this section is to demonstrate the importance of lived experience, culture and knowledge to the counselling approach through profiling the counsellors.

Nicky Sofai and Phil Siataga are both experienced Pasifika counsellors who bring their own life experiences and counselling philosophies to their practice. This section briefly introduces Nicky and Phil. Evidence from the impact case studies demonstrates the impact of the personal and professional experiences of Nicky and Phil, and how this informs their approach to the support that is offered.

Nicky Sofai

A holistic approach based on Nicky's Samoan culture and spirituality guide his role as a counsellor for My Fathers Barbers.

Nicky believes understanding both worlds, Samoan and New Zealand, helps him to be more relatable.

Nicky was 33-years-old when he moved to New Zealand. He gave up his old lifestyle saying the only way to maintain that was to get away from the environment where it was happening.

> "It was quite a heavy drinking culture with the family, and the only way was to remove myself. So, we left the family bakery business. We employed 10 people, left a big two-storey house, left everything behind, handed it over to my family. It was hard. It was tough, and it happened in a very short time."

Nicky ended up in Christchurch and started doing part-time work for SKOPE Industries. On his second day the company offered him a full-time role as a supervisor. Over the next five years he saw a lot of young Pacific men, many who had come from the islands, and he began to identify their problems, especially with alcohol and drugs.

His boss started using him to 'deal with this stuff' and it was seeing these boys, who had the same struggles with alcohol as he had experienced, that prompted him to go back and study. In Samoa, Nicky had completed a diploma in Ministry of Trainings and had a background in counselling, so working towards a degree in Alcohol and Drug Studies was a natural next step. He was offered a job as a counsellor in his second year of study and studied and worked fulltime for four years.

> "It became a passion, my tutor at WelTec and my external counsellor encouraged me because I had a niche, a unique skill as a Pacific person. Because I spoke fluent Samoan, I understood both worlds."

Nicky wanted to get into a Pacific service straightaway but was urged to start working for a mainstream service so he would understand the big picture of funding. He then began doing private work contracting back to the Pacific service and this led to family violence work and engaging Pasifika who were struggling in mainstream counselling because of cultural or language barriers.

Nicky believes family violence and alcohol and drugs are intertwined. *"It's like a dual diagnosis. Co-existing problems with mental health and addiction. You've got to identify which is feeding it and which is driving it. They always come hand in hand."*

Nicky completed some papers in Psychology and Family Therapy work and continued learning from his experiences developing a holistic integrated therapy approach. *"The way I work is just to have a conversation and engagement with the person. And then, it's just, click. I have all the models in the back of my mind and then, here's the tool that probably will work. Some models are close to me in my own thoughts and ideas, relating to my background ... I want to change my life spirituality. It's an existential model, which is a humanist model. It's about finding meaning in life, searching for meaning and the meaning of your existence."*

Nicky also draws on his theological background which enables him to understand the faith, just like it does the culture. He bases his work off a Humanistic Therapy, which is a client-centered practice showing empathy and caring for the client. He believes a lot of people are broken and just want someone to listen to them. *"I listen, and I have to be patient, and I've got to show love and care for this person and show them I hear what they are saying. So, that's client-centered. It's all about him. It's not about me."*

He describes motivational interviewing as showing empathy, but also reflecting and listening. *"Sometimes, you're just reflecting back what they are saying, maybe in anger. And then, they realise, 'Oh, did I really say that?' It's building discrepancies between them and their goals and what they want to achieve and what they are saying and what their behaviours are."*

Nicky's approach integrates different models, working though stages and building from the beginning when people are in denial or justifying

their actions, and as they attend more sessions they start breaking down and opening their eyes to the reality of their behaviour.

He also draws on the Gestalt therapy of being aware of the here and the now so the client can accept the reality that they can't change what happened yesterday, but they can accept it. He uses timelines defining significant events that impacted on a person's life and how this has contributed to the behaviour and problems the person is facing now.

He describes it as starting with a significant event that is a tiny ball which becomes bigger and bigger with each subsequent event until you have this massive ball that you're trying to carry. That ball needs to be broken apart which reveals a roller coaster of emotions to see how it contributes to the behaviour. He believes once the ball is broken down people go through cycles to get to the acceptance stage, and they start to reach out.

> *"You're standing there and looking back at all that happened on your timeline, there is nothing you can do about it. That's behind you. You can't change that."*

Nicky often includes family in his work and a strengths-based approach that looks at positive attributes.

He says key to the work they have been doing over the past four years is the creation of a support network of men, so when someone faces a trigger there is a group to support them. Support groups of those who have been through the main education programme have been created. Men in these groups have learned the tools, and while the service no longer exists, these people are still meeting and running their own support group. There are also peer support groups and social media support groups with messenger and text so men can communicate and encourage each other.

> *"Having groups like that is really helpful. Some people only have themselves and have no other life outside of their normal. Connection and creating support and peer support groups really helps."*

Nicky bases his work on the Fonofale model of health, a system of wellbeing that acknowledges and embraces Pacific perspectives and is similar to Te Whare Tapa Whā model looking at the individual

as a whole person. Culture is the roof, with the four pillars spiritual, mental, physical and social status. The foundation of the whare, your aiga, is family, whānau.

> *"The four pillars of Te Whare Tapa Whā, that's the backbone of looking at the person to understand each area of wellbeing that you're working with, it's good to have in the back of your head but it doesn't mean you understand."*

Nicky recalls presenting at a training session for restorative justice, working with Pacific people. In the room there were 30 facilitators from the South Island. All white and aged 50+. *"When it was my turn to present, I grabbed a chair, put it in front of the whiteboard and sat there and I looked at all of them. All these white faces, all focussing, looking at me. I just made them sit there and I finally broke the silence and said, 'you're probably wondering what I am doing?' And they're all laughing, and I said, 'I am the only brown face in here. As a Pacific person, I'm looking at all of you in this room. I'm looking at all white faces. This is me representing my tiny little world and I'm looking at a world that's massive. We look at this world that holds the power. So, how can you make me feel comfortable?' It was an illustration asking, 'how do you see a Pacific person when he comes in front of you?'"*

Nicky says men are tough when they face the mainstream service because that is their reaction when they feel threatened. *"But the moment you start to connect to the person, which might be that you googled how to say hello in Fijian, that's when you'll see the person's shoulders come down. Then, you'll know they're ready to engage."*

Nicky also acknowledges the need to break the mainstream boundaries if he knows it will work and will change the person for the best. *"Every time I do that, it's always a great outcome. It's almost like a step of faith just believing that it's going to work. But it also comes down to being able to have all this knowledge in the back of your head to back you up. Sometimes, it's going with my gut feeling and drawing on my theological background and my own maturity and faith. I tap into my spiritual world and my spirit for answers, for guidance. Sometimes, I'm pretending I'm listening, but really, I'm talking to me, to my spirit. 'How am I going to work with this person?' and all I'm hearing is, 'Go up there, give him the longest hongi that you've ever given*

someone and then, give him the longest hug.' Two things. hongi and a hug. Nicky described how he walked up to a man in a group session and said, 'Can I hongi you?' We stood there and hongi for a long time. 'Can I give you a hug?' And then, we hugged for a long time. Then, he burst into tears. Next thing, all 30 men, all came together, and it was a massive group hug with me and him in the middle. That was powerful. And with that man, that was the first and the last time I saw him. Some months later I got a call from my mate up north, the one who sent him to me, and he told me this man is now facilitating a men's group. He was just blown away with the support of all the men who came and hugged him. When he came in, he was angry, he was ready to kill himself. And now, he's facilitating one of the men's support groups in the community. Just because of that one night."

Nicky believes counsellors need life experience to relate and empathise. Nicky will share his own story when he needs to, even though that is not encouraged in mainstream practice.

> *"In our therapy session, at the end of the education, we come together, have an hour of therapy session. We call it Talanoa. This is where ... if someone is going through some stuff, they can bring it into that conversation. I don't jump in and do any counselling; I draw knowledge and experience from the rest of the group. If someone is telling us what they're going through, I'll ask the group if anyone has experienced a similar situation in the past? And, how did you get out of it? And then, someone will say yeah similar stuff happened to me and this is what I did. And then the next person jumps in and all I am doing is leading conversation and letting them know you're not the only person who's been through it, so let's get support from everyone."*

Nicky says more Indigenous people ... Samoan, Tongan, Fijian, Māori ... are doing counsellor training and he is working with the Ministry of Pacific People to bring all the Pacific Island counsellors together as a network of counsellors.

He says there are a lot of Pacific Island students who have nearly completed their Masters' and have been reaching out, asking for any 'old school' counsellors, Pacific Island counsellors in Canterbury, who they want to network with and learn from their experience. *"I'm trying to pull all*

those people together and bring in the new ones so we can create a space to download our experience to help train them. Soon, we will all be retired, and you can't just retire with all the knowledge."

Nicky is mentoring and providing cultural training to two of his team who are Samoan but born in New Zealand.

> *"They are taught in a mainstream service that is evidence-based and strict around the code of ethics and being part of a professional body, versus the reality of what's going on within the community, within families and within the life of these people. Mainstream services, agencies, policies can be a barrier. Cultural competency training is not being the culture yourself. It's good we are getting graduates, but they lack cultural competency. Being the culture yourself, that's the difference."*

Summary

Nicky was born in Samoa and moved to New Zealand later in life. He works within a holistic integrated therapy approach, integrating different models of counselling practice, blending Pacific models, Fonofale model and Talanoa, with mainstream approaches, including Gestalt and Narrative Therapy. Nicky draws on his theological background, his faith inspiring his approach, listening carefully, showing love and empathy for his clients. Creating support networks for men demonstrates the importance of collectivism in healing. Rather than seeing his practice as culturally responsive or competent – he is his culture – his lived values and experience underpinning a deep therapeutic connection with his clients.

Philip Siataga

An approach that respects men's lives and stories is the basis of Phil Siataga's counselling.

Phil's philosophy is built on love, kindness, dignity and respect. It is this style that he uses to listen to and acknowledge the men he works with through 'My Fathers Barbers'.

"I think that's the point of difference with the group, it's quite unique, it's like if you get those dynamics right, you can do it, people can replicate this. It's not complicated."

"It's really simple. Let's just work on being kinder. And in that we will find meaning, the meaningfulness of our transient life. It's a good perspective for people to get a sense of right, so what really does matter most. For me, to know that other people treasure you and that they know that you also treasure what's important to them matters most. That's the heart of a society that's getting it right. And there are a lot of people like that. There are a lot of people who are just really good souls, good willed, and mean well."

Philip deals with people who are at a crossroads, struggling with relationships. He talks about capaciousness. Capacity and growth. *"It's not unending growth. It's not always reaching for potential although it is about moving forward. It is about maturing so when I look at how I am now, I have much more capacity to hold the joys and sorrows of life circumstances in a way that's not harmful and in a way that nurtures growth. That's positive psychology with an existential edge."*

He questions why there are so many lonely people? *"There's a sorrow in me that someone should feel that the world around them is indifferent to their existence. Let's say we turn it around. I'm thrilled that you exist. We are in a story. And our part in the story is going to be, I see you, I acknowledge you, I appreciate you."*

Phil describes 'My Fathers Barbers' as, *"like being based in a living room, and a business venue and a community that's hosted by a man who walks his talk and has established his reputation as someone who really loves people from the barber chair. There is no programme, no membership to sign, it's not a 10 step, 12 step, three step process."*

He recalls the first group session where there was a nervous buzz, thinking, *"Who's going to turn up?' How's this going to work? or, not work? And people were sharing, and a strong theme was forgiveness. I didn't say too much, because I'm more there to prompt and facilitate not instruct and direct. And so, I'm very mindful in that space that I don't want to be perceived as this is the guy who's the therapist."*

Phil describes relationships as built around a brotherhood and ensuring fast access and referrals to the right people. He believes people need connectedness, and while they might have pressures and stresses, they yearn for a kind of connection that's a lot deeper.

He describes the programme as evolving for Matt, Nicky and himself, particularly around the different theological perspectives that drive them. *"We're still connected to the same sense of loving people in the middle of what they're experiencing without needing to pull them into the God frame. I have a religious orientation that's quite critical of authoritarianism. When you look at people's moral character or moral development, it's very puritanical in some churches and I've been in a lot of church settings. And people beat themselves up because they're never going to be good enough. And the language reinforces scripts like, 'Jesus is so good, and you are so bad' And I want to deconstruct a lot of that because I think it's real closely aligned with creating adverse religious experiences, in a similar way to adverse child experiences which points a lot to trauma and creates a very negative script. An internal script that people live out of, with a very negative view of self. Most of the people who would come to the groups are Māori and Pasifika. And it's open to bit of God talk, and starts and closes with karakia, but it's not about proselytising. This is what it looks like to be humble in this world. I think humility is vulnerability with people. And the vulnerability that happens because you can be who you are. Because when we're at home, in the physical space, home is a place of comfort, and you just throw on your gumboots if you need to go out. You're not impressing anybody.*

You don't need to. That's home. And so, it's really a thing that happens in groups. If that's not the manaakitanga of that home and that living room and that barber shop, it really shouldn't happen. All I do as a counsellor is provide another home to come to so we can have a little bit more of a conversation about what's going on."

Philip is not afraid to question what harm and suffering are and what needs to be endured and what doesn't. He believes the men need to take ownership of that part of the journey to mature and also take a life course perspective into that space. To remind people there are endings. *"All of us are going to get to that place where we'll look back and ask the question - was my time well spent? "It's a place, a space, no one's dragged in. There's a freedom to come, everything that happens in moments can be quite significant because life is a connection of moments that are transient, and there's a way of looking at that transience. It is a Western death phobic culture though. But a life course perspective allows us to put things in perspective, and not drift too far from intentional living. Our life will have its time, and we have a major stake in the time we have together."*

He uses the idea of a good ancestor. *"What do we do for perpetuity to be the kind of an ancestor who people will want to remember."*

Philip also connects by walking alongside the men, telling them he 'loves' them in a professional setting where he will walk with them to figure some things out together, as friends.

Philip believes in a centred-self approach, which intimately puts at the centre those who are important to you. Rather than a model of self at centre he refers to this as socio-centric other-centered way of being.

The men he sees are often at a crossroads, wondering where they are heading and where they should be heading. *"We respond by being discerning of what's going on and reading the room, and just feeling things. It's natural to us."*

Philip says just the work of the group is not enough for some men to heal. It's a pathway to being heard better but it's the follow up and reaching out they do. Matt often refers men from group or from his barber chair.

"There are often people I'm working with who have got a track record that's travelled into the mental health and justice systems. They've entered those systems and they've gone this way and that way and had a diagnosis ... they just keep getting and often internalising the labels of a problematising pathology. I say how well informed were you about stuff - treatment and medication? And it's the same answer, "Oh I don't know."

Phil draws on his experience of working in the rehab space saying therapeutic community spaces and groups have a certain way of structuring the healing processes, it's a communal peer support space but also a clinically informed environment.

His perspective is as a first-generation Samoan who had to address violence at a number of different levels, including in his upbringing and not being able to treat his dad with dignity because of his violence, with the conflicted emotions you feel when you hate somebody who you're supposed to love and want to but don't know how. His mother however provided a stable and safe environment and protected his brothers and himself as much as she could. She endured a lot and also loved us through making many sacrifices for which he is deeply grateful. Many men Philip walks alongside have not had the experience of either parent being emotionally mature and so have grown up as what he calls 'emotional orphans'.

> *"I was a patchwork identity, I didn't have the guidance from the father I needed, and I drifted a lot in my head trying to work it out."*

Phil recalls being at a low point at a time when he was involved in running an alternative care environment in the late 1980's in Wellington (Porirua). He had no formal training and was asked to write a board report and realised he didn't know how to formulate a whole lot of things. He could connect but he couldn't write about it.

He met a guy he had known previously who was in a mentoring role and he asked Phil what he liked doing. *"I liked reading. I'd bought a book called 'Foolishness to the Greeks'. And I bought it because I didn't understand it. It was about the Gospel and Western culture and a missiologist's approach to what Christianity means in a post-Christian culture. It contained long technical philosophical arguments,*

and I told myself, one day, I'm going to understand this. I felt I lacked knowledge, particularly when Government social workers were talking about people we were looking after and making decisions about the youth who I felt they didn't know."

"I was raised in Otago and Dunedin, but I never intended to go to the university. It wasn't on my radar. But I went back to Dunedin in the 90s and enrolled in university. I didn't even know what it meant to major in a subject, what a tutorial was, what research meant - academically speaking, how the higher education system actually worked. I was green. I remember the Dean laughing, but not in a judgemental way, when I was enrolling in his course and he was explaining as best he could what they were. And I got to know him over the years."

Phil completed a social work degree, starting in religious studies and then moving into social work (Community and Family Studies). He was at university for nine years and became introduced to counselling models and research and after completing his B.A. started a Master's in Education Counselling. After two decades he returned to further his study in 2021 at the University of Canterbury, Māori and Indigenous Studies.

"I love the privilege of having learned how to be a critical thinker. Even though I wanted to quit every year for nine years, I'm glad I went through it. Because I've gone through the process of really looking at religion and the traditions and I have enough of the landscape now and the knowledge to connect with people who get caught up in some of the negative side of it. It was during these studies that why history matters came alive, and my identity and cultural heritage started to make better sense."

Pasifika culture and neo-liberalism and its impact on Pasifika people, particularly in the migration story, and the racism, discrimination and prejudice and the assumptions that Pasifika are ignorant labourers and the dawn raids are close to Phil's heart.

"You can feel and read into that real life story what the attitude was of a society that didn't know how to appreciate the Pacific seeds of self-worth. The reality of being urbanised in

a culture that was dominated by something else, stories of who was superior, colonisation. The dominant narrative was, 'we tell you who you are and how you're going to be and what we like and want you to do for us, exploitation. That was the experience of many of my father's generation in Aotearoa. And one day, he lost sight of his own dignity, and it, as Matt put, 'hurting people hurt'. But the impact of that rolls through us. And a lot of the guys who come into 'My Fathers Barbers' men's group have had to re-learn, un-learn and become good fathers without father figures early in their lives. If you steal that dignity from a man, you create the conditions where he does not feel worthy. You create a second-class citizenship. My dad has passed away, but in a letter that he never sent, that I found after his passing, he described New Zealand as 'like apartheid'. That's how low he felt about his sense of place. That affected him and me."

He describes Pasifika humour, humility, and sense of brotherhood as strengths. *"It's the more stiff cultures, they don't know how to laugh freely. I come into a meeting, and I'm not interested in status. There are people from all walks of life. Nobody is being egotistical. I'm interested in if you really care about what you're talking about, about the people? Do you really? So, when people are in distress, emotional distress, I think of it as my role to help them soothe that space, not to sedate them so they don't feel anything, or they are detached."*

Phil has a 'righteous anger' in support of the whole recovery movement in mental health. In fact, he is re-entering education from the perspective of a lived experience, and he's more convinced now of rot and toxicity in the mental house tree but it's got the veneer of health and wellbeing.

"Counselling is an interesting word for me. Clinical is just a word I'll use in AOD settings. But the best people who I work alongside actually get it. They actually love the people they're working with; they really care about them. They really deeply do. And so, mainstream has got it wrong about 'boundaries'. They've simply got it wrong when they tell people not to love. Or hold on, its a kind of professionalisation of alofa love which says 'its okay, you're allowed to like care a little bit!'. Thats very different from 'what alofa?'."

He talks about the disconnections and fake relationships that some people also form around theology and religion and stresses the need to just keep it simple and care for people. *"It's actually, the art of listening to somebody, I wrote in a poem about it called 'Let your light shine'. The first line of that poem is 'your light is listening so others feel heard.' Because within that is all your validation. You are worth listening to, what you've got to say matters."*

Philip won't place mental health clinical diagnostic labels on people because he is disturbed that what is called 'treatment' has created more problems for the men. *"The first thing is to start listening because you really only get a little bit on insight into someones life, but I've got a tool kit in my mind of concepts that are useful for the conversation to be mana enhancing. And then people can open up a little bit more. And here's the thing around the therapeutic practice, you assess and at some point you're formulating what you think might become a treatment plan, you're building a picture and working together to formulate or make sense of that picture. So, when you put the story together, you don't tell the person, 'This is your story, you're bipolar, you meet this criteria, but that's what happens for many people'. So, they come, and I say, 'well what does that actually mean to you, if you've come with that label? schizophrenia, psychosis, ADHD, what does that mean to you? What's your life like? What's happening for you?'"*

Phil says we are trying to live in a culture safe zone about cultural dignity. *"And my idea around that is simple - that all human rights are based on dignity. It's the foremost central point of it. Too many people are still experiencing treatment without dignity. That's dehumanising. Rushed consultations, rushed formulation, rushed diagnosis. If you treat somebody without dignity, what are you doing to them? You're dehumanising them."*

He believes to see people they need to be heard and acknowledged and honoured. In New Zealand in the mental health field Pasifika ways of working is starting to be seen but is not quite acknowledged yet.

"We are having to reinforce that message, that we are valued in the citizenship of this society. And I don't want to be valued in the way that success is sometimes pitched. I didn't want social status. And unfortunately, some of that way of thinking is bleeding out into our generation around what success looks like. I much prefer the idea of, are we growing? It's the notion of being successful as a person and maybe the material wealth will come, but it's not the focus of a secure identity. That comes from really good relationships."

He says it's also important people feel appreciated and anybody who makes the effort to attend the sessions and come in to have a chat is thanked and acknowledged.

"But I think on a grand scale, we are moving past the place of contribution to a place of appreciation. And that's where we need to get to, I appreciate you. I know you were raised differently to me. Your socialisation, the people who cared for you, all the things that you learned growing up. We've got common ground. But I know you still have your story to tell, and I don't want to be a negative in your story. I don't want to be the villain in your story because I was racist or just simply a bigot."

He says that when he talks about recovery, healing, and restoration, then it only matters that they are able to love other people. And loving people from a place of healing is the real cure.

"So, the wounded, the abandonment stuff, they might be sitting in a dinghy out on the vastness of their ocean. But they pick up a paddle. They're not just saying I've got to go somewhere. I've got somewhere to be. They've got an island they've got to get to which they can call home. Their sanctuary. And a reason to be - there are people who need their love. The whole thing is about, the more important you feel your contribution to others is, it can go two directions. You become an authoritarian where you're just going to command respect and demand behaviours from people around you for your own needs. Or you go and become a mature steward of their wellbeing. You got to love them. You've got to take care of them as best you can."

Summary

Phil is a New Zealander of Samoan and Irish/Scottish descent. He brings his experience of living with a father who migrated to New Zealand and struggled with the sense of dislocation, racism and the loss

that entailed. In his work he is cognisant of the importance of spirituality, theology and cosmology, and critical of authoritarianism, and appreciative of both the positive and negative impacts of religion.

Phil's work is founded in love, kindness, dignity, care and respect. He recognises the importance of a safe space, be it the barber shop or the living room, where he seeks to co-construct a way forward. Recognition of the vā, the relational space where humility, vulnerability, and the capacity for growth co-exist is central to his approach.

Phil refuses to place mental health clinical diagnostic labels on people, preferring instead to love people from a strength-based lens. He does believe there are significant insights that can support counselling therapeutic understanding from the broader psychiatric and psychological field. His emphasis is on alofa and understanding that clinical and therapeutic encounters are limiting, unethical and even harmful with a small heart and an over egotistical expertise mindset. An openhearted, non-judgmental (but discerning) and magnanimous orientation is vital for cultural safety and healing.

case studies of change

case study 1: Tama

Tama's life 'changed drastically' after attending the My Fathers Barbers hui.

Tama had been working 10 hours a week because that's all he could muster up. He had "bad as depression", was constantly eating badly and lacked motivation to do anything.

After seeing Phil, a My Fathers Barbers counsellor, he began looking forward to being able to vent his issues, talk about his childhood and understand what had happened wasn't his fault. *"To be guided into the space where I can come to a conclusion - it helped me. I can't stress enough. Now I'm working 40 hours a week and I'm getting a second job again. I don't have as many issues with my family."*

Tama heard about the meetings through a family member. *"At the time I was going through quite a rough patch mentally, and physically because I was 40 kg heavier, so everything was downhill. Going to the meeting was a chance to see the barber who cut my hair back when I was 14, and it was a free counselling thing."*

Tama recalls at the time he was feeling sad, living at home and had a bad relationship with his mum. *"Growing up, she left me with a lot of trauma, and I could see counselling was a chance to hear other people's stories and see what other people are going through."*

Tama expected the meeting to have people out the door and men sitting there, staunching up and not letting an ounce of emotion flow. So, it was unexpected to see a group of 20-25 people who shared their stories. *"It was a big awakening hearing what some of the men had been through."*

Counsellors Phil and Nicky were there and blended into the crowd. There was a whiteboard with the counsellors' phone numbers, and it took Tama a few weeks to call because he didn't want to overburden them. He began talking with Nicky but naturally gravitated to Phil's style describing him as in touch with everything, and his mind very open to a lot of things.

"Me and Phil got along instantly. There was a love of music and arts that we could talk about after counselling, which was awesome. But also, the way he broke things down, he was that older kind of wise person. As someone who never grew up with a father figure in my life, it felt nice to see an older man who was in touch with his emotions and spirituality and able to give me advice and be wise. And that's why I really connected with the man."

Tama attended three or four monthly meetings and recalled listening to a prominent sportsman who went through drug addictions. *"It just really painted a picture of how far someone's life can get in the wrong kind of direction."*

Tama stood up and spoke at his second meeting, joking that he has a tendency to love the sound of his own voice. *"I love doing spoken word stuff ... I went over the trauma I went through as a kid, I can't remember exactly what I said. But I do remember one thing, my voice shook more than it has ever shaken before, and it was for absolutely no reason. I didn't know why. I was so confident standing up and then when I started to speak it just broke. And I was like, okay, I'm about to be vulnerable in front of these men, I hope I still look like a man afterwards."*

Tama enjoyed opening up to the group and acknowledged that while everyone's situation is the worst for them, it was a nice perspective to be in a setting where his situation wasn't the worst. *"Afterwards I felt even better. It was almost more manly to show people your vulnerabilities and be brave, it's like showing the other guys, who could be going through a whole lot worse, but showing them the path, someone to show them how it is, seeing other people do it gives you a bit of courage. It's really powerful, man."*

"Hearing some of these men who were in prison, or going a prison, or beating up their missus on a weekend. And me sitting there going, oh, I'm traumatised by the fact that I haven't had a father and my mother tried to kill herself, it does kind of level out the playing field a little bit."

"Being able to open up in that space and be emotional with other people pulls down barriers of masculinity. That's such a high construct, especially in Polynesian or Māori or Islander families where men are supposed to be so masculine. Especially when Matt speaks. You hear the softness in his voice, and you see how far he's come, and then you think, it's okay to be emotional, you will still get far in life."

"A lot of people think that when they show emotions, they have lost their mana, their heartiness, their respect from the boys if they just stand there and cry for a second. I was emotional before, like all of us growing up, my emotions would go all over. I would be abusive some days and angry the next. But nowadays I know how to channel my emotions better because of being around and learning from these people. It's no longer trying to punch my sister in the head for something. Instead, it's breathing and just trying to do better and being better."

Tama had received counselling when he was 14, with five sessions arranged through the Nelson school he was attending at the time. It was not an enjoyable experience and looking back, he understands the counsellor was distracting him using props like Nerf guns, so he could assess his trauma. *"At the time, I probably needed more of a hand to deal with these things and the tools to actually do it. Coming into Phil and Nicky, I didn't know how to open up very much. But with Phil it came on quickly because there were the similarities, it was easy to connect. When we start talking about music and stuff, it opens up vulnerabilities outside of being a counsellor and kind of patienty-person."* Through sharing music and poetry Tama and Phil have developed a trusting relationship

Originally Tama thought Phil was Māori, not Samoan. *"It's that whole cultural thing where Polynesian families have that aspect of culture and families being really important. It's different compared to counselling from a white guy who might try too hard to sit down and be in with the cool kids. Probably 90% of the brown people in New Zealand have grown up a certain way with a massive amount of family, no father, poverty, too many people in a small house and clinging onto hope that things will get better. Phil is a man of culture and brown skin and I feel like I can open up to a brown man."*

Tama describes his entire childhood as very depressing. *"I was anxiety-ridden and useless to society and to my family household. I don't have issues with my family as much anymore. The other day when I got angry, I remembered what Phil had said, 'just take a breath and take a moment'. And that finally caught me out because I had never done that before. It's always been anger first as a solution. So, that was a big way that I noticed a change in my aggression towards other people. There are good habits starting to form, I'm trying to be a better person. Doing the dishes and chores. And me and my mother weren't arguing as much. I'm trying to understand where she's coming from as a parent who had to raise two children on her own and me not being ignorant to that fact. I wouldn't have got there without explaining to Phil and talking to him multiple times."*

"I hope I seem energetic now, last year I would have been quite tucked in my shell kind of hiding behind big words that I didn't know how to use. Now I use big words and try to use them right."

Tama is proud that his aunt, who he described as a wholesome woman, thinks he has changed quite a lot. *"I'm close with her and if she says someone has changed, it's always for the best. And to hear her say that about me was a big thing. I used to sleep on her couch, trying to distract myself from reality and surrounding myself by free food and family members who watched too much TV. So, hearing that she said I changed is really big and it wouldn't be possible without Phil guiding me along."*

Phil can see the potential in Tama, saying he just needs the opportunities. He tells Tama, *"You make the world a better place, brother. It's all that joy. You bring it. That's what the world wants now. It's what people need."*

case study 2: Ben

Ben had suffered with mental illness, depression, and major anxiety for as long as he could remember. At the age of 45 he was diagnosed with ADHD and the subsequent medication put him 'through the roof'.

Being put on high release Ritalin medication, put his anxiety at an all-time high and this was affecting his relationships and moods. He was becoming aggressive and struggling in his relationships. His wife and best friend sat him down to talk about what was happening and suggested he contact Matt. Ben knew Matt, and although he was reluctant to talk about where he was at currently, he did meet with Matt and talked with him for two hours opening up and sharing where he was at.

> "He just has that skill, he has that way, that demeanour, he gets you talking. He gets it out. Bless him. Yeah, I can't explain, he just has that real way about him. He's gentle. He cares."

Matt helped sort Ben's medication with a slow-release alternative making a huge difference to Ben's moods. Matt connected Ben to Phil, and Ben immediately felt comfortable and understood by Phil

> "I think before I saw Phil, I was really giving up. It's funny, you know that you've got everything to live for. You know, you've got kids, you've got family, you've got a wife, but when that depression gets on, it gets a hold of you. I mean, once you go through it, it just changes all perspective and all you can see is doom and gloom."

Ben had received counselling previously through Hillmorton where he was diagnosed with an anxiety disorder and a panic disorder. He received counselling with psychology students who were in their last year, and while it was beneficial because they were training, he was seen by lots of different people. Being able to see Phil consistently has had a huge impact for Ben and has given him hope as he feels that with Phil, you can tell he genuinely cares and wants to help people. And as much as the counselling through Hillmorton was good, he could tell the people he worked with were there to finish their hours for their degree.

> "Seeing Phil and talking, it just gives me hope. That's the biggest thing. It just puts things, the way he handles things, the way he words things, it just really puts things in perspective. It helps me see clarity through those dark moments. You know?"

Ben is able to connect with Phil and share with another man who is safe and open. Being able to talk and share man to man is valuable to him as he knows they have had similar experiences and can connect on a closer level. Ben has been seeing Phil for a few months now, and he looks forward to his sessions every week. He can tell that Phil genuinely cares about people and being able to speak with someone who is knowledgeable and wants to help gives Ben hope.

> "Well, it's just great to know that I'm seeing him every week. It's a safe place, it's hope, it's where I can be honest. It's where I can open up. One of the biggest things is, 'She is not your rehab' is so true. Because I leant on my wife for so long, more than I ever should have, looking at her for the answers, and she hasn't got the answers for me. She's there to support me, but she hasn't got the answers for me."

Ben felt that before counselling his own mental health struggles were putting stress on his marriage. Now that he's connected with Phil, he is able to separate his issues a lot more and is better at listening to his wife and kids. He's a lot calmer than he was and doesn't lean on his wife for support as much. Without the support from Matt and Phil over the last few months, Ben says he was worried about the path he was going down and was unsure if his marriage would have survived if he hadn't connected with Phil.

Overall, through connecting with Matt and Phil, and having support to change his medication, Ben feels like his relationships have changed and he now has hope. He has a safe space to share and someone who he knows and can see consistently.

Summary of impact case studies

- Both case study participants had previously received counselling from mainstream services.

- Being able to connect with a counsellor who operated from an Indigenous paradigm and enabled them to connect with their culture was a positive aspect of the relationship.

- The participants described the importance of the connection they had with their counsellor. They felt loved and supported; they believed they were genuinely cared about and the support would be there when they needed it.

- Both case study participants reported positive changes in their ability to manage situations that in the past would have caused significant stress. This had improved

a deep dive into the therapeutic approach for Pasifika Peoples

This review is dedicated to literature specifically pertaining to Pacific Peoples. Written by Phil Siataga, this section describes the approach that underpins the counselling work in the 'She is not your rehab' kaupapa.

E sui faiga ae tumau fa'avae.
Approaches and methods change but foundations stay the same

Many of the advances in understanding the human condition and mental wellbeing are returning to values of interconnectedness. These have long been embedded in Pasifika Indigenous religious worldviews expressed in the variety of Pacific models of health and much of the Pacific cultural safety and cultural competency literature. Alleviating mental and emotional suffering was not invented by projects of scientific materialism upon which modern psychologies and psychiatry have been predominantly based (Walach, 2019).[3] In recent years, the term post-materialism has emerged challenging 'scientism' and its ideological focus that has actively excluded 'spirituality' or more specifically beliefs (and research) in metaphysical realities which include 'consciousness' not bound to reduction mechanistic worldview.

While beyond the scope to elaborate on this in depth, this has profound implications for the practice of both psychiatry (for example in the diagnosis of psychosis and schizophrenia and mainstream treatment) and the by-in-large, secularised approach of clinical psychology. Walach (2019, p. 17) in Beyond a Materialist Worldview Towards an Expanded Science, comments:

> *"The post-materialist paradigm has far-reaching implications. It fundamentally alters the vision we have of ourselves, giving us back our dignity and power, as humans and as scientists. This paradigm fosters positive values such as compassion, respect, and peace. By emphasizing a deep connection between ourselves and nature at large, the post-materialist paradigm also promotes environmental awareness and the preservation of our biosphere. In addition, it is not new,*

[3] Walach (2019) points out at length that the scientific approach when it comes to consider 'spirituality' with references to God and gods and supernatural entities, is from an agnostic position and not an atheistic philosophy and it is not as an affirmation any specific particular religious absolutist doctrine on those matters. The arguments presented deconstruct the ideological and fundamentalist bias evident in scientism that has excluded as irrelevant those studies and research that fall outside its narrow reductionist construction of reality. Hence the call for an expanded science.

only forgotten for four hundred years, that a lived transmaterial understanding may be the cornerstone of health and wellness, as it has been held and preserved in ancient mind-body-spirit practices, religious traditions, and contemplative approaches." (p. 17)

Rather than exalting much of the Western mental health epistemologies, **this literature review considers Indigenous wisdom and healing modalities as more progressive and advanced than Western biomedical or secular based paradigms which still appear in healthcare systems in overt and subtle forms as the dominant narrative in mental health.** Further, research on Talking Therapies (Kingi-Uluave & Olo-Whaanga, 2010, p. 15) posits:

"Most psychotherapies are based on Western philosophical frameworks, which are individualistic in focus and in fundamental discord with the Pasifika worldview. The Pasifika view is based on a holistic collective approach grounded in notions of spirituality, connectedness and a complex set of inter-relationships between individuals, their families and their communities. This discrepancy in theoretical frameworks presents a challenge for the acceptability and applicability of the evidence based talking therapies for Pasifika peoples."

In Aotearoa there is an emerging body of research that is converging across sociology anthropology and psychological domains which validate a 'Pacific way' and models of health beliefs and presenting ethnic specific ways of engaging, connecting, and healing (Le Va, 2009; Robinson, 2006). **There is substantial congruity across many Pasifika models of health and wellbeing that assert strongly held values with a collectivistic cultural orientation and the importance of holistic concepts which include a belief in the tripartite model of persons (mind-body-spirit) in relationship with Atua, and with eco-spiritual connections to the environment.** The Superu Families and Whānau Status Report (2016 p. 92) also notes that, 'the holistic models of Pacific health, religion and spirituality are inextricably intertwined, with family as the foundation and spirituality as one of the pillars.'

However, Superu (2016) Families and Whānau Wellbeing Conceptual Framework (FWWCF) does not include 'spirituality' within its framework measure. Tautolo et al. (2020, p. 221) note that because the FWWCF does not identify a "connection to God as an indicator of family wellbeing, it implies a critical divergence between Pacific and mainstream concepts of family wellbeing in NZ." This may be an indication of a secularised social science bias which mentions 'religion' but removes a genuine appraisal of spiritual discourse to wellbeing and appears to reduce 'wellbeing' to a biopsychosocial frame only. **Pasifika health beliefs are more aptly framed as bio-psycho-spiritual-social models.**

Statistics NZ (n.d.) census data capture the main religions those in the Pacific People's ethnic group identified with, including Christian, Buddhism, Hinduism, or Islam, and those who reported no religion. Christianity is the predominant religion; however, in the years between 2006, 2013 and 2018 Statistics NZ record an increase in Pacific peoples with no religion (from 14% to 22.9%) and a decrease in those identifying as Christian from (80.2% to 67.9%) with a small increase in those identifying with other religions, beliefs, and philosophies.

Census Data (Stats NZ, n.d.)

Religious affiliation	2006 (%)	2013 (%)	2018 (%)
No religion	14	17.5	22.9
Buddhism	0.2	0.2	0.1
Christian	80.2	77	67.9
Hinduism	0.3	0.7	0.6
Islam	0.4	0.5	0.5
Judaism	0.1	0.1	0
Māori religions, beliefs, and philosophies	1.4	1.1	1
Spiritualism and New Age religions	0.2	0.2	0.2
Other religions, beliefs, and philosophies	0.5	0.5	0.7
Object to answering	5.1	4.1	6.3

Table 1: Religious affiliation for the Pacific People's ethnic group, 2006–18.

With the rise of Indigenous theory and integrative healthcare approaches, including abundant research literature on the benefits of religion to health in general, exploring 'spirituality' in the healing arts is a validated and influential post-secular discourse. Within this new post-materialist science of consciousness (Beauregard, Schwartz, Miller, Dossey, Moreira-Almeida, Schlitz, Sheldrake, & Tart, 2014), the 'science of spirituality' in psychology is affirming ancient beliefs about the nature of the mind, consciousness, and connectedness to cosmos (Millar, 2021).

Karlo Mila's, Mana Moana approach to wellbeing involves framing mental wellbeing and healing as a process of reclaiming specific words and metaphors, symbols, stories, across many distinct Pacific cultures, and identifying the 'generative words' that hold meaning in specific relational contexts. By identifying what is "Ancestral Intelligence" and common across the islands of Oceania, source words and power words that enhance life can support pathways to healing and wellbeing (Mila, 2021). What diminishes quality of relationships and creates emotional entanglements (toxic relationality) can be redressed with this Indigenous wisdom. Suaalii-Sauni et al. (2005) wrote:

> *"Christianity has taken a profound hold over the indigenous Pacific ... it has not erased the indigenous reference. In particular it has not subdued the indigenous desire to remember who we were then and who we are now and why. It has not subdued our spirit of indigeneity. This ought not to surprise us because historically speaking Christianity is a new religion in the Pacific when compared to the 50,000-year-old Aborigine Religions of Australia and the 6,000+ year old Indigenous Pacific Religions."*

exploring 'spirituality' in the healing arts is a validated and influential post-secular discourse.

harmony, balance, and peace and Teu le Vā

If the question of relationships is primarily an ethical one (not just transactional) 'transformative therapy' considers what is beautiful, good and true and is aptly responded to by the Pasifika concepts and principles that emphasise balance, harmony and peace as integral social ideals. **Pasifika health and wellbeing models and the literature on cultural engagement, cultural competency, and cultural safety identified in this literature review are premised on the belief in an inherent dignity ascribed to all people.**

This is philosophically grounded in both Indigenous religious traditions (pre-Christian) and Christian theological worldviews within which concepts of harmony, peace and balance are considered central to the social discourse on Pacific wellbeing. These concepts in Samoan pre-Christian religious cosmology are expressed by Tui Atua et al. (2005) as four interconnected harmonies:

> "Peace in the Samoan religious tradition equates with harmony. A search for peace is a search for harmony. There are four key harmonies that hold the balance of peace for Samoans. These are: harmony with the cosmos; harmony with the environment; harmony with one's fellow men [peoples]; and harmony with one's self. When all four harmonies come together there is peace. (p. 4)

Peace in this sense implies that social cohesion is an ancient wisdom heritage to be embraced in the desire for harmony and social wellbeing in the present. Tui Atua (2005) explains further:

> "Harmony between the divine and the temporal is achieved by privileging the balance, equivalence and complementarity of all living things."

The appeal to the complementarity of all living things is an appreciation of values that lean into understandings of purpose and inter-connectedness which in turn foster cooperation, collaboration and respectful stewardship of the environment. It expresses how we are to attend to the here-and-now with a desire for harmonious relationships within families and communities as a divine undertaking, with respect and humility, two commonly expressed core values throughout the Pacific literature reviewed. This expresses an appreciation of scaredness.

The privileging of balance speaks to the kind of equality and mutuality that situates humankind much less as 'dominators' of natural resources and more so as stewards and guardians of ecological wellbeing. Kingi-Uluave & Olo-Whaanga in Te Pou (2010) put it this way:

> "Pasifika people's wellbeing is defined by the equilibrium of mind, body, spirituality, family and environment. To capture this holistic view of health and wellbeing, various ethnic-specific Pasifika frameworks have been developed. These metaphoric frameworks capture a holistic view of health and wellbeing." (p. 16)

Many Pasifika families define their sense of purpose and belonging in a cosmos populated by 'others' beyond this world and situate their existential meaning in terms of transcendent beliefs. This approach to wellbeing is grounded in theological and metaphysical perspectives (whether considered pre-Christian or from Christian belief systems),[4] as a core motivator of behaviour and the foundation of values and ethics. This is a spiritual-centric life orientation with ideas of origins and teleological (life-course) considerations that ground their sense of wellbeing and resiliency. A key finding from the Pacific Island family longitudinal study in Aotearoa on Pasifika family success (Tautolo et al., 2020) assert:

> "... essentially, any measure of family wellbeing that does not include a connection with God as a fundamental component is unlikely to fully capture Pacific notions of successful family functioning."

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[4] Within the Christian traditions many Pacific are connected to the Catholic church, and the Protestant traditions of the Presbyterian, Congregational or Reformed and Methodist denominations. Notably the Pacific students in Youth '12 survey were four times more likely than New Zealand European students to report that their spiritual beliefs were important to them (Clark et al., 2013)

The literature reviewed primarily locates, for the most part, 'religious' affiliation as a protective mental health factor and produces positive health outcomes. There are currently no studies on what has been recently termed as Adverse Religious Experiences (ARE) and 'religious trauma' and Pacific peoples. According to the Global Centre for Religious Research (GCRR) [who claim] to have established the world's first and most comprehensive psychiatric research group to study the causes, manifestations, and treatment options for those suffering from "religious trauma" (RT):

> "… the academic study of religious trauma remains in its infancy when compared with other studies in mental health. This means that there is no actual empirical data to support what we have seen and experienced in the tens of thousands: that religious trauma exists and is a chronic problem within many religions." (n.p)

Religious Trauma may be experienced in reaction to one event or to many traumatic events in religious cultures where authoritarian leadership (as in the context of cults) and some fundamentalist religious groups employ shame and guilt or other painful experiences to illicit behavioural 'obedience' to dogma. It may be experienced where the core beliefs are shattered and people feel 'abandoned by God' (Glaz, 2021). People experience symptoms not unlike those already recognised as Complex Post-Traumatic Stress disorder. This has particular relevance to the mental health in religious settings in which sexual assault/abuse have occurred, and also in the religious based rationalisations where homophobia is fostered. The GRRC notes:

> "In order for victims of religious trauma to receive the help they need, we need to arrive at a place in our culture where religious trauma is accepted as a real condition, not just a subset of PTSD or some other anxiety disorder. Within our culture, we need to recognize that even though there are many prosocial aspects of religious belief, certain religious contexts have also been responsible for a number of traumatic experiences for people all around the globe."

Siataga (2011) comments:

> "Within the New Zealand Pacific literature, spirituality primarily refers to the socio-cultural and historical connections that Pacific peoples have to various forms of Christianity and also to pre-Christian cosmological traditions. Within the Pacific cultural competency frameworks an understanding of 'spirituality' is considered a matter of both clinical and cultural competency. In short, interventions should balance/consider four domains of wellbeing: biological, psychological, social, and spiritual considerations when working with Pasifika families and young people. This appreciation of spirituality is not captured adequately within Eurocentric epistemological secular-based models of personhood. In this sense, comparable with Māori models of health and wellbeing, ethical research would factor this worldview into the design and implementation of strategies. It is also notable that a distinctive point of difference among young Pacific students and non-Pacific students is that 'place of worship and spirituality' factor more highly in importance for Pasifika students than non-Pacific others. Pasifika worldviews in the literature commonly assert notions of social interdependence, interconnectedness and collectivist values."

Kingi captures this succinctly, suggesting that:

> "Historically, analyses of Pacific health have often had inherent problems with how health differences are conceptualised and constructed. These narratives have often been instituted within Papa'alagi health systems and institutions and contested through constructs such as race, power and hegemony. Pacific history is replete with cases, patients and services managed by those with deep-seated beliefs drawn from dominant frameworks, and this persists today. However, through the ongoing efforts of Pacific health leaders, community workers and professionals, this debate has expanded and now gives credence to Pacific worldviews. As a result, Pacific paradigms and frameworks can be utilised for the maximum development of Pacific communities. For example, effective strategies can be designed, and targeted resources invested in a way which allows Pacific communities to participate in an inclusive, collaborative and empowering manner." (Ministry of Health, 2008, p. 30)

the Vā-centered lens

It is important to draw attention to the Vā, vā (wā in Maori) as a foundational ethical wellbeing paradigm (Arini et al., 2010). Vā can be glossed as 'space between people or things.' This notion of space is known in Tonga, Samoa, Rotuma, and Tahiti as vā, while in Aotearoa and Hawai'i it is known as wā. Vā (or wā) points to "a specific notion of space, namely, space between two or more points" (Ka'ili, 2005. p. 89). Tautolo et al. (2020) state:

> "It is the vā that connects people with each other including all other living things, the cosmos and the higher being of Gods (Samu et al., 2011). Therefore, it is important to accept and acknowledge that Pasifika people in Aotearoa and across the globe originate themselves from a collective world view and as such, western methods of teaching, learning and engagement need to be adapted accordingly." (p. 2)

The concept of what can be called Vā-centred approaches, or the Vā-centered lens is emerging in the social and health sciences. At present the published Vā focussed research is predominantly in the education, anthropological and sociological literature (Reynolds, 2019; Airini et al., 2010; Mila-Schaaf 2006). The phrase **Vā-centered approach places at the centre the rationale of traditional relational ethics within Samoan and Tongan ontology.** This review attempts to draw the connection more explicitly with the Pasifika focussed mental health literature.

Tu'itahi (2009) describes the purpose of the Tongan Fonua health promotion model is to 'ultimately maintain harmony in life in sustainable ways - melino (peace, harmony), or health and wellbeing. Central to Fonua is the notion of tauhi va, which means to maintain relationships. 'Health and wellbeing, harmony, peace, and progress depend on the ongoing and successful maintenance of vā – the relationship between human beings and the environment. Arini et al. (2010) cite Helu-Thaman as cited in Coxon (2007) who states that:

> "Because the cultural identity formation of most Oceanic people is relational rather than individualistic, it follows that the spaces or

> vā between and among persons, or between a person and his/her environment, together with the frameworks that determine such relationships, must be nurtured and protected. Understanding the significance of the notion of vā and educating for its continued nurturance and maintenance are central to any discussion about education for inter-cultural understanding in Oceania, if not globally." (p. 10)

Underpinning the Vā-centered lens is the Samoan concept of teu le va. This concept is generally not well-known outside the Pasifika knowledge enclaves although it is receiving increasing attention in the Pasifika research literature. It is identified in a Pacific cultural competency document "Tapasā" (MoE 2018) and is emphasised in recent pro-Pacific public policy within The Ministry of Pacific Peoples (MPP, 2018). According to the publication Yavu (MPP, 2018), teu le va:

> "... involves creating the place for meaningful engagement with Pacific peoples that acknowledges their 'whole self'. Fundamental to the concept of the 'Va' is how the relationship is sustained. The 'Va' allows for the nurturing of the relationship between the physical, spiritual, cultural dimensions of Pacific peoples. It is important to 'Teu le va', to maintain the relationship during the engagement process as it strengthens the trust, respect and ensures that collaboration with Pacific peoples is nurtured." (p. 10)

Mila-Schaaf (2006), in her paper on Vā-centred social work, poses the essential question 'How healthy is the Vā? The recently revised Christchurch based youth development research, 'Weaving Connections Tūhonohono rangatahi' (2021) shifts from its original approach, reconceptualising positive youth development in largely individualist terms to the relational term I-We. In this document, contributors Siataga and Lavea-Timo comment that critical questions for youth workers, community workers, educators, and all those involved in supporting Pasifika young people involves consideration of:

"What is affecting the Vā?

What is contributing to mental, physical, emotional and spiritual distress for young Pasifika people - past, present and future?

What is the quality of the relationships they are experiencing in the here and now?

What are the wellbeing factors in these vital relationships that need tending to which can bring insight, healing and inspire positive aspirations?"

Mila-Schaaf (2006, p. 8) suggests that:

"Vā is closely associated with balance and harmony in relationships and the natural order and aesthetic of human interconnections and relationships. The Vā is used interchangeably to describe aesthetic balance in art and architecture as well as aesthetic balance in relationships."

This notion of 'balance' and 'harmony' is holistic and aspirational. In psychological inter-personal terms, it can refer to the positive emotions developed in relationships. In this sense, harmony and balance and beauty imply deep emotional intelligence as foundational to social stability/cohesion and healthy connections. Harmony with oneself can be interpreted as the healthy integration of emotions, thoughts and behaviours in social-wellbeing terms.

Vā tuā'oi translates in Samoan as relational boundaries in terms of mental, emotional, physical, wellbeing and family relationships, friendships and the wider environment. Interpersonal boundaries can be 'hard or soft', implying different levels and dynamics about what are negotiable and what are non-negotiable boundaries in relationships. Seeking to understand social and personal boundaries, and how to establish them in prosocial ways is a universal human condition which develops in socio-cultural contexts and is therefore culturally nuanced. Positively these boundaries maintain goodwill and trusting relationships rather than relationships where boundaries become barricades and barbwire against the perceived and real threats of others. Insecure, and often avoidant attachment behaviours, are the fruit of living in states of high alertness and defensive - 'survivor' modes. Understanding how attitudes, emotions and behaviours can enhance emotional regulation and develop empathy and compassion is essential for a

Vā tuā'oi approach to counselling. (Appreciating the reciprocal obligations for care in the cycle of life and throughout the life stages in developmental terms is implicit in the Fonofale model).

Understanding personal boundaries (and how to set them) is an important aspect of social life and especially salient for collectivist cultures where the weight/social pressure on being seen to be "good" is perceived as a reflection of the whole family. Perceived moral failure or mistakes can sometimes be regarded as shaming the reputation of the whole family in the community. This is sometimes referred to as a feature of 'honour and shame' cultures. One of the life-long social dynamics is managing personal expectations and those of others within our circle of concern. Put another way, being clear on "what is ours to carry, and what is not" is an important feature of wellbeing in terms of psychological differentiation and individuation. What someone believes they are responsible for and what they are not is about understanding the expectations of others and feeling empowered to 'own' the choices and consequences of their own actions in response to these expectations.

The notion of the 'aesthetic of human interconnections' is about holding an essential orientation towards dignity and the beauty of expressing mana enhancing kindness in therapy and in life in general. This is about having due regard and paying attention to what is beautiful in ourselves, in our cultural traditions, in our aspirations for a better-kinder-fairer society, in our view of success and about seeing or looking for this beauty in others. Balance implies a weighing up or weighting of these ideals, and what we regard as the good life, with the agency/power to choose attitudes and behaviours that cultivates a way of being that does not harm others or self (as far as that is possible). This is at the heart of a peace orientated mindset.

In the Samoan language, the word 'teu' means 'to keep (for example, in the heart or in the mind) the space', to 'put away (in a safe place) the space', 'to look after the space', or to 'tidy up the space' (Anae, 2010, p. 10). To look after the emotional, mental and environmental spaces in which 'we live, and move and have our being.' This means knowing how to sooth the anxieties and calm the fear and hostilities that can arise when boundaries created for safety and peace are threatened. The socio-centric space can be manipulated by authoritarianism and dominated by fear-based and narcissistic behaviours. **Mana and dignity can be**

trampled on, and the relationships entangled in toxic relationality. That is to soli le va (to trample, tread on the relationship). Tausi le va is to care for and restore healthy relations. Teu le va and tausi le vafealoa'i means to respect and take care of the sacred space to relate in healthy ways.

The Vā is not problem free space or a kind of a static idealised blissful relational state. It does not imply an avoidance of painful emotions in relationship with others and self. Rather it opens the space for 'balancing' personal wellbeing within the integral interdependence of our character development because the quality of relationships is deemed to be what matters most. When the quality of these relationships is characterised by abandonment, rejection, neglect and violence the healing arts and therapeutic approaches are also more than 'tending to the cognitive-behavioural dynamics.' These could be expressed as wounds of the soul within Pasifika worldviews; caring of the soul-mind-body is required. This invites counsellors, therapists, and clinicians to hold an openminded perspective. It may also mean exploring the core beliefs of religious worldviews, the meaning individuals ascribe to 'supernatural' experiences, and therapists exercising 'discernment.'

For this to be carefully tended, paying genuine attention is essential. **Autagavaia (2001, p. 60) described Vā as: "Space, and in human relationships refers to the space (social, spiritual, psychological) between individuals or groups as something sacred." That is the therapeutic domain and healing and well-being context of the Vā fealoaloa'i as a sacred space between people that needs to be carefully tended (Anae, 2010; Mila-Schaaf, 2006).**

In general, peace and balance in psychological terms can mean experiencing deep satisfaction with life (contentment - peace of mind). For people struggling with alcohol and other drug problems balance can also mean strengthening personal distress tolerance and supporting the improvement of their impulse control (i.e., delaying gratification). This is an essential part of addiction counselling. Peace in this sense can be equated with regaining a sense of control over compulsive behaviours and self-confidence and hope for the future.

Balancing implies the dynamic processes of regulating emotions in interpersonal relationships over the life course. Interpersonal psychotherapy (IPT), first developed in 1970's, is salient

communication and, attachment theory. In developmental psychology, it includes strengthening emotional bonds for secure attachment in the first 1000 days between parent/caregivers and infants/toddlers within a relational-self perspective (Masoe et al., 2009). **There is very little research on infant child and adolescent mental health on Pasifika peoples in Aotearoa and internationally however, the notion of the relational-self (consistent with many Pasifika collectivist values) presents a challenge to 'individualistic' approaches that pay too little attention to the web of social relationships (Bush et al., 2009).** Bush et al. (2009) suggest that Western theories of psychological and emotional maturity have tended to universalise assumptions and privilege individuation through an individualistic lens in clinical training. They explain:

> *"The Samoan relational concept of self leads us to consider an expanded view of psychological development in which interdependence is valued as a mature state and a Pacific young person's roles and responsibilities towards their aiga and community are important to consider in any clinical exploration of their sense of identity." (p. 145)*

In this respect, interdependence and reciprocity are seen as part of entire life course. Inter-subjective individuation can be distinguished from the autonomy and independence often identified with individualism, and be considered in interdependence terms (Kâgitçibasi, 2007). In this sense individuation can be reframed as the social and personal maturing process in which individuals determine their purpose and identity as the unique contribution, they make which sustains healthy relationships within the four harmonies. This is a sociocentric orientation that is regarded as 'good' for life and wellbeing and resonates with the ideals of altruism.

In psychological terms **the concept of differentiation provides space for acknowledging the deeply personal journey of individuals in the complexity of social relationships and an understanding of free will – choice as personal sovereignty.** This notion is important when individuals are wrestling with many of the social obligations that 'collectivistic' cultures perpetuate with a strong emphasis on meeting social obligations (Superu, 2016). It is also an orientation in counselling that encourages exploration of the mental anguish or emotional suffering that

comes from interpersonally derived emotional entanglement. Cognitive Behavioural Therapies (CBT) mainly focus on self-talk in the subjective individualistic sense. A relational orientation considers the root of disharmony and dischord as part of a person's coping strategies - reactions and responses to toxic forms of relating. Domestic violence is an obvious example of this. Harmony with oneself is perceived as a lived experience which is rooted in the vitality, hope and joy that comes from being in mana enhancing relationships with others over time.

The holistic philosophy of health, based on finding balance, is well expressed by a Pasifika participant of a study to improve Pacific health outcomes who defined 'being healthy' as "if you have a happy soul and mind then you find wellness" (Southwick et al., 2012, p. 37). In mental health promotion terms, strengthening resiliency involves building distress tolerance (stress theory) and prosocial motivations.

Heterogeneity

The heterogeneity of Pasifika peoples in Aotearoa is well documented in much of New Zealand's research and health and social policy literature which commonly cautions against homogeneous stereotyping while generally promoting 'pan-pacific' and ethnic specific approaches/frameworks/models to service delivery (M.P.P., 2017).[5] Over a decade ago, a leading Pasifika researcher poignantly advised:

> **"We need to create and participate in conversations that advance multi-dimensional references that explain the rich ethnic identities of Pacific children, youth and their families.** These cultural references must include the socio-political history, spiritual and/or religious values, mother-tongue language, cultural as well as contemporary traditions, sub-cultures (for

example, non-ethnic self-identities) and issues within the larger cultural context. Additionally, the implications of each unique group's worldview must also be considered." (Anae, 2010, p. 4)

Highlighting the complexity and importance of diversity (over 20 years ago), Anae et al. (2001, p. 7) commented:

> "There is no generic 'Pacific community' but rather Pacific peoples who align themselves variously, and at different times, along ethnic, geographic, church, family, school, age/gender-based, youth/elders, island-born/NZ-born occupational lines, or a mix of these. Therefore, it is important that these various contexts of 'Pacific communities' are clearly defined and demarcated in the research process."

Where the terms Pasifika peoples and Pacific peoples are used interchangeably in this review, they are simply terms of literary convenience. As umbrella terms they refer to the diverse ethnic groups in New Zealand that trace their origins to Indigenous peoples of the island nations across Moana (Oceania). Pasifika peoples variously identify with the islands and cultures of Samoa, Tonga, Cook Islands, Fiji, Tokelau, Tuvalu, Rotuma and other Pasifika heritages. These encompass at least 20 ethnicities within New Zealand from Polynesian, Melanesian and Micronesian cultures.[6] Several Pasifika ethnic specific worldviews are sometimes referred to as fa'asamoa (the Samoan Way), faka-Tonga (The Tongan Way), Faka-Tokelau (The Tokelau way), Faka-Nuie (The Niue way), akano'anga Kūki 'Āirani (the Cook Islands way), and vaka Viti (The Fijian way).

Pacific peoples are Indigenous in their Islands of origin with ancestral connections to tangata whenua that transcend nation-state relations. Many Pacific peoples are also transnational, moving between and residing in both New Zealand and in

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[5] I am using the term Pasifika in the same way as Fia'Ali'i,et al. (2017)

"Despite meaning 'peace', the term Pasifika, has been a site of academic contention (Wilson, 2013). The use of the term within the boundaries of this research seeks not to demarcate and divide but to unite, embrace and celebrate the vast number of unique societies, cultures, practices, languages and perspectives found throughout the Pacific. In this context Pasifika is used to move beyond the conventional, geographical confines of what it means to be of Pacific origin; to also connect with those who have forged their own paths globally. Thus, 'O le Toe Ulutaia gathers knowledges from the wider Pacific, broadly represented by the term Pasifika, resonating with the communal and harmonious values of solesolevaki, feveitokai'aki, and lōkahi." See Fia'Ali'i, J. T. et al. (2017), Manuela, S., Le Grice, J., Groot, S., & Hyde, J. (2017). 'O le Toe Ulutaia: A Bibliography of Pasifika and Psychology Research. School of Psychology

[6] Melanesia: the islands in the Pacific northwest of Australia and south of Micronesia including the Bismarck Archipelago, the Solomons, Vanuatu, New Caledonia and Fiji Micronesia: the islands of the Western Pacific east of the Philippines and north of Melanesia including the Caroline, Kiribati, Mariana and Marshall groups. Polynesia: the islands of the central and southern Pacific including Hawaii, the Line, Phoenix, Tonga, Cook Islands, Samoa, Tuvalu, Easter Island and French Polynesia.

their islands of origins. Cook Islanders, Niueans and Tokelauans are New Zealand citizens by birth with unrestricted rights of settlement in New Zealand. Other Pacific peoples have come to New Zealand under quota systems, either as skilled migrants or as agreed with individual Pacific islands, with a quota also set for granting residency annually. Within each group, there are sub-groups; for example, those born and raised in New Zealand, and those born and raised in the islands and living in Aotearoa.

There are many first, second and third generation fanau often living in multi-generational households. **Almost two thirds of the Pacific peoples are now born in New Zealand and there is a significantly increasing multi-ethnic Pacific population including a growing Māori-Pacific population.** Over one-third of Pacific peoples identify with at least one other ethnicity in addition to their Pacific ethnic group. Pacific peoples are also a youthful population with the highest proportion of children aged 0 to 14 years of all ethnic groups in New Zealand and a median age of 23.4 years (Ateara, 2018).

Implications for youth mental health include providing services and approaches that do not privilege adult models of practice over positive youth development principles and this in short means creating safe spaces for Pasifika youth voice to be heard. Warren, Kirk, Liam and Siatanga's (2006) literature review of alcohol and community interventions and services for Pacific Peoples states:

> "Analyses in education, sociology and public health have highlighted Pacific peoples' heterogeneity and the multiple subjectivities (the world of the individual as 'real' or 'true') they experience (Anae, 2001; Lima, 1999a; Macpherson, 2001; Enosi et al., 2005; Taule'ale'ausumai, 2001; Tiatia, 1998; Tupuola, 2004). Consistent themes emerging from this research include the social realities and philosophical tensions between traditional and modern cultural influences that shape the concepts of 'belonging' and 'wellbeing'. These are sometimes framed as the differences between Western and non-Western views and between holistic and biomedically focused views." (p. 33)

Ethnic specific health and wellbeing belief models have emerged that demarcate conceptually the cultural-ethnic diversity between Pacific peoples from various Island nations reflecting the importance of and desire for customs, traditions and values to be acknowledged appropriately in the delivery of social and health care services.

A distinctive feature of Pasifika models is belief in the tripartite model of personhood, and this is a shared concept of both indigenous and Christian based beliefs (Siataga 2015; 2011). Tui Atua explains that:

> "In the Samoan indigenous religion there are three key parts to a person or self: the tino or body; mafaufau or mind; and the agaga or soul. Harmony within the self requires harmony in the body, mind and most importantly the soul ... disharmonies are resolved through the co-existence of remorse and forgiveness on the one hand, and the privileging of alofa (love and compassion) and aiga (family) on the other."

Although Pasifika peoples traditionally hold a holistic approach to health and wellbeing theories of personhood, psychology, psychiatry, psychotherapy are grounded in a belief that persons are body-mind only (without soul-spirit) and do not consider the 'whole person' from an Indigenous perspective. This has significant implications for interventions.

Kingi-Uluave and Epenesa Olo-Whaanga (2010) elaborate:

> "In a Pasifika view of health, a positive and balanced relationship between the three elements of Atua (God), tagata (people) and laufanua (environment) is required in order to maintain wellbeing."

While holistic health models are also identified positively in current high level policy documents and in research on therapy and cultural competency (Warren et al., 2006; Te Pou, 2010; Tiatia-Seath, 2018) there are deep philosophical tensions with some fundamental tenets of secular-based therapies premised on atheism and scientific reductionist materialism (the natural sciences master ideological narrative). This is a dialectical tension that warrants much

more discussion in what Mila-Schaaf & Hudson (2009) refer to as the 'negotiated space' between Western and Indigenous epistemology. It has critical implications for the treatment of Pacific Peoples. A negotiated space is one in which these ideologies, worldviews, and what is considered real, "normal or abnormal," are debated, deconstructed and negotiated. Le Va (2009) affirms the negotiated space concept.

> "The concept of the negotiated space has resonance for the Pacific mental health and addictions sector on a number of levels. Many Pacific mental health and addiction practitioners are trying to balance, bridge and mediate clinical, bio-psycho-social, Western approaches with understandings that are derived from Pacific world views and indigenous reference points." (p. 11)

Re-valuing Pacific Indigenous knowledge

Pacific epistemologies receive little attention in mainstream medical training and psychiatry and other counselling education. Mila-Schaaf & Hudson (2009) advocate for 're-valuing Pacific Indigenous contributions to the world or "commonwealth" knowledge in mental health and addiction. To re-value is multi-layered and complex but in brief it is to recognise and take due account of the:

> "...processes, methodologies, theories and knowledge's that are fa'asamoa... faka-Tonga..., faka-Tokelau..., faka-Niue..., akano'anga Kūki 'Āirani..., and vaka-Viti... [and other Pacific]. It is worth recognising that Pasifika cultures and ways of doing things are dynamic, constantly evolving and resulting in shifting cultural paradigms and nuances." (MoE, 2018, p. 5)

The alternative to this re-valuing is to continue under-valuing Pasifika Indigenous knowledges which perpetuate attitudes and beliefs that are essentially an expression of cultural indifference. Cultural indifference is akin to having no regard or insufficient regard for cultural safety and is an anathema to the Health and Disability Standards. **Cultural indifference regards as of no consequence the cultural perspectives of Indigenous minority groups to ones 'own' clinical/therapeutic practice.** Mila-Schaaf and Hudson (2009) poignantly comment:

> "...the negotiated space is the watering hole, the marae atea, the debating chamber, the kava circle. It is a space where intercultural negotiation and dialogue is given permission to take place. It is proposed that this space enables and empowers cultural innovation, acts of imaginative rediscovery, indigenous knowledge theorising and the creation of new relationships (va) with other forms of cultural knowledge and understanding. In a culturally diverse society, negotiating intercultural space is an on-going and never-ending process which both promotes and upholds individual as well as community identities." (p. 118)

Much of this perspective-based research identifies specific Pacific philosophical and theological worldviews and emphasises mind-body-soul-spirit notions of personhood as key differences that inform their practice /service (Siataga, 2015; Le Va, 2009).

The story of mental health and addictions and Pacific peoples is one of significant concern. Barriers to access and utilisation of mental health and alcohol and drug services have been a perennial concern identified in research and health policy (He Ara Oranga, 2018; Siataga, 2011; Agnew et el., 2004; Ryan et al., 2019). Ateara et al.'s (2018) research identifies that Pacific peoples continue to be relatively low users of specialist mental health services compared with others and also tend to use community mental health services at lower rates than others (Ataera-Minster & Trowland, 2018). Pacific peoples have also been identified as having higher levels of psychological distress and over representation in inpatient and forensic services (Kokaua & Wells, 2009). A recent literature review of mental health and Pacific peoples raises the issues of contrasting cultural beliefs, health literacy, and socio-economic disparities that impact on mental health and wellbeing:

> "Previous work has demonstrated that Pacific mental health beliefs can differ from Western beliefs due to their contrasting perspectives regarding mental distress, cultural identity, and social and familial connection and obligation (Canfield & Cunningham, 2004; Culbertson, 1999; Hezel, 1994; Tiatia-Seath, 2014; Vaioleti, 2006; Vaka, 2014). Higher rates of mental distress among Pacific populations in NZ may reflect greater barriers to accessing mental health services, greater burden of economic inequality and cultural differences in mental health beliefs." (Kapeli et al., 2020, p. 251)

He Ara Oranga (2018) is instructive:

"We heard from Pacific peoples that the current system is not working for them – that the design of the system, the spirit of services and the dominance of mainstream models of practice have not enabled Pacific health and wellbeing. Consistently, Pacific peoples spoke of a lack of quality and described services they found hostile, coercive, culturally incompetent, individualistic, cold and clinical. We heard many times of their experiences of pain, inequity, institutional racism and preventable loss. The call from Pacific peoples was for transformation. They saw the solution to many existing problems as adoption of 'Pacific ways' of supporting people and their families. This was described as including a genuine, holistic approach, incorporating Pacific languages, identity, connectedness, spirituality, nutrition, physical activity and healthy relationships." (p. 41)

In service settings 'clinical and cultural interventions' are needed that provide holistic processes through engagement, screening, assessment, formulation, treatment planning, follow-up and sometimes referred to as integrative healthcare. **The mainstream bio-psychiatry approach is developed from an ideology dominant in the medical health paradigm today and a genuinely transcultural psychiatry appears very much on the margins.** One shift in practice in the psychiatric field that appears congruent with "Pacific Ways" is called Open Dialogue, which claims to be a radical and innovative new approach to mental health treatment. Its key practice principles include:

A social perspective that includes the gathering of clinicians, family members, friends, co-workers and other relevant persons for a joint discussion.

Embracing uncertainty by encouraging open conversation and avoiding premature conclusions and treatment plans.

Creating a dialogue, or a sense of "with-ness" rather than "about-ness" with meeting participants by dropping the clinical gaze and listening to what people say – rather than what we think they mean. The Institute for Dialogic Practice. (n.d.).

The emphasis on being responsive to the needs of the whole person, 'instead of trying to eradicate symptoms,' is also akin to clinical social work with its theoretical core construct of wellbeing being primarily social i.e., seeing the person-in-environment. The claim of radicalness in psychiatric practice highlights that the Eurocentric and North American brand-based approach of bio-psychiatry is still steeped in a myopic model of practice focussed largely on pathologising the individual.

There is some alignment also with the ideas of Open Dialogue concept of Talanoa and Narrative theory and therapy outlined in this review with key elements of dialogic practice (Olson, Seikkula & Ziedonis, 2014). In the field of psychology, a validated alternative to DSM and ICD diagnostic labelling called the – Power, Threat, Meaning Framework has also emerged which aligns with Pasifika perspectives identified in this literature review. **The Power Threat Meaning Framework is an over-arching structure for identifying patterns in emotional distress, unusual experiences and troubling behaviour, as an alternative to psychiatric diagnosis and classification** (Johnson et al., 2018):

"Abandoning what the authors have called the 'DSM mindset' is not easy, since it is deeply embedded in fundamental Western philosophical assumptions including, but not limited to, the separation of mind from body, thought from feeling, the individual from the social group, and human beings from the natural world; the privileging of 'rationality' over emotion; and a belief in objectivity, or the possibility of partialling out values, ethics and power interests from theory and practice in human systems. These influential but not universal worldviews underpin what can broadly be described as positivism, which tends to promote a view of human beings as objects acted on by causal forces rather than agents who have reasons for their actions. Although this paradigm has led to major advances in medicine, science and technology, it is not well suited to understanding human emotional distress and troubled or troubling behaviour." (p. 5)

A question of coloniality in workforce education, research, and training

Where these discourses/conversations occur in current educational institutions established to train counsellors, psychologists, nurses, occupational therapists, psychiatrists are questions of coloniality. The presiding orthodoxy has been embedded and institutionalised through curricula design and requires significant research 'attention.' **To unpack the challenges for improving the cultural responsiveness of the mental health and addiction and primary healthcare workforce to work in genuinely culturally 'safe' ways, a deeper social-cultural-historical analysis of the dominant narratives in the sociology of knowledge within tertiary education institutions responsible for training these workforces is needed.** The privileging and positioning of the expert-health professional with 'expert' knowledge is problematic because it does not include adequate attention to learning about culturally competent - safe practice and is a product of colonisations 'superiority' bias. It appears to be perpetuated in our own 'prestigious' institutions of learning. For instance, a systematic review by Pitama et al. (2018) 'applied an actor-network theory to inform an interpretive synthesis of studies that reported Indigenous health curricula within medical, nursing and allied health education' and concluded:

> "Systemic barriers acting on and within educational networks have limited the developmental capacity of indigenous health curricula, supported and sustained hidden curricula, and led to insufficient institutional investment to support a comprehensive curriculum. Future research in health professional education should explore these political and network intermediaries acting on cultural competence curricula and how they can be overcome to achieve cultural competency learning outcomes." (p. 909)

Thus 'visibility' of Pasifika peoples is marred to the extent that the 'Pacific Story' and lived experiences are not heard and consequently largely ignored. This mainstream-dominant Eurocentric educational lens can perpetuate the ideological masking of bias and poorly equip the health and (allied professions) workforces to engage well with Pasifika peoples. Despite the otherwise positive assertions of holistic health

within pro-pacific social-health policy, including the recent government review He Ara Oranga (2018) and the emergence of a number of Pasifika models of health and wellbeing, the intellectual basis of mainstream mental health (rooted firmly in naturalistic science), still appears to be dominated by a biomedical paradigm. Johnstone & Boyle (2018) note:

> "Modified versions such as the 'vulnerability-stress' or 'biopsychosocial' models still position social and relational factors as secondary to underlying biological causal malfunctions, and thus do not fully theorise distress as a meaningful, functional and understandable response to life circumstances." (p. 6)

In their view, people's ability to make meaning out of what they are experiencing is fundamental to gaining some understanding of their attitudes, beliefs, behaviours and emotional distress. While the bio-psycho-social model is presented as an alternative to the narrow focus on the disease models explanatory basis for disorders within the Co-existing Problem literature (Todd 2010), the disease modelled 'chemical imbalance' myth still holds significant public attention despite strong evidence-based refutation and the psychiatric community appears to have done very little to readdress this (Whitaker, 2015; Kirsh 2019). Broadly speaking, this is incongruent both theoretically and in terms of therapeutic best practice with Pasifika models of health and wellbeing. The He Ara Oranga (2018) review summarised feedback from its extensive nationwide consultation process, stating the shortcomings of biomedical approaches.

> "People complained that the biomedical approach fails to see the whole person, so provides only part of the answer (and sometimes no answer at all) to restoring and maintaining wellbeing. They said that merely matching people to a diagnostic label such as depression, psychosis or schizophrenia and treating their distress as a problem of brain dysfunction or a problem that can be relieved by medication, does not address their overall life circumstances or their personal histories, traumas and challenges....We were told that medical science is only part of the answer and that the health system alone cannot solve the crisis in mental health and addiction. ...People noted that, although many service providers

aspire to a more holistic model, it's often not evident in their practices and 15-minute general practitioner (GP) consultations don't allow it." (p. 38)

The apron strings to bio-medical psychiatry also includes other issues concerning 'medicalisation' and the pharmaceutical industry. While beyond the scope of this literature review, it is worth noting that one aspect of the drug industry includes consistent concerns (raised over several governmental cycles) that are highly critical of the current regulatory regime concerning the direct marketing of prescription medicine in New Zealand. Lexchin & Menkes (2019) research on DTCA (Direct to Consumer Advertising) concludes:

"...evidence regarding the impacts of DTCA on the health of New Zealanders indicates that these ads are commonly misinterpreted as trusted public health messages and are more likely to affect vulnerable subgroups who are 'at-risk', i.e., with poorer self-reported health status, older, less educated, lower income and ethnic minorities and those with unhealthy lifestyles. Taken together with international evidence that regulation has consistently failed to prevent the inappropriate promotion of prescription drugs, these findings suggest that DTCA is more likely to cause harm than benefit and should be banned." (p. 1)

These are important bio-ethical issues related to treatment and health literacy. At the centre of quality care is informed consent, not just 'treatment compliance.' How well informed are Pasifika consumers in mental health services of the full effects of the medical-drug treatment intervention that often follows a 'clinical diagnosis'? How well informed are prescribers of medications (General Practitioners, and Psychiatrists) in cultural safe best practice? We were unable to locate research specifically on informed consent and Pacific peoples experience of mental health and addiction services.

The "Pacific Story"

Broadly speaking, the "Pacific Story" in Aotearoa is one of diaspora-migration and acculturation with diverse social-historical narratives. These multi-layered socio-economic-cultural and political narratives are largely unknown in the wider New Zealand public. Aupito Tofae Su'a William Sio (2018) comments:

"A sense of place. A sense of purpose. A place to call home – Taku Turanga Vaevae. Tangata whenua refer to this as their Turangawaewae - 'a place to stand'. The story of Pacific peoples has largely been one of movement and of migration, navigating the journey to Aotearoa New Zealand. But that narrative is changing. Our story needs to include a new chapter that reflects first and second generations establishing their own sense of place within Aotearoa New Zealand. (p. 4)

The vast majority of educators and students in Aotearoa do not receive education on the socio-cultural historical narratives of Pacific peoples. Consequently, perceptions of Pasifika peoples may be informed by a great deal of popularised social myth or racial-stereotyping. Within the cultural competency literature in education and teaching profession and the mental health and addiction workforce some substantive socio-cultural content material is presented and largely to audiences that have not engaged in this discourse previously. There is a common 'shared story' in the Pacific public policy literature emphasising Pacific people's positive contribution to Aotearoa which explicitly or implicitly are 'anti-discrimination' narratives (Treasury, 2018; Ministry of Education, 2020). This is eloquently captured by the Pacific Aotearoa Lalanga Fou Report (2018):

'The histories and journeys of Pacific peoples in Aotearoa have captured stories of struggle, triumph, displacement and belonging. Every moment involved a movement of hearts and minds, and our identities have taken great strides to gain recognition so that, today, we contribute to the diverse makeup of Aotearoa.' (p. 10)

Tautolo et al. (2020) highlights the 'struggle, triumphs, displacement and belonging' in the following way:

'Pacific people (93%) are a highly-urbanised population group which has flourished in cultural pursuits such as sport and art. However, they are over-represented in terms of unemployment, low income, low educational attainment, child poverty, poor child health and inadequate housing and poor living standards. Over time, Pacific families have experienced incremental improvements in some areas including their educational status; however, it is relatively low compared to their European counterparts, nevertheless research is needed

to describe what constitutes success in their eyes for their families living in New Zealand.' (p. 216)

Tautolo et al. (2020) research on what constitutes 'family success' for participants in a longitudinal Pacific Island Family study, identified four key factors: 1. Connection with God; 2. Practicing and embracing Pacific cultural identity; 3. Family connectedness, and; 4. Communication.

However, the epidemiological research on Pasifika peoples in mental health and addiction and the He Ara Oranga Review (2018) paints a concerning picture of the disparities in mental health between Pacific peoples and others, and the current mental health systems designed to provide intervention (Ataera-Minster et al., 2018; Kokaua et al., 2009).

Acculturation and rapid social change have been identified as contributing factors to relatively poorer mental health experienced by Pasifika Peoples (Foliaki et al., 2006). Acculturation is the dynamic change process that occurs when one culture encounters another over time. Siataga (2011) notes that acculturation theory has been utilised in some research to describe different Pasifika families' experiences in the New Zealand context. Acculturation theory (Berry,2003; Cowley-Malcolm et al., 2009) is a useful frame to describe different Pasifika families' experiences in the New Zealand context.

In brief, **acculturation frames the multi-layered dynamic process that occurs when one culture encounters another over time.** Essentially acculturation distinguishes four relational dynamics of migrant families and individuals to the 'dominant' culture. A strong identification with a 'culture of origin' to the exclusion of positive prosocial connection with the broader multi-cultural society can however be detrimental. The Pacific Island Families study notes diverse Pasifika families may be experiencing aspects of 'Separation, Integration, Assimilation and Marginalisation' within their households and community. Table 2 provides a useful explanatory framework.

Growing up in New Zealand with Pacific heritage for New Zealand-born and/or raised children, young people and their families is not a homogeneous experience. The contemporary social milieu is pluralistic, multicultural, technologically dynamic and culturally changing. 'Integration' and the complexity of identity development and 'sense of belonging' are part of the dynamic psychosocial landscape.

Essentially acculturation distinguishes four relational dynamics of migrant families and individuals with varying effect on wellbeing.

Acculturation concepts

Separation	Integration
High Pacific/Low New Zealand **Separation refers to self-imposed withdrawal from the larger society**	**High Pacific/High New Zealand Integration involves maintaining cultural integrity but also the movement towards becoming an integral part of the larger society.**
Assimilation	**Marginalisation**
High New Zealand/Low Pacific Assimilation, cultural identity is relinquished and the individual moves into the larger society. High New Zealand identification and low Pacific identification.	**Low Pacific/Low New Zealand** **Marginalisation refers to losing the essential features of one's culture of origin, but not replacing them by entering the larger society**

Table 2: Acculturation concepts (Siataga, 2011)

In multigenerational homes, conserving some traditions and adapting in cross-cultural environments is a space where negotiating boundaries can become conflictual. In this space, NZ born and raised children of island born parents and grandparents are experiencing the positive protective environments that build a sense of belonging and cultural pride. They also face challenges in terms of familial obligations competing with pluralistic values and social conditions that include poverty and other social determinants of health. In some families, challenges to authoritarian parenting styles and family structures have led to harsh corporal punishment practices and social disconnection. Some Pasifika peoples (in Aotearoa) experience trauma related to their experiences of immigration, and acculturation with the diminishment of a secure cultural identity.

Establishing the therapeutic relationship and 'trust' before addressing trauma is a vital dynamic of healing and recovery. In essence trust is belief that the other has one's best interests at heart.

> *'Before working with Pasifika peoples and their families it is important to enhance your knowledge, skills and confidence in this area.' (Te Rau Ora, 2019, n.p).*

The Pākehā experience of interaction with minority cultures is often not one of 'integration'. **Many Palagi don't consider integration of Pasifika Peoples as an achievement because integration is not something Pākehā perceive they need to do themselves. Palagi are already at home in their own norms.** Change in significant ways with regards to cultural minorities values and worldviews is more about 'them' fitting in with what has been established as normative by the dominant Pākehā society. In this respect Pākehā are not seeking to adapt to 'minority' cultural social norms. They are not walking in two worlds. **The expectation from dominant majority groups is often that 'minority cultures' will or should adapt to majority norms. This is often either through explicit assertions or implicit assumptions that are assimilationist.** However, in a country now recognised as constituting 'super-diversity' what integration looks like and what 'contribution to the larger society means to 'national kiwi identity' with the construction and deconstruction of "Whiteness" based social norms is being increasingly contested (Chen, n.d.). Pākehā can be marginalised but this tends to be specific to issues of poverty not ethnicity.

Powell et al. (2021) citing Brewer (1999, p. 434) make the observation that "out groups can be viewed with indifference, sympathy, even admiration, as long as intergroup distinctiveness is maintained." **The underlying assumption of the majority group is that others need to "be like us" but what this 'us' being promoted really means is same-ness rather than genuine appreciation of the contribution which diversity brings to society at large.** Same-ing is not really about equity and equality. A genuine cultural diversity responsive is not same-ing. A culturally diverse responsive pedagogy is not same-ing. We are not a "melting pot'' although in one sense there are many ubiquitous psychological needs in our shared humanity. As Powell and Toppin (2021) have cautioned "While same-ing presents a simpler solution, it is too deferential to a social identity that insists on diminishing others in order to generate a sense of value."

Pasifika youth

The story of 'belonging, cultural pride and identity' for New Zealand born and raised Pasifika young people is concerned with the development of secure identity and also at times identity confusion. This is often referred to as tension-conflict between traditional cultural community social norms and the shifting 'moral' terrain young people are navigating in other 'cultural spaces.' In a seminal book, "Caught between Cultures" researcher Jemaima Tiatia (1998) raised the concerns and challenges facing traditional Pacific churches and the need for and importance of making space for young Pacific People's 'voices.' Manuela and Anae (2017) have suggested:

> 'In Churches, a space is needed for NZ-borns to negotiate their ethnic, acculturation and cultural orientation experiences. The stewardship of Christianity and culture is in the hands of our Church leaders. It is they who must now be brave enough to focus on ethnic enhancements to contextualize our indigenous points of difference with the New Zealand mainstream, that is, the excavation of our ancient indigenous religious beliefs, and cultural references in order to contextualize Christianity for our Pacific youth, thereby starting the process of enlightenment for our future generations.' (p. 42)

Pacific youth voice has come increasingly to the centre and is strongly evidenced in the Le Va Pasifika Youth Participation guide 2016 which asserts the ideals of 'Absolute inclusion, Radical Acceptance, Full participation.' The Health and Wellbeing of Secondary School Students in New Zealand: Results for Pacific young people, states that Pacific youth have made improvements in some areas of health and wellbeing over an 11-year-period in the following areas:

- Improved family and school relationships

- Increasing aspirations to achieve in education

- Higher self-rated health, life satisfaction and lower rates of depressive symptoms

- Making healthier decisions about initiating sexual activity, substance use and risky drinking

- Decreased experience of personal violence and sexual abuse/coercion

(Fa'alili-Fidow et al., 2016)

It notes however there are some areas that remain of great concern in the following areas:

- Pacific youth have poor socio-economic conditions that have not improved over time

- Many are exposed to unhealthy food environments and have high rates of being overweight/obese

- Pacific youth report not being able to access healthcare and dental care when required

Of significant concern are the findings of Fleming et al. (2020) which elaborate on the worsening trend for emotional and mental wellbeing among Pacific youth between 2012 and 2019. Over this period, among Pacific youth:

- significant depressive symptoms increased from 14% to 25%.

- the proportion who had attempted suicide in the past 12 months increased from 7% to 12%.

- Overall, a greater proportion of Pacific youth report attempting suicide in the past 12 months (12%) than their Pākehā and other European peers (3%).

Their report makes broad recommendations including:

- addressing institutional racism and long-term systemic issues that impact on quality health and mental health access

Much Pacific Health and Disability literature has made calls to successive governments for whole-of-Government approaches to address widespread systemic issues. **Problems with access, engagement and cultural safety are embedded across the entire health care system, have been there for some time, and are not 'problems' of one sector alone.** In the wider healthcare system, a review of evidence for health equity for Pacific Peoples in New Zealand, Ryan et al. (2019, p. 6) have stated:

"A clash in cultural worldviews, and racism at different levels and across all engagement areas of the health system, has also been highlighted in studies. Cultural support services, where they exist, are often overloaded and under-resourced."

unique Pasifika approaches

The reviewed literature on Pacific models of health and cross-cultural 'community engagement' share common assertions about specific 'ways' of engaging in community, family and service settings (Ministry of Pacific Peoples 2018; Siataga, 2015; 2011, Faleafa 2012; Le Va 2009; Robinson et al., 2006). The research literature on Pasifika Talking Therapies (2010) acknowledges a 'Pacific Way' as distinct from a 'mainstream way' in counselling and therapeutic approaches. In their mental health and addiction focussed research Agnew et al. (2004) explored the question of what is 'unique' in Pacific service delivery from the perspectives of (i) the service provider (ii) the mental health consumer, and (iii) the family member. Drawing from this research, Suaali-Sauni et al. (2009, p. 22) propose:

'To talk about 'what is uniquely' Pacific about Pacific approaches is to inevitably highlight the philosophical value system adopted by these approaches. This value system is inherent in many of the different service techniques adopted by the Pacific service providers of this study. These include understandings of spirituality, the cultural value of group therapy and use of Pacific language and hospitality practices. More specifically, these involved the privileging of interpersonal relations, of building trust and rapport between consumer, families and service workers, of understanding the importance of the spirit of a person to his/her mental health.'

The Real Skills Plus Seitapu guide suggests 'the changing demographics of Pacific people are such that it would be difficult to come up with a unified framework that provides a cultural context for them all' (Le Va, 2009, p. 8). There are ethnic-culturally specific ways of thinking and behaving that are regarded as demonstrating a fundamental respect for others, and there are reasons why these respectful ways of being have been perpetuated through ritual and customs and tradition. Much of this perspective-based research identifies specific Pacific philosophical and theological worldviews and emphasises mind-body-soul-spirit notions of personhood as key differences that inform their practice/service (Siataga, 2015; Le Va, 2009). Pacific core values have been well documented. Common shared values include love and compassion (Alofa), reciprocal service (Tautua), sacred bonds (Tapu) respect and deference (Fa'aaloalo), humility (Fa'amaualalo), family (Aiga), spirituality, honour, relationships.

Framing wellbeing

Wellbeing, like Mental Health, is a culture bound concept. What wellbeing 'is' and how it is achieved or rather nurtured and sustained is a cultural endeavour. Understanding domains and dimensions of wellbeing is important. Manuela and Anae (2017, p. 4) propose:

"Well-being is concerned with an individual's appraisal of his or her own life in a positive manner. It is a complex construct with a complex nature, and it is because of this complexity that there is no single agreed-upon definition (International Wellbeing Group, 2006). Wellbeing is often associated with quality of life, positive and negative affect, happiness, life satisfaction and domain satisfactions (Diener, 2006). Other closely related constructs include self-esteem."

Puna & Tiatia-Seath's (2017) Cook Island youth focussed research incorporated the following definition of positive mental wellbeing from the Word Health Organisation:

"Positive mental wellbeing is defined as maintaining good overall health and is often linked to one's ability to think, be creative, engage in healthy and positive relationships, earn a living and enjoy life (Foresight Mental Capital and Wellbeing Project, 2008; WHO (World Health Organization), 2014a). These may be enhanced when an individual is able to fulfil their personal and social goals and realise their sense of purpose in society (Foresight Mental Capital and Wellbeing Project, 2008). It is in fact also a protective factor against suicidal behaviours and a core construct for mental health."

Pasifika psychology and wellbeing

Although there is an abundance of research in psychology on wellbeing, there is a paucity of research on Pasifika people's wellbeing in the field (Fia'Ali'i, Manuela, Le Grice, Groot & Hyde, 2017). However, **Manuela & Sibley (2015) have developed a wellbeing scale for Pasifika Peoples in the field of psychology called the Pacific Identity and Wellbeing Scale (PIWBS-R).** It is the first psychometric tool developed in the Pacific Psychology wellbeing space. Originally proposed as a five-factor model they have added a sixth - Cultural Efficacy.

Construct definitions for the Pacific Identity & Wellbeing Scale

Factor	Construct definition
Perceived Familial Wellbeing. PFW	Perceived satisfaction with one's family. Indicated by satisfaction with familial relationships, respect, happiness and security.
Perceived Societal Wellbeing. PSW	Perceived satisfaction with NZ society. Indicated by satisfaction with support from government, local communities and one's position in NZ society.
Pacific Connectedness and Belonging. PCB	Subjective evaluations of one's perceived membership in the Pacific group. Indicated by positive affect derived from group membership.
Religious Centrality and Embeddedness. RCE	The extent to which an individual feels that religion is intertwined with one's Pacific culture and identity
Group Membership Evaluation. GME	A sense of belonging and connections with Pacific others and the Pacific group at a general level

Table 3: Construct definitions for the Pacific Identity and Wellbeing Scale – Revised (From Table 1. Manuela & Sibley, 2015).

Pacific models and frameworks

A model provides a conceptual window into the complexity, representing health beliefs and core beliefs about life, values, and purpose. Through this window the way in which many life situations are ordered/balanced can be viewed. There is however an important distinction. Models of health beliefs are distinguished from operational models of service delivery. As mentioned, qualitative research by Agnew et al. (2004) aimed to inform an analysis of the perceptions of New Zealand Pacific mental health consumers, families and service providers on what makes a Pacific mental health service 'uniquely Pacific.' **This research affirmed the need for further research in articulating what a quality Pacific service model is.** At the time they identified that 'fully developed Pacific Models of service delivery exist in implicit rather than explicit forms.' Agnew et al. (2004, p. 67) argued that for 'more explicit articulations of Pacific Models of service delivery, services need to develop written expositions of how these models might be framed, taking into equal account cultural, clinical and service management issues'. Recent frameworks have identified what the key components of overall quality services involves. **Faleafa (2020) identifies six core elements of Pacific primary mental health and addiction service provision. These include being Pacific-led, family-centred, holistic, clinical-cultural integration, community-based, and connected.**

The Fonofale model is perhaps the most well-known of the models to date. It utilises the metaphor of a house (a fale) to symbolise the interconnected wholeness of a Pacific person. The 'physical', 'spiritual', 'mental' and 'other' parts of a Pacific person make up the four pillars of the fale, while the aspects of 'culture' and 'family' make up the roof and base of the fale (Pulotu-Endemann, 2001). The model was one of the first Pasifika health models to draw attention to New Zealand Pacific youth issues and intergenerational and transgenerational challenges, including discrimination based on gender as well as ethnicity. **It is a sociocentric ecological model developed for the mental health and addiction field but with generalised applicability to other professions in health and social services and is also recognised as a model that has been utilised in pan-Pacific and ethnic specific spaces.** Aiga/famili/fanau,/ family forms the foundation (nurturing a secure identity), 'culture' covers the roof (providing shelter equated with protective factors that nurture cultural pride and sense of belonging), with physical, mental and spiritual dimensions and opens spaces for considering contemporary social, legal, political contexts), forming the pillars connecting the two (Ng Shiu, 2013). Kapeli et al. (2020, p. 262) state that:

> *"Since the Fonofale model was developed, there has been a significant growth in Pasifika communities in both size and diversity (i.e., age, country of birth, ethnicity), and we cannot expect such models to be stable or enduring. In light of this, there is a need to develop models that account for age (young Pasifika) and ethnicity (Pacific ethnic specific) into new or existing models."*

Table 4 briefly describes Pacific models and frameworks.

Pasifika models and frameworks

Model/framework	Pan-pacific/ethnic specific/ main field	Sources
Fonofale	• Samoan • Holistic • Ecological • Mental Health and Addiction Sector	• Samoan • Fuimaono Karl Puluto-Endemann
Seitapu **Let's Get real**	• Pan-Pacific • Holistic • Mental Health	• Pan-Pacific with ethnic specific nuance • Le Va. (2009). Let's get real. Real skills plus Seitapu. Working with Pacific peoples.
Engaging -Pasifika **(Cultural Competency Training)**	• Pan-Pacific • Mental Health (and wider health sector) • Holistic • Workforce Development Programme	• Le Va • Samoan And Tongan specific family dynamics nuanced in training programme • Engaging Pasifika Training programme
Fonua Model **Fonua Ola**	• Tongan • Holistic-ecological model • Health promotion	• Tongan • Sione Tuitahi (2009)
Nga Vaka o Kāiga Tapu	• A Pacific Conceptual Framework to address family violence in New Zealand • Holistic • MSD (Social Work & Community)	• Te Manatū Whakahiato Ora - Ministry of Social Development • Seven ethnic specific Frameworks
O le tōfā mamao	• Samoan Framework • Holistic • (Social Work) & Community	• Samoan specific • Nga Vaka o Kāiga Tapu
Fofola e fala kae talanoa e kāinga	• Tongan Framework • Holistic • (Social Work) & Community	• Tongan specific • Nga Vaka o Kāiga Tapu
Vuvale doka sautu	• Fijian Framework • Holistic • (Social Work) & Community	• Fijian specific • Nga Vaka o Kāiga Tapu

Model/framework	Pan-pacific/ethnic specific/ main field	Sources
Turanga Māori	• Cook Island Framework • Holistic • Social Work & Community	• Cook Island specific • Nga Vaka o Kāiga Tapu
Koe fakatupuolamoui he tau magafaoa	• Niuean • Holistic • Social Work & Community	• Niuean Specific • Nga Vaka o Kāiga Tapu
Kāiga māopoopo A	• Tokelau • Social Work & Community	• Tokelauan Specific • Nga Vaka o Kāiga Tapu
Kakala	• Holistic • Engagement • Research Framework	• Tongan • (Te Pou o Te Whakaaro Nui, et al., 2010) (by Helu-Thaman, cited in Agnew, 2004)
The Uputāua Approach	• Holistic • (Building therapeutic engagement and alliance) • Clinical Psychology-Counselling	• Samoan • Seiuli, B. M. S. (2013)
Tapasā framework The Pasifika Success Compass	• Pan-Pacific • Holistic • Compulsory Education Sectors Cultural Competencies framework	• https://teachingcouncil.nz/resource-centre/tapasa/ • Te Tāhuhu o te Mātauranga-Ministry of Education
Papao	• Tongan • Holistic • Mental Health	• Tongan • Fotu & Tafa, (2009)
Fa'afaletui model	• Samoan • Holistic	• Tamasese et al., 1997 • Carmel Peteru & Kiwi Tamasese • (T. Suaalii-Sauni, et al., 2009) • (The knowledge in the houses of elders and three views from mountain, coconut tree, and canoe)

Model/framework	Pan-pacific/ethnic specific/ main field	Sources
Tivaevae model	• Cook Islands	• See Aue Te Ava & Angela Page (2018) • (Teremoana Maua-Hodges)
Strands of Pandanus Mat	• Holistic • Health	• In Agnew et al (2004)
The Matalafi Matrix	• A cultural formulation tool • Holistic • Addiction Sector	• Suaalii-Sauni T, Dash S. (2009) • (Tupu Services) Waitamata DHB. Auckland.
Teu le Va	• Holistic paradigm • Education and Research	• Samoan and Tongan • Airini, Anae, M., Mila-Schaaf, K., Coxon, E., Mara, D., & Sanga, K. (2010).
Fausiga o le Fale tele	• Samoan • Tertiary Education • Holistic	• Samoan • Luafutu-Simpson (2011)
Va Tagata	• Holistic • Addiction Counselling -Problem Gambling • Health Promotion • Integrated care	• Mapu Maia • (Pasifika Provider practice) • Pan-Pacific • In Taufa, S. Gentles, D., Berking, G., Siataga, P, Ah-Honi, P., and Fa'alili-Fidow, J. (2021)
Seuga	• Samoan • Holistic • Spirituality • Men's support group programme - Community Sector	• Nicky Sofai • Seuga • Pasifka Men's psycho-education programme • The relationship between Soul, Spirit, Mind and Atua • (Aviva) Family violence service. Ten-week programme in Christchurch. PPT. unpublished

Table 4: This document is intended as a companion document to the Let's get real framework.

These Pasifika models and frameworks seek to move valued integrative practices to the centre of mental health and addiction and wellbeing discourses. This reflects Human Rights principles and the growing body of scholarship that presents cultural intelligence, emotional intelligence, spiritual intelligence and ancestral intelligence as critical to the wellbeing of Pacific peoples. Manuela and Anae (2017, p. 134) comment that Teu le va provides an over-arching paradigm which encapsulates the various models above, for example, the Fonofale and Te Vaka Atafaga models provide methodologies for how to 'teu le va' for Samoan and Tokelauan peoples respectively.

"'Va is the space between, the between-ness, not empty space, not space that separates but space that relates, that holds separate entities and things together ... giving meaning to things' (The Concept of Va in Pacific Health, n.d.). 'In counselling terms, it is honouring the space between oneself as counsellor and the client' (McRobie & Agee, 2017, p. 109) which is particularly important for developing rapport with a Pasifika client at the beginning of the counselling relationship. There is also an obligation to maintain 'va' as sacred space, 'to tend and care for it and keep it clear so that real meeting, connection and healing can take place'." (Wharewera-Mika & McPhillips, 2016, p. 106).

Working with Pasifika peoples requires honouring the 'va' and providing a platform of reverence that ensures service users' experiences can be shared with dignity, pride and strength. Key Samoan values such as fa'amafafa'ina (empathy), pa utonu (compassion) and faipe e fa'aliafa'atasi ma le malosi (respect) align well with the value base of most talking therapies, particularly talanoa (Wharewera-Mika & McPhillips, 2016). Talking therapy from a Pasifika perspective is "talanoa, people storying their issues, their realities and aspirations"(Vaioleti, 2006, cited in McRobie & Agee, 2017, p. 107).

Talanoa

Talanoa is familiar to Pasifika peoples as an "oral tradition where ceremony and protocol is as important as the actual process of relating" (Kingi-Uluave & Olo-Whaanga, 2010, p. 36). The combination of two terms tala which means to tell, relate, or inform and noa which means of no value, without thought, or without exertion, could be defined as "talking about nothing in particular"

(Vaioleti, 2006, p. 23). A good talanoa encounter, according to Vaioleti (2006), is characterised by "an energising and uplifting of the spirits, and ... a positive state of connectedness and enlightenment" (p. 24). This, he explains, is the outcome of the synergy of the space and "conditions of noa intermingling with the emotions, knowledge, and experiences of tala" (p. 24). Fa'alau and Wilson (2020, p. 19) succinctly define talanoa as "a process of inclusive, participatory and transparent dialogue between family members or groups of people."

Talanoa can be used as a stand-alone talking therapy (with the caveat that it is intentional conversation for wellbeing) or in conjunction with mainstream counselling techniques and theories of change and motivation. However, rather than being an isolated process, talanoa is an extension of respectful and trusting relationship building. Although effective facilitation is an important technique when talanoa is used for therapy, there is no preconceived agenda or predetermined outcome. **Talanoa is an orientation to engagement and interactions within counselling and therapeutic intervention processes involving the personal expression or presence of humility throughout the 'assessment, formulation and treatment planning' processes.** The distinction is that a 'modality and its process' is secondary to the kind of conversation that emerges as an intentional interaction. The therapist may have specialist knowledge, but this is not imposed on the individual or family seeking support.

Unlike "Western types of interventions [which] help to focus inwards and find answers within ... many Pasifika peoples tend to process outwards, focussing on relationships" (Kingi-Uluave & Olo-Whaanga, 2010, p. 36). This sociocentric orientation is a lens through which Pacific tacit knowledge ought to be considered as cultural intelligence.

Indeed, Jensen and colleagues (2019) maintain that, **unlike mainstream therapies, for which therapists can receive training, "Talanoa requires a Pacific social-cultural context for it to be valid. Without Pacific cultural knowledge, relationships, skills and understanding, it is not talanoa"** (p. 176). When talanoa is used as a talking therapy, the therapist guides rather than leads, helping the service user to navigate through their own recovery journey, taking time to pause and notice the cultural nuances and issues, unchartered on clinical maps, yet very real for the person (Kingi-Uluave & Olo-Whaanga, 2010, p. 37).

Talatalanoa is a derivative of talanoa which emphasises an ongoing process of storying, dialogue, or conversation (Fa'avae et al., 2020). Fa'avae explains 'the term is used when Tongan people engage in critical and complex conversations with no expected outcome or solution other than providing a space to openly share their thoughts and concern governed by the principles of faka'apa'apa (respect), loto toka'i (care), and loto fiefoaki (generosity).'

Hybrid and integrating counselling therapies

Kingi-Uluave and Olo-Whaanga (2010), lamenting the lack of research evaluating the effectiveness of talking therapies with Pasifika populations, gathered their own data "based on anecdotal evidence and practice-based observations from both Pasifika and non-Pasifika therapists who are providing therapy for Pasifika peoples accessing mental health and addiction services in Aotearoa/New Zealand" (p. 36). **There is no empirical evidence of the effectiveness of the following approaches with Pacific people's mental health and addiction services: Solution focussed brief therapy: Cognitive behavioural therapy; Dialectical behaviour therapy; Family therapy; Acceptance and commitment therapy; Computerised cognitive behaviour therapy; Interpersonal psychotherapy; Psychodynamic therapy; Problem solving therapy; Psychotherapy with children.**

This is in part due to issues of research design, Pasifika research workforce capacity and financial investment. It does not mean however that there is a lack of insight which can inform and enhance cultural engagement, therapeutic relationship, assessment processes, formulation and treatment planning. **While there is a lack of 'empirical' information, there is a significant congruence of collectivistic-based prosocial values and broad perspective-based research that have involved Pacific communities, Pacific health professionals and consumers/tangata whaiora, clients to draw from** (Siataga, 2015). Although there is an abundance of research in psychology in general, there is also still a paucity of research on areas of 'depth psychology' and Pasifika peoples (Fia'Ali'i et al., 2017). There is a lack of academic psychological research on the emotionality of mind through a Pasifika lens. In this sense the concept of

the rational mind, the emotional mind, and the wise mind might provide a useful frame for Cognitive Behaviour Therapy interventions with Pasifika people. It is beyond this scope to elaborate.[7]

Mindful of the importance for non-Pasifika therapists working with Pasifika Peoples to adopt a holistic perspective, emulating the traditional Pasifika approach to health and wellbeing which includes a spiritual dimension (Wharewera-Mika & McPhillips, 2016, p. 48), Kingi-Uluave and Olo-Whaanga (2010) assessed which mainstream therapies may be appropriate for Pasifika peoples.

Based on their therapist participants' feedback, Kingi-Uluave and Olo-Whaanga (2010) considered narrative approaches and motivational interviewing (MI) as potentially useful for Pasifika peoples. **Narrative therapies were perceived as being similar to talanoa and culturally acceptable, as storytelling is a familiar cultural practice across the Pacific. Narrative therapy does not pathologise the individual and emphasises practicing externalising problem techniques** (Ackerman, 2019). The mantra "the person is not the problem; the problem is the problem" captures this orientation. Externalising problem language is utilised. **By listening to and facilitating the strength focussed conversation within the problem 'stories' clients often tell themselves about past experiences, dominant negative narratives can be replaced with empowering strength-based ones.**

MI, a brief client-centred therapy based on "four key principles: express sympathy, develop discrepancy, roll with resistance and support self-efficacy", was considered a useful technique for both engagement and working therapeutically with Pasifika peoples who "do not like being confronted directly" as "the emphasis is not to challenge people directly, but to help them see other alternatives" (Kingi-Uluave & Olo-Whaanga, 2010, p. 38). MI is a theory of change widely utilised in alcohol and drugs counselling. A youth focussed MI approach considers dynamics of change as thinking about; desire to change, ability to change, reasons to change, need to change, commitment to change in the context of often ambivalence towards change and discord (Birks Ang, 2020).

Solution focussed brief therapy (SFBT) was regarded as compatible with talanoa as being a strengths-based intervention, it requires people "to

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[7] The three minds concept is utilised in Dialectical Behavioural Therapy. It is a way of helping people 'detach' from overwhelming emotions, using CBT techniques and affirming that people have the capacity through wisdom and rational thought to do so.

generate their own solutions" (Kingi-Uluave & Olo-Whaanga, 2010, p. 38).

Kingi-Uluave and Olo-Whaanga (2010) mention other therapies, such as cognitive behavioural therapy, dialectic behaviour therapy, and family therapy, as well as various therapeutic techniques, and determine strengths-based and recovery focussed models to be the most useful to incorporate into a holistic approach for Pasifika people. Indeed, the authors conclude:

> ***While all the therapists interviewed believed that the mentioned talking therapy models were useful, they strongly identified that in their practice they modified, adapted or used parts of these models eclectically.*** *It appears that having several models to draw on as a therapist helps to meet service users' needs more holistically. The therapists interviewed were more senior practitioners and although they knew the therapeutic underpinnings of each model, would not exclusively use one with Pasifika peoples. They also did not believe that 'manualised'-type approaches were flexible enough to address Pasifika people's holistic needs. (p. 47)*

The use of Indigenous values, spirituality, song, metaphors, and stories

McRobie and Agee (2017) interviewed four Pacific female practitioners; a counsellor, a family therapist, and two psychotherapists to explore if and how Indigenous values and concepts, such as "teu le va" and "va feloa'i" (relational concepts that involve respecting sacred spiritual boundaries and the relational space between two people), were being used by Pasifika counselling practitioners. **They found that each practitioner used Indigenous values, proverbs, metaphors, and symbols "both instinctively and consciously incorporating them in their practice"** (p. 115). They did this despite having felt disempowered through their counselling/psychotherapy training because their cultural identity, uniqueness, and Indigenous knowledge were not valued or even acknowledged. They had been required to leave their culture and spirituality 'outside' of the learning environment.

Similar to Kingi-Uluave and Olo-Whaanga's (2010) observation, the **practitioners adapted parts of the Western/international theories and techniques they had been trained in, to weave in Indigenous values, proverbs, metaphors, and symbols.** The practitioners sourced Indigenous values from their own spirituality, memories of their parents and their childhoods as well as through matua (Pacific elders). They spoke about how they incorporated spirituality into their practice. One participant referred to the need to be "working from your spirit self" which she explained as, "So, there's something more than ethnicity and Indigenous context or indigeneity, more than that, and I think we need to be looking at working from your spirit self ... that's universal" (McRobie & Agee, 2017, p. 119).

Song was also sometimes used as "the language used in songs is metaphorically rich" (McRobie & Agee, 2017, p. 120). One of the therapist participants spoke about "connecting [through her singing] with a group of Pasifika men who were referred for domestic violence. [While she was singing] she could tell that something had 'bridged' and 'connected'"(McRobie & Agee, 2017, p. 120). In terms of 'teu la va', the sacred space in counselling, one counsellor relayed how she decorated her counselling room with Pasifika necklaces, shells, and other colourful items to help create a sacred space. Another counsellor articulated "the practice of teu le va from both a counselling/psychotherapeutic viewpoint and as a spiritual space for individual thought processes for her clients" (McRobie & Agee, 2017, p. 121). A third spoke about how humility was an important way of respecting 'teu la va'. She advised that whether your client is a matua or a young person, the counsellor should humble themselves on their first visit (McRobie & Agee, 2017, p. 121).

The participants described sharing stories and speaking in metaphors as being central to Pasifika culture, so they naturally incorporated them into their practice. They also shared their own stories of how they use Indigenous values to help them connect with their clients and support them through their recovery journeys. McRobie and Agee conclude by explaining their intention to develop two frameworks from their findings: "the Pasifika Indigenous counselling framework (Fonofale in the spirit of teu le va), and the Pasifika Integrative framework (Fonofale, client-centred principles, and teu le va)" (p. 124), however, we were unable to locate these through literature searches.
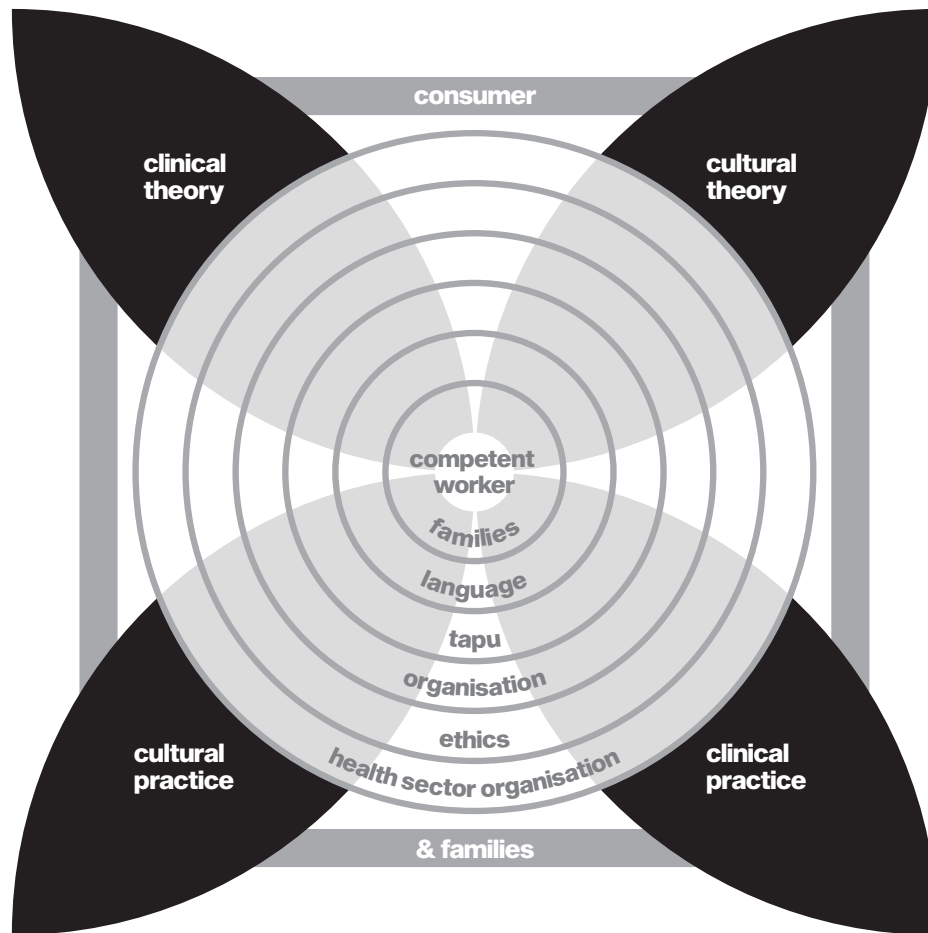
The Seitapu Framework

Figure 4: The Seitapu Framework, (Le Va & Te Pou, 2009, p. 13)

Rather than an Indigenous counselling model, **the Seitapu framework illustrates the importance of competency in specific areas for Pasifika practitioners working with Pasifika clients.** Cultural theory and practice competency, as well as clinical theory and practice competency, are represented by the four petals of the flower (see Figure 4). The three closest concentric circles are the most relevant to Pasifika counsellors and show the themes fundamental to working with Pasifika peoples: families (including extended families), language (a variety of different Pacific languages), and tapu (cultural, spiritual and relational markers and boundaries). The practitioner (or competent worker) is placed in the centre as they have a critical impact on the people (the consumer and families) they work with (Le Va & Te Pou, 2009).

The Popao Model

Fotu and Tafa in conjunction with The Popao Tongan Group present a counselling model based on the popao (outrigger canoe). **The Popao is used as a metaphorical model for understanding the treatment process as a 'journey' towards recovery and strength within a Pacific paradigm.** The model was designed to provide a consistent approach to accessing key components of recovery and strength concepts highlighted by the Mental Health Commission (1998), however it could also be used more generally as a counselling guide. This metaphor can be used with Pasifika peoples across the Pacific as outrigger canoes with similar basic structures are used in many different nations, it's just the name that changes:

- Tonga - Popao

- Samoa - Va'a alo

- Tuvalu/Tokelau - Paopao

- Tahiti - Va'a

- Hawaii - Va'a Kaukahi

- Māori/Cook Islands - Waka Ama/Waka Noa (Fotu et al., 2009, p. 12).

In terms of the Tongan Popao model which includes a 12-part questionnaire as well as a cue and response guide, the objectives include:

- "to reconnect and strengthen consumers' Tongan cultural heritage and identity by participating in Tongan specific activities and encouraging communication in the vernacular.

- to provide an encouraging environment where consumers may develop confidence, effective communication and acceptance within their identified roles, family unit and their wider Tongan community.

- to provide a safe environment to allow consumers to increase their self-esteem and develop or acquire skills when participating with others in the group through a variety of activities" (Fotu et al., 2009, p. 8).

The popao/outrigger canoe metaphor is a holistic strengths-based model intended to be used to guide the person on their way to recovery until they are "able to charter own journey" (Fotu et al., 2009, p. 8). In terms of metaphorical representation, the components of the papao/outrigger canoe are used as follows:

Katea (hull): This is the main body of the popao where people can sit and where equipment and sustenance for the trip are kept. This component represents the cultural aspects.

Hama (outrigger): Although small, it functions to balance the whole structure. This component represents the clinical aspects.

Kahoki (connectors): These are important in linking the outrigger to the hull. This component represents all service providers who attempt to bring the cultural and clinical aspects into a workable partnership.

The space between the hull and the outrigger is known as "the negotiation space" where issues relevant/critical to cultural and clinical components are continually negotiated. Dialogue and discussions are carried out with the knowledge that the "negotiation space" is a safe and culturally appropriate environment to facilitate these activities.

Kafa (lashings): The lashings, made from interwoven coconut husk fibres, are used to bind all the components of the popao together. The lashings represent communication between the cultural and clinical components.

Fohe/Toko (paddle/oar): This component represents the strength of individuals, whatever makes that individual a strong person e.g. family/aiga/fanau, community, friends, spirituality etc. (Fotu et al., 2009, pp. 13–14).

conclusion

Several Pasifika cultural competence and Pacific research documents highlighted the need to integrate holistic health and treatment interventions as essential for improving cultural engagement and quality of care (Siataga, 2015; Fotu & Tafa, 2013; Faleafa et al., 2012; Le Va, 2009; Suaalii-Sauni et al., 2005, 2007, 2009; Samu et al., 2009; Tiatia, 2008; Pulotu-Endemann et al., 2007; Agnew et al., 2004). How this translates into practice is a particular challenge given that fundamental paradigms are either rooted in Western secular models/theories in contradistinction to worldviews grounded in holistic concepts. **Models of mental health based on biomedical worldviews are significantly incongruent with a genuinely holistic paradigm.** This has significant implications for the design of programmes, services, and treatment approaches.

Matching Pasifika models to Pasifika counselling modalities appears to be a nascent research area at present. Seiuli's (2013) Uputāua Approach model however is an attempt to bridge the knowledge gap and align the therapeutic engagement process more specifically with the metaphorical model. There is also little research on how and to whom Pasifika 'models' are currently being applied or evaluated in New Zealand mental health and addiction services. As such, several of the models are difficult to 'critique' in terms of actual practice in counselling/clinical/therapeutic domain but they do provide metaphorical, symbolic and cultural-social value statements. Siataga (2011) notes **there is a significant research gap in the behavioural nuances and the rich traditional rationale for certain customs and practices which make up the social fabric of community relationships.**

The Pasifika literature which refers to core values, commonly asserts the centrality of "Love". This word, like spirituality, has a broad and sometimes ambiguous meaning, but it is asserted prominently and not excluded from the counselling and therapeutic practice. **It is at the centre of Pasifika clinical/practitioner/counselling language as a purposeful term for enhancing therapy. It is a term that mainstream clinical training does not as readily utilise, preferring to maintain a sense of professional boundary, and in this sense 'power' inequity.** Through a Pasifika lens, that way of being produces a way of relating that lacks sufficient emotional warmth. In short it maintains an 'artificial' distance between people, and concepts of mutuality and humility are subjugated beneath a national analytic and pathologising gaze.

There is a rising wave of Pacific scholarship addressing the complexity of mental health meeting the needs of Pasifika peoples (Kapeli et al., 2020). This narrative is one of a growing body of research and Pasifika intellectual presence within which the development of cultural competency research and training, and professional standards[8] over the last two decades in the mental health and education sectors is potentially transformative (Siataga, 2015; Le Va 2009; Tiatia, 2008; Suaalii-Sauni et al., 2005; Agnew et al., 2004; ALAC, 2001). **The story of the evolution of Pasifika voice in the academic domain in Aotearoa is also one of self-determination.** The desire to express and search for wisdom that cultivates healing practices from a Pasifika ethnic-centric perspective is a primary motivation for many leading Pasifika academics and researchers.

The 'Pacific Way' is to demonstrate and express Alofa, emotionally, intellectually, and soulfully and to love consumers/clients/tangata whaiora. In the main for counsellors/therapists/social workers and those in various helping professions this word is not emphasised and discussed enough in terms of practice and yet 'it brings with it a deep appreciation of purpose in the Va'. **Compassion and dignity and mana enhancing conversations are simply not possible without it.** The Ministry of Pacific Peoples (2021) has developed Kapasa, a Pacific Policy analysis tool that offers a definition of respect, spirituality and the place of centrality of Alofa.

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[8] The current Ngā Paerewa New Zealand Health and Disability Service Standards came into force on the 28 February 2022 and will place considerable emphasis and pressure on healthcare providers to lift their responsiveness regarding engagement with Pacific peoples. This is because these systems will be required to demonstrate how they actually do this (rather than tick box paper exercises), and will be audited with clearer accountability standards of service delivery to Pasifika peoples. The complex relationship between NZ born Pacific youth and Island born Pacific adults' needs and "cultural" and "clinical" models of care and/or service delivery will need to be addressed by service providers as it relates to health literacy of both service users and providers.

"For many Pacific peoples love is inherent in all they do and how they behave. In the tone of voice, body language, how they greet, apologise, heal, affirm, console, farewell and forgive. It is multi-dimensional, and guides approaches in all relationships with an individual, their family, their genealogies and environment. To love is to be responsible and have a duty of care for self and for all. It is the thread that enables all other values to be sustained and thrive." (p. 1)

The notion of alofa, aroha, love is central to the support offered through 'She is not your rehab'.

discussion

The process utilised to connect with men and enable them to engage in a pathway to healing is consistent with the process described in the previous evaluation of the barber wānanga and illustrated in Figure 5.
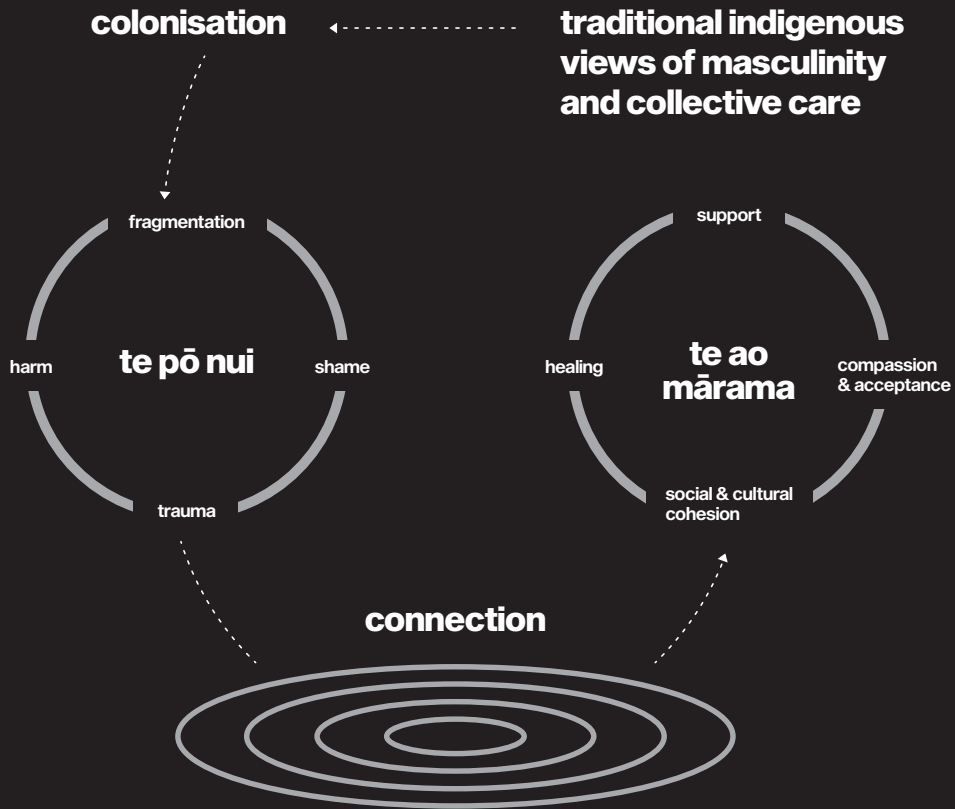
The MFB Process Model

Figure 5: The My Fathers Barbers Process Model. (Leonard, Te Hēmi & Donovan, 2020)

Previous research has found family violence must be considered through a lens cognisant of the detrimental impact of colonisation (Leonard, Te Hēmi & Donovan, 2020). Prior to European contact Indigenous society in Aotearoa and throughout Te Moana-nui-a-Kiwa was predicated on concepts of collective care and wellbeing.

> 'Traditionally whānau, hapū and iwi lived collectively on their ancestral lands in contexts where people knew each other and their connections to each other, enabling tikanga to be enacted as a mechanism for collective wellbeing' (Pihama, Cameron & Te Nana, 2019, p. 6).

Roles and responsibilities of whānau members were clearly defined and reflected an individual's position, status and place within their social unit from birth evolving as members grew into adulthood (Metge, 1995; Glavish, 2021). Whakapapa ensured social connection, as well as obligations to the health and wellbeing of the whole (Metge, 1995; Boulton et al., 2018). Whānau life was interconnected and intergenerational, providing a protective element for tamariki as responsibility for their wellbeing was shared (Mikaere, 1994; Metge, 1995; Durie, 2003; Boulton et al., 2018).

Mikaere (1994) asserts that prior to the colonial invasion, whānau wellbeing was associated with Papatūānuku (a female Māori deity), and the physical links to whenua. Indeed, the word 'whenua' means both land and afterbirth. The traditional and valued position of wāhine Māori and their contribution to intergenerational wellbeing, contrasted greatly to the subordinate place of women in the colonial patriarchal state (ibid). The role of men as protectors and defenders of women, children and whenua was of primary importance.

The MFB Process Model (Leonard et al., 2020) illustrates the impact of colonisation on Indigenous communities. The deliberate fragmentation (Smith, 1992 in Te Puni Kōkiri, 2010, p. 15) of Indigenous whānau collectivism in favour of European notions of family individualism deconstructed protective whānau constructs. Without the supportive factors of tribal, communal life, the conditions were set for increased economic disadvantage, social dislocation and cultural disconnection. Discrimination, loss of opportunity, poor housing, unemployment, low educational attainment and low incomes created conditions ripe for social problems, including domestic violence to occur (Savage et al.,

2021, p. 13). The undermining of whānau, hapū and iwi structures and networks was not merely a result of colonisation, but an essential part of the process (Mikaere, 1994).

Historic trauma is an accumulation of traumatic events at scale, that impact Indigenous communities in colonised countries over time (Savage et al., 2020). Unresolved grief can be passed from generation to generation, alongside maladaptive social and behavioural patterns (such as learned helplessness, external locus of control, interpersonal maladjustment, domestic violence, and sexual abuse). Walters et al. (2011) state that current Indigenous health disparities reflect, in part, the embodiment of historical trauma. Wesley-Esquimaux and Smolewski (2004) describe the intergenerational process and effect:

> In short, historic trauma causes deep breakdowns in social functioning that may last for many years, decades or even generations. The clusters of symptoms associated with specific disorders that manifest themselves as a result of historic trauma may be passed to next generations in a form of socially learned behavioural patterns. In a sense, symptoms that parents exhibit (family violence, sexual abuse) act as a trauma and disrupt adaptive social adjustments in their children. In turn, these children internalize these symptoms and, not to trivialize, catch a 'trauma virus' and fall ill to one of the social disorders. In the next generation, the process perpetuates itself. (2004, p. 71)

Layered upon the effects of colonisation inflicted upon Indigenous people throughout Te Moana-nui-a-Kiwa, is the immigration experience of Pacific peoples who now call Aotearoa home.

Immigration

New Zealand's role in the Pacific during the colonial era has shaped its history of migration, as have frequent changes in immigration policies over the years (Bedford, 1984). Lee (2009, p. 9) describes that in the post-war era New Zealand gave citizenship to people from the Cook Islands and Niue, which it had formally annexed at the beginning of the 20th century, and Tokelau, which it had administered since 1926. The Cook Islands and Niue are now self-governing territories in free association with New Zealand, while Tokelau

remains a non-self-governing country. Each of these countries continues to have close ties to New Zealand and so many people have used their citizenship to migrate that the populations remaining in the islands are now considerably smaller than the migrant and overseas-born populations living in New Zealand.

In contrast, Western Samoans did not gain citizenship rights in New Zealand. Samoa was split into Western Samoa and American Samoa during the colonial era and after a period of German rule, New Zealand administered Western Samoa on behalf of the League of Nations then the United Nations from 1918 until 1962, when it gained independence. Nevertheless, many Samoans have migrated to New Zealand, and the Samoan Quota was established in 1970, permitting 1100 Samoans to immigrate each year (ibid).

In the 1950s, the New Zealand government began actively recruiting labourers from Pacific countries to work in its rapidly developing industrial and agricultural sectors and from the late 1960s formal work-permit schemes were introduced, first for Fijians then for Tongans and Western Samoans, mainly for work in agriculture and forestry. The scheme ended with the 1987 coup in Fiji (Bedford et al., 2007, p. 257 in Lee, 2009). New Zealand also tried a brief period of visa-free entry for some Pacific Islanders in 1986, however, the net migration from Fiji, Tonga, and Western Samoa in the late 1980s was more than double the number during the previous five years and this surge of immigrants led to the scheme being abandoned after only a few months (Stahl & Appleyard 2007, p. 23). At that point the New Zealand government decided to shift immigration policy to favour skilled migrants and reduced migration options for unskilled workers (Lee, 2009).

In addition to the Pacific Islanders who have entered New Zealand under these various policies and schemes, others settled in New Zealand as illegal immigrants, or 'overstayers.' This issue came to a head in the 1970s as an economic downturn saw New Zealanders demanding access to the jobs filled by migrant workers. Although the majority of overstayers were from Great Britain, The Polynesian Panthers (n.d) note that:

> "The racism that the Pacific Islanders soon faced, was fuelled by the New Zealand government using them as scapegoats for the unemployment from locals, the economy declining, adding strain to public resources such as housing, welfare and education, and the increased crime rate, all impacted the lives of the Pacific Island migrants and the future generations."

Today, the many pathways that have led Pacific Islanders to New Zealand have resulted in a 'Pasifika' population in which Samoans are the largest group, followed by Cook Islanders, Tongans, Niueans, Fijians and Tokelauans (Stahl & Appleyard, 2007, p. 22). However, terms such as 'Pasifika' are themselves problematic, as they serve to homogenise people and groups of people who identify not as Pacific Islanders but as Samoan, Tongan, Cook Islanders and so on. Notably, the homogenising of Pacific peoples serves as a useful exercise for those who seek to classify, attribute blame, other, or scapegoat a group of people (such as during the dawn raids). These experiences detrimentally affected generations of Samoan and Tongan families (Anae, 1997) and served to embed stereotypical and discriminatory views of Pacific peoples by the dominant European population.

> "I am – A Samoan but not a Samoan.
> To my 'aiga' in Samoa, I am a palagi.
> I am – A New Zealander, but not
> a New Zealander.
> To New Zealanders, I am a "bloody coconut"
> at worst, a Pacific Islander at best.
> I am – to my Samoan parents, their child."
>
> Anae (1997, p. 128)

The Trauma of Ost-racism

Parents who moved from the Pacific Islands to New Zealand sought a better life for themselves and their children, and many took on the added responsibility of sending remittances back to their families in their home islands. However, their experiences of New Zealand were often fraught with difficulty.

Oftentimes families arrived in New Zealand with little or no English. Separated from the aiga, village or island social networks that had supported them at home, they had to adapt to a new, very different way of life without those support structures. They worked lower wage jobs and lived in poorer quality housing. While their children were able to attend school, their parents were often unable to fully participate in their children's schooling experience due to the language barrier. They experienced racism and discrimination from the majority population at work (Carroll, 2021) and in the community. Families may have to move from place to place in New Zealand to remain in work (Spoonley, 2001) further compromising their ability to make social connections.

Humans have a fundamental need to connect socially with others (Baumeister & Leary, 1995). Ostracism – being ignored and excluded – along with rejection and other forms of social exclusion, threatens this need, triggers painful feelings, and elicits a wide range of negative effects (Ren, Wesselmann & Williams, 2017, p. 34). Wesselmann & Parris (2021) note that stigmatised groups, of which immigrants are one, are at greater risk of chronic exclusion.

Ren et al. (2007, p. 34) propose an ostracised person moves through the four main stages, described below:

> *"The model starts with a reflexive stage. In this stage, once individuals detect the cues of ostracism, they experience pain, sadness, anger, and lower satisfaction of four basic psychological needs (i.e., belonging, self-esteem, control, and meaningful existence). Following this immediate reaction to ostracism, individuals enter a second, reflective stage. In this stage individuals try to make sense of the ostracism event and try to recover from the social injury. Ostracised individuals often respond with one of two behavioural patterns: anti-social behaviours (lash out), or pro-social behaviours (go along to get along). We recently added a third behavioural response to the model: withdrawal. Sometimes ostracised individuals may simply remove themselves from painful social interactions and seek solitude (lick one's wounds). When ostracism persists, victims of ostracism will eventually reach the third stage of resignation. Here, individuals suffer from feelings of alienation, depression, helplessness, and worthlessness."*

The various adverse outcomes suggest chronic social exclusion should be treated as a form of trauma: a psychological experience involving intense physical or emotional harm that inflicts lasting damage on one's physical or mental health (Substance Abuse Mental Health Services Administration, 2014, p. 7). Studies have established correlations between both loneliness (Cacioppo & Patrick, 2008; DeWall & Pond, 2011) and stigma-based exclusion with reported substance use/ misuse (Scheim, Bauer & Shokoohi, 2017).

Interview data from this and previous research points to the struggle within many Pacific men. Research notes the interplay between pro-social behaviours, anti-social behaviours, power expectations (Ren et al., 2007), and cultural norms. Men who were harmed by their parents spoke about how hard working they were, how generous and respectful they were to others, and the importance of looking like the perfect family. However, alongside these pro-social behaviours aimed at building and maintaining relationships in their community, church and at work, were the negative, anti-social often violent behaviours experienced by their families.

The 'My Fathers Barbers', Barber Wānanga Evaluation (Leonard, Te Hēmi & Donovan, 2020) primarily viewed the MFB Process Model through an ao Māori lens. However, survey and interview data points to the need to consider the experience of immigration on Pacific Island families. In this regard, the historical trauma inflicted on Indigenous populations throughout Te Moana-nui a-Kiwa by colonisation was often exacerbated by the trauma of the immigration experience. This double trauma increased the likelihood harm would occur. Data indicate many of the men seeking support to mediate their behaviour and improve their relationships experienced or witnessed family violence. Frequently this harm was inflicted by their grandfathers on their fathers, and/or by their fathers on them.

The MFB Process model posits that 'Connection' is central to intervening in 'Te Pō Nui', the circle of harm, trauma, shame and fragmentation. This is consistent with research into ostracism and aggression (Ren et al., 2007). The 'She is not your rehab' kaupapa, and the monthly men's meetings facilitated by Matt Brown, open the door, enabling a first connection to occur. The counselling provided by Phil Siataga and Nicky Sofai enables connection to occur at a deeper, one-on-one, developing an

ongoing therapeutic relationship. Importantly, it is the way the support is delivered that differentiates it from a mainstream approach and increases the likelihood of healing.

Adding to what we know

Phil Siataga has described in great detail the breadth and depth of the culturally located therapeutic approach underpinning the counselling he and Nicky Sofai provide. Importantly Nicky and Phil bring their own worldviews and experiences to the work. Consequently, their counselling approach is founded in what it means to 'be Samoan', rather than through a culturally responsive or culturally competent lens. While the stages in the MFB Process Model remain relevant, how the stages manifest through a Pacific worldview looks different than when considered from an ao Māori perspective.

Connection

Connection is first established through a trusted intermediary – Matt Brown.

> "Matt said, 'I think Phil would be really beneficial for you.' I mean, because I've seen counsellors in the past and people, and they're good, but Phil for me, he does things a little bit different. It's a little bit unorthodox in a good way." (Participant)

The men seeking support are able to see how their stories and histories have commonalities with the counsellors. Importantly, although the counsellors are bonded through their shared Samoan ancestry, they are different people, and the men can choose who they will relate to best. Nicky was born in Samoa, he is fluent in Samoan language and comes from a strongly Christian background. He left Samoa because he recognised the heavy drinking culture in his family was not good for him.

Conversely, Phil was born in New Zealand. He is the son of an immigrant father who struggled finding his place in New Zealand, and he experienced family violence at his hands. Phil has a critical perspective of religion, is a poet, composer and writer. Who these men are as people is central to the success of the counselling approach as they combine their training in Western approaches with their culture, experience, backgrounds, values and beliefs. The

men are able to relate to them, and they are able to relate to the stories of the men they support.

Social and cultural cohesion

During the men's meetings the men witness a level of vulnerability and openness that at first surprises them. They report this is a positive experience that helps them to be open and honest about their own trauma and their actions. Being in a culturally safe space where men trust each other to respect their stories aids cohesion.

> "It's like a brotherhood. It's the feeling. It's a vibe. Now, obviously you can have a brotherhood being white, or Asian, or whatever, who cares? But when you're Māori or you're Polynesian, or you have that in you, it's that vibe, it's that feeling. And they just (make you) part of the whānau, and they embrace it, and they encourage it, and they bring it out. It just makes you feel like a part of something."

Both Nicky and Phil work from a humanistic and holistic base. Alofa, love, care, respect and dignity are given and in turn provide safety and comfort. Alofa, love is the foundation of what it means to work in a Pacific Way, and necessary for genuine care, respect and dignity to exist within the counselling relationship. It is also viewed as a way of working that is respectful and protective of the vā.

Those who support men through 'She is not your rehab' are, at all times, aware of the vā; the quality of the space that exists between themselves and the men they work with. Their care for the vā, through their words, actions and body language models teu le vā, and provides an example for the men. Through their participation the men become part of an informal community of care.

> "I felt immediately really comfortable. That was the biggest thing, I felt really comfortable and understood. Sorry, I'm a bit emotional." (Participant)

Compassion and acceptance

> "I remember there was a ... I think he was an NRL star. I can't remember his name, but he went through drug addictions and all this

and just really painted a picture of how far someone's life can get in the wrong kind of direction. And then he's here sitting with Matt talking about how to pull your shit together and it just kind of gives you hope." (Participant)

The development of compassion and acceptance is multi-layered. During the men's meetings the men listen to others with compassion and acceptance. Previously they had often felt alone in their trauma, misunderstood and unlovable. Listening to others enables them to understand they are not alone, that others have similar stories, and that recovery is possible. In time, many are able to share their own stories publicly. Being heard and understood is transformational.

"It's not a cliche, but now, I felt it's almost more manly to be able to do that. To show people your vulnerabilities." (Participant)

When they move into the counselling, compassion and acceptance is a natural part of the vā honouring relationship that is formed.

Support

Engaging with the men's meetings and the counselling offered through 'She is not your rehab' provides the men with a support network. As the name 'She is not your rehab' suggests, many men had previously relied on their partners, wives or other family members for their support.

"It's a safe place. It's hope, it's where I can be honest. It's where I can open up. One of the biggest things is, like She is not your rehab, it's so true because I leant on my wife for so long, more than I ever should have, and looking at her for the answers, and she hasn't got the answers for me. She's there to support me, but she hasn't got the answers for me. And it is, it's destructive." (Participant)

Many men have not experienced a positive relationship with their own fathers. The ability to have a respectful relationship with an older man was important.

"As someone who never really grew up with a father figure in his life, it felt nice to see a man be in touch with his emotions and the spirituality and all of the stuff and to be able to give me advice and be wise." (Participant)

The ability to receive and give support to others is an important component. As well as offering one-to-one counselling, clients are invited to participate in group work. Often this is led by the men themselves, with the counsellors taking a back seat. Eventually some of the participants go on to lead their own groups. This ripple effect of support is consistent with findings in our previous evaluation which found that participants became influencers of change in their own right as they move from being recipients of support to providers of support (see Figure 6).

the influencer space

old
(Hegemonic) Forms of Masculinity

▸ Don't admit to trauma
▸ Sort it out on your own
▸ Be staunch
▸ Don't show emotion
▸ Admitting pain is weakness
▸ Demand respect
▸ Be feared
▸ Be tough
▸ Show anger
▸ Be silent
▸ Exhibit risk taking behaviour
▸ Mana is gained through own prowess
▸ Exclusive othering – e.g. by sexuality, race, gender

new
Indigenously Aligned Forms of Masculinity

▸ Admit to trauma
▸ Seek help from others
▸ Be vulnerable
▸ Express emotions
▸ Be expressive - speak up, speak out
▸ Be open about your pain
▸ Earn respect
▸ Be loved
▸ Be loving
▸ Show sadness
▸ Inclusive acceptance and respect of others
▸ Take deliberate steps to keep self and others safe
▸ Mana is gained by developing the prowess of others

① teina

▸ Have shared past trauma
▸ Have been vulnerable
▸ Have started the road to healing
▸ Are making positive lifestyle changes
▸ Are increasingly open and honest
▸ Can listen and connect to others
▸ Influence is primarily 1:1

② tuakana
In addition:

▸ Provides a safe space for others to share
▸ Publicly encourages and models new forms of masculinity (via Instagram, Facebook, etc.)
▸ Influences those they know in their workplace, their clients and whānau

③ rangatira

▸ Deliberately creates and leads opportunities for others
▸ Is recognised as a leader in their community
▸ Actively seeks and creates opportunities to spread their influence
▸ Influence is felt in their community

④ ariki
In addition:

▸ Provides support to teina, tuakana and rangatira
▸ Is recognised nationally and internationally as a leader
▸ Influence is felt nationally and internationally

Figure 6: The influencer Space (Leonard, Te Hēmi & Donovan, 2020)

Healing

Healing occurs for men as they recognise and share their trauma, give and receive compassion, acceptance and support. They witness and feel the quality of a safe environment created by paying attention to the vā. Their stories and experiences are respected and they are treated with dignity.

> *"It's not a job for them, that's the thing. It's not a job, they're doing it because they actually want to change lives. They want to help people. They want to help men and that's what you feel." (Participant)*

The survey and interview data collected for this evaluation points to important behavioural changes such as reduced drinking, improved self-management, better communication, and reduced aggressive behaviours. We note that healing from trauma is not a linear process, but rather a lifelong journey.

Central to healing is moving from the old hegemonic views of masculinity to those consistent with new, Indigenous views of masculinity as described in Figure 6. Within the Indigenous view of masculinity is the peace, harmony and equilibrium necessary for vā tuā'oi, the healthy integration of emotions, thoughts and behaviours. This is the view of masculinity modelled by the leaders of 'She is not your rehab'.

opportunities

'She is not your rehab' provides a variety of entry points to a discussion about trauma and family violence. For some, connection to the kaupapa is a first connection and first step in a journey of understanding and/or healing. For others it is part of a lifelong journey of recovery. The variety of entry points is important as is the ability to self-determine how, when, how often and in what depth to engage.

It is evident that Matt Brown is recognised in and beyond his immediate community as a trusted and legitimate person, respected for his humility and vulnerability. He is able to connect with people who have suffered trauma, and he is able to provide a safe environment where men are able to create a community of care around each other.

01 Provide support specifically designed for women

Sarah Brown also plays an important role. Women report being able to 'hear her voice' in the 'She is not your rehab' book. More women than men responded to the online survey. Women are seeking information, understanding and support. While support systems already exist for women who have suffered or are suffering in harmful relationships, there appears to be an opportunity to provide additional support. Women are affected by family violence in a variety of ways. They may be seeking support and knowledge for themselves. They may also be seeking to help someone else – a daughter, son, friend, or relation who is either at risk of harm or at risk of doing harm.

02 Rangatahi influencers

Seventy one percent of the respondents to the online survey were over the age of 25. There is an opportunity to consider how to connect with those 24 and younger. Currently it is common for those seeking support to already be in a relationship and often to have children. Supporting a younger generation of influencers under the 'She is not your rehab' brand may encourage young men to seek help with their trauma and reconsider their views of masculinity before inflicting harm on their own partners or children.

03 Support the training of an Indigenous counselling workforce

The counselling approach provided by Nicky Sofai and Phil Siataga is located in culture and informed by Western and Pacific therapeutic models. While mainstream providers can learn from their approach, it is not a model or approach that can be picked up and adapted as it is grounded in what it is to 'be' Samoan. Nicky and Phil have a depth of experience and skill that is currently limited in impact by how many men they can personally interact with. There is an opportunity to make a deliberate effort to increase the number of Māori and Pacific counsellors in training.

04 Establish a networked community of Indigenous counsellors

It appears current training and qualifications in counselling are dominated by Western models and practice expectations. These are often in conflict with Indigenous views. Indigenous counsellors in mainstream organisations can be placed in an uncomfortable position where organisational requirements are in conflict with their personal values and beliefs. Creating a networked community of Indigenous counsellors who are able to share their practice in a safe and supportive environment could have beneficial outcomes for the individuals involved, their clients and the workforce.

05 Influence training and qualifications

There is a desire by the counsellors to influence the training new counsellors receive. Currently, training and qualifications are predominantly delivered from a dominant, Western worldview. While Western models and theories are valuable, they believe Indigenous Pacific and Māori models should be given more mana. While it is preferable for there to be enough Indigenous counsellors to cater for all Indigenous clients, this is a long-term goal. All counsellors practising in New Zealand should be supported to increase their knowledge of Indigenous models of engagement and therapy. Consideration should be given to how Phil and Nicky can be supported to increase their influence in this space.

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Hey Matt sorry this is a bit random and I hope you get this message of gratitude. I just wantd to thank you for your book. My Dad got out of jail early in the year after a long lag and talked highly of your book and how it's helped him to understand his emotions and his own trauma. To be honest bro I didn't wana see him or believe anything that came out of his mouth cuz all the pain he put my mum and siblings through. Inside I secretly waited for him to stuff up just so I could prove he was all shit again after another lag. But this is the first time as long as I can remember Dad not losing his temper over small things and he even says sorry to us which is strange.

3 weeks ago he asked me why I've been stand offish and I was scared to answer him but I did anyway and told him I wasn't sure if I believed he had really changed. He just looked at me and said sorry and he'll keep doing his best till I believe him. I went to bed that night crying and Dad came over an hugged me and gifted me your book. He told me how it'll help me understand him better if I wanted to. I didn't touch it for a week till my little brother who is 16 was reading it and talking about how sad your life was so I decided to give it a go.

And I'm so happy I did bro. I'm only up to chapter 12 and I've had the best chats with my Dad and I feel like I know him now and we actually connect. I don't have the perfect words to say how grateful I am but I wanted you to know if you ever read this how much your work has helped my family and especially my Dad and Mum. I hope to come visit you in the future to so I can say this to your face.

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